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ABSTRACT OF ADDRESS

BY WILLIAM MULOCK, M.A., Q.C., M.P.,
(Vice-Chancellor of the University).

Delivered at the Annual Banquet of the Faculty Students of the Medical Faculty of the University of Toronto, Dec. 1, 1892.

It is with great hesitation that I venture, in the presence of so many medical gentlemen, representing, doubtless, various ideas concerning medical science, to refer to the subject from the standpoint of a non-professional observer; and if my opinions differ from those of my hearers, that circumstance should be some recommendation to them, with a profession which amongst its own members recognizes such latitude of opinion. Speaking, then, of medical science, I have been given to understand that, until a very recent period, medicine was regarded almost wholly as a curative art, with the result that the course of medical education in the old world as well as the new was limited to that aspect of the subject. Medical schools might multiply in number, but still they continued as mere imitators of an early prototype, imparting education but not aspiring to advance the science. Thus conducted, there was much in the contention that such institutions engaged simply in qualifying students to pursue an ordinary calling of life, and retaining for themselves the profits of the enterprise had no claim upon the public purse.

But, sir, the inquiring, active, and restless mind of the last few years has told the world that medical science involves more than the mere curative art, and already the search-light of medical science has revealed great truths of nature whereby, under a scientific management, various classes of disease are preventable, and the well-grounded view obtained that this branch of research has scarcely been entered upon, and the old notion of medical science having to do with the curative art only, and even that not upon the most scientific basis, has been universally abandoned before the irresistible testimony furnished by the great discoveries of Pasteur, Lister, Koch, and other great philanthropic searchers after light in the fields of scientific investigation. Sir, following on the discoveries of these great men, this university, some fifteen years ago, endeavored to incorporate scientific into the ordinary medical education, and we gave ample opportunity to the medical schools to show their practical sympathy with such policy. Suffice it to say, to-night, that the strongest opposition to such movement came from a gentleman who, speaking in this hall forty-eight hours ago, deprecated the establishment of our Medical Faculty, and advised the readoption of that policy which he had assisted to make abortive. No, Mr. Chairman, this university is a progressive, but not an aggressive, institution, and, taking only safe-holding ground, holds what it takes; and I think I voice the sentiment of the whole university when I say that the university having tried the policy in question, and having been compelled to move upward to our present position by reason of the

attitude of him who now asks us to retrace our steps, the Medical Faculty of Toronto University is now here to stay. But, sir, it is said that I have had the misfortune to be in advance of public opinion as to what should be the relations between the state and scientific medical education. I concur in the view that medical schools conducted on the old lines have no claims upon the public exchequer; but when it comes to dealing with preventive medicine, and also to seeking to apply to the curative art all the advantages derivable from a thorough scientific education, and to give, in fact, to those who may intend to practise medicine a thorough scientific education which in their after life will, or at least may, be productive of vast benefits to society a wholly different principle is involved; and I venture to say that if the principle has not yet received public recognition, the time has arrived when it should. Mr. Chairman, let no one suppose that I advocate a draft on the university funds for our Medical Faculty. I do not. The other demands of this growing and expanding institution require all her resources; but my contention is that the application of public money in the maintenance of the public health is not only legitimate and proper, but an imperative duty on the part of the state. And if it be that scientific and preventive medicine is reasonably calculated to attain that end, then it is entitled to at least as liberal treatment as is awarded to other efforts towards preventing disease. For example, the province, at the public expense, with general approval, maintains a bureau to prevent the outbreak of disease; as, for example, by requiring proper regard to be had to certain sanitary rules. Again, in the case of disease, it at the like expense endeavors to prevent the spread of disease. Again, it maintains quarantine regulations to prevent the introduction of disease from without. And so on, in various ways the advisability of preventing disease is recognized as a public duty. But we are told by the head of a proprietary medical school that this duty does not exist towards this Faculty of Medicine, belonging to the whole people, if it should happen that its graduates at the same time require a technical scientific training entitling them to better qualify themselves for some calling—in this case the practice of medicine. Well, sir, let this criticism be extended, and away go all existing provisions whereby, largely at the public expense, the state is educating men to-day as mining engineers, mechanical engineers, electrical engineers, civil engineers, provincial land surveyors, architects, sanitary scientists, agriculturists, and so on. But I fancy I hear the contention that the reason for objection to state aid towards medical science is that medical education is being conducted by other institutions at no expense to the state. Well, sir, we should neither discourage nor minimize the results of such voluntary efforts; but, at the same time, let us not be blind to the fact that no merely self-sustaining institution to-day can efficiently deal with preventive medicine, or furnish a scientific basis for the effective practise of the curative art.

Therefore, I would say that whilst no university money is now being expended or is intended to be expended on medical science, still the public interest demands that medical science receive due recognition at the hands of the state. And if public opinion is not yet sufficiently advanced to warrant such recognition by those in authority, it devolves upon all those who desire to make this institution worthy of our claim to be a provincial university to seek to educate public opinion in such a direction as will enable this university to play her proper part in promoting the general welfare.

INTUSSUSCEPTION AND ITS TREATMENT BY OPERATION: ILLUSTRATED BY TWO CASES.*

BY FRANCIS J. SHEPHERD, M.D., C.M.,
Professor of Anatomy and Lecturer on Operative Surgery, McGill University, Montreal; Surgeon to the Montreal General Hospital.

The treatment of this somewhat rare affection has always exercised the minds of practitioners; but of late years, owing to the enormous strides made in aseptic surgery, abdominal section has become a recognized form of treatment, and hence intussusception is now looked upon by advanced men as a purely surgical condition, quite as much so as strangulated hernia. The results of abdominal section so far have not been brilliant, owing chiefly to the delay with which the operation is undertaken, the conditions resulting from the prolonged invagination

*A paper read before the Canadian Medical Association at Ottawa, Canada, Sept. 14th, 1892.

being such as to necessitate so formidable a procedure as resection of the bowel, an operation attended with much mortality even when performed in non-gangrenous cases. Mr. Arthur Barker in 1888 collected 73 cases of intussusception which had been treated by abdominal section; 13 only of these cases recovered; in 34 the bowel was simply released and no further operative measures undertaken, yet only 12 recovered. In 133 cases recorded by Mr. F. Treves, there was a mortality of 72 per cent.; when reduction was easy, in 30 per cent.; and when difficult, in 91 per cent. The reasons for this great mortality are (1) the tender age of the patient, and (2) the late performance of the operation. Operations on infants, in whom the affection is most commonly seen, are rarely successful, the patient usually dying of shock caused by the necessarily prolonged manipulation of the bowel which is needed to reduce the invagination. Now, what should first be done when we are confronted with a case of intussusception? Should other means than operation be first employed? Certainly, it would be well first to arrest the peristaltic action of the bowels by the administration of opium, or even to give emetics. We should then try to force back the invaginated bowel (which can nearly always be felt through the anus) by means of air, hydrogen gas, or water injected per rectum, whilst the patient is under the influence of an anæsthetic. Probably air or gas is safer than water, being lighter and less liable to cause injury to the bowel. This method has been fairly successful, especially in children under one year. Should it fail, then immediate resort should be had to abdominal section. This should be in the median line, and, when the tumor is come down upon, by careful manipulation we should try to pull out the invaginated bowel, not using too much force. Even if there be no adhesions great difficulty is often experienced in reducing the intussusception, owing chiefly to the resistance offered by the ileo-cæcal valve and the cæcum. This is seen in one of the cases narrated below. When the invagination has been reduced, the bowel should be carefully examined for gangrenous spots and rents. The gangrenous areas should be excised and the rents sewed up. If we find the bowel gangrenous throughout, resection is our only resource

Resection is rarely successful, owing to its tediousness and the shock caused by the operation on an already enfeebled individual. Senn advises lateral anastomosis in cases where the bowel is not gangrenous but cannot be reduced, or where the continuity of the bowel cannot be restored by circular suturing because of the difference in size of the two ends of the resected bowel, or owing to inflammatory softening. The plan adopted by myself in Case 2 seems to me to be preferable to lateral anastomosis in cases of irreducible and non-gangrenous intestine. Should the bowel, however, prove gangrenous, Barker's operation may be proceeded with through the same incision. Some recommend that an artificial anus be established. The results of this procedure have been, however, almost uniformly unsuccessful. Mr. Arthur Barker* recommends an ingenious procedure, the feasibility of which is very attractive, and I have been waiting, ever since reading his paper, for a suitable case in which to put this method into practice. It is briefly as follows: "At the point at which the intussuscipiens receives the intussusceptum the two portions of the bowel are at once united by continuous circular sutures of fine silk, taking up the serous and muscular coats of each and carrying the sutures on to the mesentery. A longitudinal incision is then made for about two inches through all the coats of the intussuscipiens in its free margin. This gives access to the sausage-like intussusceptum. The latter is then drawn through this incision and cut across at its upper end, or if too long to be drawn out is first cut across *in situ*. A few stout ligatures are, however, passed through all the walls of the stump as the mass is gradually cut off, and are tied tightly so as to keep the serous surfaces in contact and control all bleeding vessels. The stump is now cleansed, dried, and dusted over with iodoform, and allowed to drop back through the incision into the intussuscipiens, and the longitudinal incision in the latter is closed by a continuous suture from end to end." Mr. Barker has operated in two cases, but both ended fatally, owing to the fact that the operation was undertaken too late. It appears to me that this operation has much to recommend it, being more rapid and safer than resection, and in-

* *The Lancet*, Jan. 9th, 1892.

finitely to be preferred to the formation of an artificial anus.

In the cases narrated below the conditions were not such as were suitable to the performance of Barker's operation, but I hope at some future time to test its efficacy. In my two cases one was successful; but the other, owing to the tender age of the patient and the prolonged manipulation necessary to reduce so large an invagination, succumbed.

Case 1.—Intussusception in a child aged six: abdominal section; recovery: E.A., æt. six, was seen by Dr. Finley on the afternoon of Feb. 13th, 1892. She complained of severe abdominal pain, which commenced about 8 a.m., and was attributed by the mother to over-indulgence at a Sunday-school feast attended the night before. The child had vomited several times during the day; next day a considerable amount of blood and mucus was passed per rectum. On Feb. 15th pain and vomiting continued; pulse rapid and small; temperature normal; tongue thickly coated. Now for the first time Dr. Finley discovered a small, indistinct tumor below the ribs in the left side and outside the linea semilunaris. Recognizing the case as one of intussusception, and remedies proving of no avail, I was called in to decide as to the expediency of operating. At 5 p.m. on Feb. 15th the child was put under the influence of ether, and a rectal examination immediately revealed a sausage-shaped tumor. No tumor could at this time be felt in the abdomen above. The tumor could be pushed back, but it almost immediately returned. Water was forced into the rectum in large quantities, and for a time the tumor disappeared from the rectum, but reappeared in the abdomen, and after a few minutes was again seen presenting at the anus. This procedure was repeated several times, when, not wishing to lose any more time, I advised removal to hospital and immediate abdominal section. This was done, the operation being performed about 8.30 p.m. The tumor could still be easily felt through the rectum, though it did not now pass the anus. The child having been placed under chloroform, a median incision was made below the umbilicus and the abdominal cavity opened; the finger was introduced and a tumor felt, which on slight traction of the bowel immediately disappeared. The abdomen was now most carefully examined to find if any other tumor existed, as I could hardly believe that the invagination could have been relieved with so little manipulation. On examining the bowels, the descending colon was found to be deeply congested at one point, and near this a scybalous mass was felt in the bowel; it seemed like a foreign body, but could be easily moved on. The wound was closed with a few silkworm-gut sutures, and dressed with absorbent cotton. The child did perfectly well, and had a natural stool within twenty-four hours. In ten days she was discharged from the hospital, and has been in good health ever since. In this case the tumor was distinctly felt through the rectum before the abdominal incision was made, and immediately before entering the hospital the child passed considerable quantities of bloody mucus, and had experienced much pain and vomited, yet the opening of the abdomen followed by the slightest manipulation of the intestine was sufficient to reduce the invagination. It may be that the intussusception had already begun to be relieved before operation was undertaken, and that the operation merely hastened the process. Still the fact remains that after several attempts at reduction by forcing water up the rectum the tumor still could be felt and seen at the anus, and that it did not disappear until the abdomen was opened.

Case 2.—Intussusception in an infant aged seven months; operation; death: B.D., a strong and healthy infant, æt. seven months, began to suffer from severe pain, accompanied by vomiting and the discharge of bloody mucus per rectum, on May 6th, 1892. Dr. Elder was called in on Sunday, May 8th, and immediately recognized the case as one of intussusception, a dark-colored tumor presenting at the anus. I was consulted about the case, and advised immediate removal to hospital. At 6 p.m. on May 8th, I first saw the patient. At that time she was suffering considerable pain, and had extreme distension of the abdomen. Protruding from the anus was a dark-red sausage-shaped tumor, which on examination proved to be an intussusception. Abdominal section was immediately decided upon, as the employment of other methods of relief was thought to be useless, owing to the condition of the patient and the

length of time the affection had lasted. The child was placed under chloroform, and an incision three inches long was made in the median line, commencing at the umbilicus. On opening the peritoneal cavity, the distended intestines immediately protruded. So great was the distension that it was useless to try to reach the seat of the intussusception without allowing the intestines to protrude. The greatly distended small intestines which extruded themselves were covered with hot towels. Now the tumor was easily found, and it filled the true pelvis. The tumor, on examination, proved to be a greatly distended rectum, into the upper end of which some small intestine was seen to pass. With the exception of the rectum, no large bowel was to be seen. I tried to release the bowel by moderate tension, which was gradually increased, but without effect, although there were no evidences of inflammatory adhesions present. Feeling that it would be useless to employ any more force, the large bowel (rectum) was incised longitudinally and the intussusceptum exposed. The incision gave exit to a large quantity of dark grumous bloody fluid. Efforts at reduction from within were now made, and, aided by an assistant's finger in the rectum, I managed to release some of the bowel. First came a portion of the lower end of the ileum; the cæcum and appendix came next like a cork out of a bottle, and the rest of the large intestines slowly unfolded themselves. A lump still remained, however, and it was found to be another intussusception which was invaginated from below upwards. This was easily relieved, and all parts of the bowel were free. Many portions were much congested, but there were no evidences of inflammatory adhesions. The incision in the rectum was now rapidly closed with a continuous Lembert's suture of fine silk, and the abdominal wound sewed with silkworm-gut, a glass drainage tube being inserted at its lower end. The patient suffered much from shock after the operation, and only lived some three hours. In this case the large amount of the invaginated bowel, the great distension, and the amount of manipulation necessary to relieve the invagination, taken together with the tender age of the patient, were quite sufficient to cause death. Although there were no inflammatory adhesions, still the difficulties of reduction were great, and invagination could not have been relieved without incising the bowel. The obstruction to reduction was manifestly the bowel about the ileo-cæcal region. It seems to me that incision of the bowel and relief of the tension, with pushing of the invaginated bowel upwards, are better methods of treatment in non-gangrenous cases than either tubal anastomosis or the establishment of an artificial anus. If the bowel should prove gangrenous, then Mr. Barker's operation could easily be proceeded with.—*London Lancet*

Selections.

THE ULTIMATE RESULTS OF A PUBEOTOMY—A RUPTURED UTERUS—INJURY TO THE LUMBO-SACRAL PLEXUS IN LABOR—MULTIPLE ABSCESSES IN THE ABDOMINAL CAVITY.

A clinical lecture delivered at the Philadelphia Hospital, November 9th, 1892.

BY BARTON COOKE HIRST, M.D.,

Professor of Obstetrics in the University of Pennsylvania, Philadelphia.

GENTLEMEN,—This woman who enters the clinic room with her baby in her arms walks, you see, with as firm and confident a step as yours or mine. She was delivered five weeks ago by pubeotomy, after a labor that had lasted forty-eight hours without the engagement of the head in the superior strait. In less than an hour after the operation began, the child was born alive and well. It has, as you see, thriven since. The mother's convalescence was complicated by a phlegmasia that appeared on the twelfth day, but has now subsided. This, I think, was due to the long pressure by the head upon the superior strait, and the consequent compression of the blood vessels in that situation. It is not my purpose to describe at length the history, recent and remote, of the operation, or its technique. This I shall reserve for another time. Suffice it to say that the latter is easy and simple. The operation can be performed by any one who has a little experience in surgery, and has learned the principles of asepsis. Indeed, I fear that the symphysis pubis will be opened unnecessarily

many a time in the future, and while the great present interest in the operation continues I dare say we shall hear of women thus delivered who have had several children before without assistance. One of the most pleasant features of the renaissance of pubeotomy is the blow it deals craniotomy upon the living child. Up to the present time we have been obliged, at term, to offer to the parents the choice of Cæsarean section and craniotomy in cases of contracted pelvis in which forceps or version was out of the question. In my experience—a large one in such cases—Cæsarean section has been refused, without exception, when the true comparison of risks was stated. In the future, with an operation at my command safer, easier, and usually quicker than craniotomy, I shall never again, I believe, do craniotomy upon a living child. The field of Cæsarean section must also be very greatly limited by our knowledge of pubeotomy. For the relative indication, at least, it will be displaced entirely.

Our next patient, who is now brought in on a stretcher, gave me yesterday a most peculiar history. She was delivered by forceps, four weeks ago, of a dead infant, after a labor of fourteen hours. She has had a number of children before, and all of her previous labors were remarkably short and easy. A day or two after the baby's birth, she noticed water escaping from the vagina, so that she was constantly kept wet. When she got out of bed and walked about, the flow became intermittent, gushing out at frequent intervals and in large quantities. Yesterday, as she walked across the ward, there was a sudden escape of water, making quite a pool on the floor, so that one of the other patients called to the nurse that the bag of waters had ruptured. On hearing this history I thought, of course, of a vesico-vaginal fistula; but the woman assured me that the water never had the odor of urine which was passed naturally, and this statement was confirmed by the head nurse. Nevertheless, I still suspected the presence of a fistula, but on a superficial examination I failed to find it. I shall now repeat my examination before you, and by care and persistence I trust we shall discover the source of this peculiar discharge. I first made a digital examination of the vagina. I find no trace of a fistula on the anterior wall; there is, however, the cicatrix of an extensive tear in the anterior and left lateral vaginal vault, that I shall test in a moment with the sound. The cervix is not much injured; the womb is in good position, well forward, of normal size, and movable.

I now pass a sound into the bladder, and sweep its tip carefully and slowly over the posterior wall and fundus, looking for an unnatural opening. As I reach the area corresponding with the cicatrix in the vagina, I am doubly careful, and follow the point of the sound in the bladder with my finger in the vagina. I discover, however, nothing like an opening. While thus engaged I notice some clear fluid trickling out of the vulva; I smell it on my fingers, but cannot detect a urinous odor. I shall now sound the uterus. I pass the uterine sound repeatedly through a cake of soap until I am sure that it is clean. In my office I should use a 50 per cent. solution of carbolic acid in glycerin. It is a matter of conscience with me to see that this instrument is clean before I employ it, which is not often. Having curved the end quite sharply, I slowly and gently pass the sound into the cervix, and then forward into the uterine cavity. It enters two and a half inches. I notice, however, a rough surface near the internal os posteriorly that needs investigation. I withdraw the sound, cleanse it again, straighten out the tip, and passing it through the cervical canal direct it posteriorly, using no force. It passes through an opening, and glides upward to a distance of four inches from the external os. At the same time there is a gush of this clear fluid. We have solved the mystery. This woman's uterus was ruptured in her last labor. The accident escaped the notice of the attending physician. The pelvic peritoneal cavity posteriorly was quickly shut off from the region above by adhesions. An encysted peritonitis or ascites developed, and hence the discharge. This condition after labor is not unheard of, but it is extremely rare. I shall trust to time to obliterate the cavity and close the opening in the womb. A more active treatment is uncalled for, as the woman has no fever and suffers no pain.*

The next patient is also a puerpera. Her

* The woman is now well. There has been no disch for several days.

baby was born ten days ago. Ever since, she has complained of pain in the right leg, On examination there is excessive tenderness along the course of the sciatic nerve in the thigh, and in the leg down the central part of the calf, and along the outer edge of the tibia in front. When the woman attempted to step from her bed to the stretcher she suffered acutely, and found that the usefulness of the right leg was impaired. You are prepared, of course, to hear the diagnosis: Neuritis from pressure upon the lumbo-sacral plexus in labor. This is a rather rare condition. But when one studies the anatomic disposition of these nerve-trunks in the pelvis, and sees at least the possibility of injurious pressure upon them in prolonged labors; when one knows, besides, that they may be pressed upon by an exudate after labor, or may be actually involved in a septic inflammation, the only wonder is that neuritis as a consequence of parturition is not more frequently seen.

I now make a vaginal examination, directing my attention to the large pelvic nerve-trunks, and I find at the region of the greater sciatic foramen some swelling and exquisite sensitiveness. You see the woman flinch, and hear her cry out, as I merely touch this point. I have so disturbed her that I really cannot judge whether there is increased sensitiveness as I attempt to follow the course of the lumbo-sacral plexus upward, but the pain is great, I am sure.

One usually expects a history of prolonged labor or unusual presentation and position of the child in a case of this sort, but our patient tells us that her labor lasted but half an hour. Her intelligence is not great, however, and I think she is mistaken; for I find, as I measure her with a pelvimeter, a simple flat pelvis, with an external conjugate of only 17 cm. It is possible, I admit, that damage may be inflicted upon the lumbo-sacral plexus in a very rapid labor. It has followed the rapid extraction of the head in breech-presentations; but this is rare.

Time may do much, or perhaps all, to relieve this woman. But I shall seek advice as to her treatment from my colleague, Dr. Charles K. Mills, who has taken a special interest in the subject, and has reported several cases of the kind at a later period, when there was paralysis and wasting of the muscles.

The next patient on my list I cannot bring before you, for she lies in another hospital (Howard). But I thought her case so unusual and instructive that a brief report of it might interest and perhaps instruct you. She is a young girl of twenty years. She enjoyed good health until two weeks before I saw her, when, on the last day of a menstrual period, she was seized with violent vomiting and purging, with profound prostration and intense pain in the lower abdomen. After four or five days the vomiting and purging ceased, but the pain and general weakness continued. When she entered the dispensary room of the Howard hospital, she walked slowly, somewhat bent over, and taking short steps. Her appearance was very bad, and suggested a serious illness. The pulse was rapid, and the temperature over 100°. On abdominal examination, a mass was felt filling the lower abdomen from the symphysis midway to the umbilicus, and reaching laterally to the iliac bones. I suspected pregnancy, but the girl denied it; there were no mammary symptoms, no discoloration of the vaginal mucous membrane, the hymen was found intact, and the cervix was not in the least softened. This was all that could be learned from a vaginal examination, for the cervix stood out like a nipple from a dense mass of exudate in all directions. The abdomen was opened two days later. The mass was composed of agglutinated intestines and exudate. Scattered through it were four or five collections of very foul-smelling pus. The largest was not far below the umbilicus, and just beneath the omentum. The others were deeper, but I could find no connection between them and the uterine adnexa, which were involved in the general adhesions, but were not distended or otherwise diseased. The pus was evacuated, the abdominal cavity irrigated and drained. For a day or two I thought the girl would die, but she is now well on in her second week, and I think out of danger. I am at a loss to explain these abscesses, unless we accept the explanation offered by the patient herself: She was obliged in her daily work to lean constantly against the edge of a high table, and often complained of abdominal soreness in consequence. To this she attributed her illness, and it is possible that she may have so bruised the intes-

tinal walls as to have caused perhaps ulceration at spots, or at any rate such a reduction of vitality as to permit the "Durchwanderung" of pyogenic micro-organisms. There may also have been a tuberculous element in the case, but this I could not demonstrate.—*Med. News.*

DEATH UNDER ANÆSTHESIA. — Mrs. A., a widow, aged about 50, who came to Canada only three weeks before, was admitted to the Guelph General Hospital on September 6th, suffering from symptoms of acute intestinal obstruction. So far as could be learned from her history, there arose a strong suspicion that there had been partial obstruction for several months. The morning following her admission, her condition being critical, it was decided, after consultation with Dr. Howitt, to examine her under anæsthesia, and to operate if found practicable.

A mixture of chloroform 1 part and ether 3 parts was dropped carefully on a towel over the face. During the administration some struggling occurred, but this soon passed off, and a fair degree of anæsthesia was induced. The respiration seemed quite satisfactory. After some minutes had been occupied in making examination externally and by the rectum, it was agreed that a small exploratory incision should be made. On attempting to make the incision it was found that she was partially conscious, and consequently a few drops more of the mixture were given. Suddenly respiration ceased. The pulse up to that moment was regular, with fair volume. On elevating the foot of the operating table a large quantity of dark grumous fluid was ejected from the stomach. Artificial respiration was persevered with for half an hour. Brandy was administered hypodermically, and all the usual efforts made to re-establish respiration. Two or three gasps at long intervals occurred, and the patient was dead.

The *post mortem* examination disclosed a malignant growth in the sigmoid flexure of the colon as the cause of the obstruction, the lumen of the bowel being almost completely closed.

In reference to this case, I deeply regret that we neglected to wash out the stomach before the anæsthetic was administered. It is true there was no food in the stomach, for none had been given for six or eight hours, and only milk in small quantities for some days. Yet I am satisfied in all cases of great tympanitic distension of the abdomen it is a wise precaution to use the stomach tube, with a view to diminish pressure from below upon the diaphragm from gas and fluids in the distended stomach.

I may say that this was the first death under anæsthesia in the fifteen years since the opening of the hospital.—*Angus Mackinnon in British Medical Journal.*

HEADACHE DUE TO TRAVEL ON RAILROAD TRAINS.—Dr. A. N. Blodgett (Boston *Medical and Surgical Journal*), in discussing the subject of ocular headaches, referred to a form of headaches resulting from travel on railroad trains which, he thought, was more frequent than generally supposed. Treatment by any of the methods usually employed is generally without benefit. An explanation was once given him by Mr. Fox, the consulting engineer entrusted with the construction of the railway tunnel beneath the River Mersey at Liverpool. In the journey between Liverpool and London, Mr. Fox incidentally made the remark that he always sat with his back toward the engine. The English cars are built with transverse compartments, so that the passenger is obliged to sit on a fixed seat, and therefore half the persons in a compartment are forced to sit with the back toward the engine. Mr. Fox stated that he always took that position from the fact that his eyes were thereby rendered much more comfortable during the journey. He thought that was due to the avoidance of the repeated and sudden strain in the accommodation which is rendered necessary if one is looking at a series of rapidly approaching objects, as when travelling in the train. The effect was like a blow upon the eye. If the traveller be looking backward, the objects would be constantly receding and the strain of accommodation was continually letting up, and caused no discomfort whatever. That seemed to be a very ingenious and logical explanation why some people suffer from headache and vertigo in railroad travelling. Since that time he has directed car-sick travellers to ride backward, and has adopted this method himself with the greatest comfort.—*Cincinnati Lancet-Clinic.*

DIET AND HEALTH. — Especial interest attaches to Dr. Salisbury's food experiments. The half-dozen sturdy fellows whom he put on a diet of baked beans and coffee exclusively all showed symptoms of locomotor ataxia, or progressive paralysis, on the tenth day, and by the sixteenth day not one of them could walk straight without support; all had chronic diarrhœa, heart palpitation, and oppressed breathing.

Four hearty, well men were put on oatmeal porridge—seasoned with butter, pepper, and salt—with a pint of coffee containing sugar and milk at each meal. Constipation, flatulence, headache, and dizziness were afflicting them all on the eighth day. In two days more these conditions had become violent; exertion produced heart palpitation, and they were full of wandering pains, with prickling in feet and hands.

These disorders grew more intense and painful—with neuralgia induced in three cases—until from the twenty-third to the twenty-fifth day, when diarrhœa set in, and the record is full of such entries as "Eyes wild, hearing impaired, head confused, memory poor, legs and feet numb, quite deaf and listless, heart palpitates and very irregular," up to the thirtieth day, when it was deemed imprudent and unsafe to carry the experiments further, and in four days more, by a meat diet and hot water, the men were restored to normal health. It may be well to observe here that in all cases men experimented on were as thoroughly and quickly cured of their abnormal conditions by those means.

Violent chronic diarrhœa, such as often prevails in armies and is known as "camp diarrhœa," was produced in three hearty, strong men by feeding them exclusively upon army biscuit in from nineteen to twenty-one days—a spell of constipation preceding—and microscopic examination proved that they were literally filled with yeast germs. Each had marked symptoms of locomotor ataxia, and partly lost the use of his lower limbs.

Bread, rice, wheaten grits, hominy, sago, tapioca, and potatoes were each fed to four or six men at a time for periods of from forty to forty-five days before serious diseases and symptoms were produced. Green peas and string beans ranked next in point of alimentary qualities. Green corn, turnips, beets, and squash quickly produced unpleasant and grave derangements, but of all vegetables asparagus was found most injurious when lived upon alone. Seven days is about as long as it would be safe to subsist upon this plant, owing to the effect upon the kidneys.

Patients have lived exclusively on beef and mutton for from three to four years. Still, if one sticks to them too long they are liable to become monotonous, and may cause "meat dyspepsia," which is dangerous. People who live exclusively on vegetable food, as the Hindoos, are enabled to do so by inherited organic tendencies. Their stomachs are of little or no use to them. The pyloric valve, being permanently paralyzed, remains open, so that vegetable matter passes directly into the proper field of its digestion—*The Pharmaceutical Journal of Australasia.*

NOTES ON QUININE IDIOSYNCRASIES.—Considering the millions of doses of quinine taken every year, the number of cases in which it produces effects that would not be anticipated is very small. Many years ago I had under my care a patient in whom twelve grains of the sulphate of the alkaloid produced complete amaurosis, and, as the young lady happened to have a blind sister, extraordinary agitation in the family. Being of doubtful temperament, I formed at first the impression that the amaurosis was simply a coincident hysterical manifestion; but on repeating the quinine the blindness developed with the other symptoms of mild cinchonism, and disappeared *pari passu* with them. Recently, having occasion to prescribe quinine to Miss——, aged about 25, I was told by her that she had been poisoned by this substance twice in Europe, but it was agreed between us that she should take one two-grain pill; which she did about five o'clock in the afternoon. About six o'clock she was taken with a burning pain in the hands, which spread over the whole arm and finally to the surface of the body, until she was tingling and burning everywhere. About half-past six a severe pain in the stomach set in, followed shortly by vomiting. A few minuteslater she fainted, remaining unconscious for five minutes. I saw her about 6.45; at that time her

whole surface was much swollen, brilliant red in color, with uticaria in wheals and long ridges. The pulse was between 50 and 60 and very feeble. Vomiting had occurred several times, and there had been one loose passage. The temperature was 102½; the day before, at the same hour, it had been 99½. There was a good deal of nervous excitement and unrest, but no delirium and no hysteria. Opium was given by injection and brandy freely by the mouth. After this vomiting recurred several times, large quantities of greenish fluid being ejected; there were also one or two alarming fainting spells. A little after seven o'clock the symptoms began to subside, and in about five hours the patient returned to her normal condition. This case is made the more interesting by the fact, which I learned after the poisoning, that a brother of the patient had had, on at least two occasions, similar symptoms provoked by quinine. Careful investigation failed, however, to get any trace of the idiosyncrasy in past generations. These rarer peculiar relations of human individuals to quinine must not be confounded with the more frequent disagreeable effects of quinine, some of which are apt to be overlooked by practitioners. The local effect of quinine upon mucous membranes is distinctly irritant, and I have met with many people in whom the cinchona alkaloids produced marked gastro intestinal irritation; so that chronic diarrhœa or gastro-intestinal catarrh have come, in my mind, to be very important contraindications to the use of the drug. The irritating effect of quinine is also often manifested at its point of exit from the body, and the existence of cystitis or conditions allied to it should make the practitioner very careful in the adminisiration of the drug. Some time since I called to see a personal friend, a very eminent surgeon, who was convalescent from an acute inflammation of the neck of the bladder, but who was much prostrated every afternoon by a violent attack of pain entirely out of proportion to the amount of local disease apparently remaining. Finding that the patient was taking quinine freely as a tonic, and that the time of the attack of pain was coincident with that at which quinine was being most freely eliminated from his body, I suggested the disuse of the alkaloid, the result being the immediate disappearance of pain. (Horatio C. Wood, Professor of Therapeutics, University of Pennsylvania.)—*Univ. Med. May.*

UTERINE HEMORRHAGE.—Reviewing, somewhat briefly, the subject of uterine hemorrhage, one is impressed, particularly as we take into consideration our gynecological and consultation work, with the necessity of studying each case carefully, and reaching a correct diagnosis as early as possible. When once that has been accomplished, what is to be our line of treatment? Take the case of prolonged hemorrhage in girlhood; the conditions are present, such as we have referred to, a flexion of some sort, a stenosis with enlargement of the body of the uterus, the endometrium is covered with a fungoid growth; small polypi are present; there may be a true condition of endometritis fungosa; perhaps there may be present a distinct polypus. Have we any better line of treatment for these conditions than a thorough, careful dilatation of the cervical canal, complete and thorough curetting, and then, with care, packing the cavity of the uterus with sterilized gauze, dipped or not in a solution of some mercurial or iodoform gauze, thereby maintaining complete and thorough drainage? This is a method of treatment I have followed out for the past five years, enlarging upon it more and more as the degree of safety seems to have become greater, occasionally allowing the patient to wear afterward, for relief of the flexion, an intra-uterine stem pessary. I believe that in all cases where a simple uterine polypus has been removed a thorough curetting should be done, and packing with gauze carried out.—(Van de Veer, from President's Address, American Association of Obstetricians and Gynecologists, October, 1892).—*Brooklyn Medical Journal.*

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—In view of the receipt of a most cordial invitation (which was unfortunately delayed in transit, and hence did not reach the president till after adjournment), it has been decided to hold the third annual meeting of the association in Chicago on September 12th, 13th, and 14th, 1893. The Transactions for 1892 will be published in the Journal of the American Medical Association.

THE
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF THE MEDICAL SCIENCES.

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TORONTO, DECEMBER 16, 1892.

INTRA-UTERINE AND VAGINAL INJECTIONS.

The dangers connected with the administration of intra-uterine and vaginal injections are now generally recognized; and their use in the puerperal period, as a matter of routine for prophylactic purposes, is an exceedingly rare thing at the present time. We have authentic reports of twenty-two deaths resulting from the use of the perchloride of mercury in douching the uterus or vagina. It is well to remember, however, as Tarnier tells us, that perfectly innocuous solutions (even plain water) have caused death when injected into the uterus, undoubtedly in consequence of the entrance of air into the veins.

It is the custom of many, if not the majority, of those in charge of maternity hospitals to have one vaginal douche administered before labor. Dr. Garriques, of the New York Maternity Hospital, believes that such douching removes both dirt and microbes, but that it should not be repeated. Others, including Dr. Joseph Price, of Philadelphia, think the injection, during or immediately before labor, is in the interest of the child, as it tends to prevent ophthalmia. During the past year observations were made in the Burnside Lying-in Hospital, of Toronto, with a view of learning whether there was any efficacy in such douching. For six months a vaginal douche was given in every case before labor. During the following six months no such douches were used, excepting in cases of patients who had gonorrhœa. There was no appreciable difference in the results, during the two periods, which were uniformly satisfactory. This would indicate that the single douche, early in labor, does neither good nor harm. Frequent injections, however, during labor are probably injurious, because they keep the vagina abnormally dry by repeated removals of the physiological mucus. One injection is not likely to do harm in this respect, inasmuch as a new supply will soon be secreted to replace the mucus which has been washed out.

Garriques (*Medical News*, Nov. 26) thinks, as do many others, that vaginal injections should be given after labor in certain difficult cases in which hands or instruments, or both, have been introduced into the vagina, and that a similar rule should apply to the uterus. The writer does not consider that under such circumstances, if the instruments and hands are clean, either the vaginal or intra-uterine douches are at all necessary, or even advisable. Dr. Garriques believes the practice of using prophylactic intra-uterine injections is unjustifiable on account of the dangers of carrying microbes into the uterus, and interfering with thrombi closing the uterine sinuses. Why add these dangers in an abnormal case? The writer's rule has been, for the past ten years, to use no puerperal uterine douching unless some positive and definite indications call for it.

In cases where intra-uterine injections are used, it will be well to observe the following rules:

(1) Do not use a sublimate solution, because it is dangerous; but rather one of the following: creolin, iodine, salicylic acid, or permanganate of potassium.

(2) See that all the air is driven out of the tube of your injecting apparatus before the nozzle is inserted in the vagina or uterus.

(3) Use but little force. When gravitation is the agent, the receptacle for the fluid should not be placed more than fifteen inches above the level of the patient's pelvis.

THE UNIVERSITY RESIDENCE.

The council of University College recently decided that only undergraduates in arts should, in the future, be allowed to live in the residence. It has gradually been supposed that the residence was open to all students of the university, but the members of the college

council contend that it is under the control of University College, and, as a consequence, they have power to admit or exclude whom they please. There appears to be a difference of opinion on this point, and we understand that certain legal experts declare that the authorities of University College have no such powers as they claim.

Apart from the legal aspects of the case, we regret that the college council considered it expedient at the present juncture to show that the students in arts have rights which shall be denied to other students of the university. There are plenty of empty rooms in the residence. It scarcely looks considerate to choose such a time to inform some students of the faculties of medicine and law that they are not of the elect, and therefore must depart. We had hoped that there was a general disposition to place all the students of the university on a common basis, but we have received a rather rude awakening from what appears to have been simply a pleasant dream.

The "evicted," as the unfortunates designate themselves, promptly petitioned the college council, and prayed for better terms. The following answer (*Toronto World*) was returned:

"The registrar is directed to reply that the council, after full consideration of all the circumstances, adhere to their former decision in the matter. They hold that the residence should be maintained solely in the interests of undergraduates in arts, in accordance with the original object of its establishment. They find that there are, amongst the present occupants, sixteen who are undergraduates in arts, while there are thirteen who are not, the latter number being made up of five law students, one engineering student, six university medical students, and one Trinity medical student. The council, having regard to the legitimate purposes of the residence, consider that these members (thirteen to sixteen) are so disproportionate that they do not feel justified in allowing such a state of things to continue; their plain duty being, as they conceive, to carry out without further delay the programme of improvements already begun, with a view to make the residence attractive to students of University College."

THE TRIALS OF UNPROFESSIONAL PRACTITIONERS.

Up to the present time two names have been struck off the Ontario Medical Register—Drs. Washington and Lemon, who were tried according to the statutes which give the council powers to deal with parties accused of unprofessional conduct.

According to The Ontario Medical Act, the council has power to erase from the register the name of any practitioner who has been guilty of any infamous or disgraceful conduct in a professional respect. In each case it is necessary that an application for an inquiry shall be made by four medical practitioners. A committee of the council, composed of not less than five members, shall take evidence, and report thereon to the council. On the reception of such report, the council have the power to strike the name of the offender off the register. The party whose name is erased has the privilege of making an appeal to the higher courts. Dr. Washington appealed against the decision of the council, and the appeal was heard early in December in the Divisional Court before Chief Justice Armour and Justices Falconbridge and Street. Judgment reserved.

The committee of the council which recently held inquiries in Toronto consisted of Drs. Day (chairman), Bray, and Logan. The parties charged with unprofessional conduct were Drs. Wm. Anderson and S. E. McCully. The latter, Dr. McCully, threatened a vigorous defence, and the trial created a good deal of interest. Something like thirty witnesses gave evidence against the accused. Among these were some laymen, such as Mr. John Ross Robertson, proprietor of the *Telegram*, and the Rev. D. J. Macdonell, who both expressed the opinion that some of McCully's advertisements were not fit for publication. To the surprise of all, or at least many, no evidence was offered in defence. Dr. McCully acknowledged that the charges were correct, and left his case in the hands of the council.

It is admitted on all sides that Dr. Day, the chairman of the committee, showed marked ability while acting in his capacity as a judge. The committee will meet June 11th and prepare their report on the evidence in the two

cases, which they will present at the regular meeting of the council, which will commence June 12th.

DIRECTORY FOR NURSES IN TORONTO.

This Directory for Nurses was established several years ago, but has not received that encouragement from the profession and public to which it is fairly entitled. This has not happened altogether from want of interest in the directory, nor lack of desire to support it; but, more probably, from a deficiency of co-operative work between all the parties concerned in the organization. Frequently when physicians have desired to use it, the list of nurses was found to be so small as to be practically useless. At other times, when there was a fairly good and correct list, the doctors had fallen back on their own resources. The public never had much information on the subject, and so many people who attempted to make use of it met with disappointment that it was not considered of much account by the majority of people who took the trouble to think about it at all.

The profession should give it a very cordial support. If it becomes a thorough success, it will be extremely useful to physicians, nurses, and the general public alike; and nothing then will be likely to interfere with its increasing prosperity and usefulness. We have much pleasure in publishing the following circular which has been issued to the "Doctors of Toronto":

"The Board of the Ontario Medical Library, realizing the importance of the Directory for Nurses, which has already proved so useful to many of the medical men of this city and province, desires to still further impress upon the doctors the advisability of making use of the directory, and takes this opportunity of assuring them that a determined effort is being put forth to make it a yet greater success.

"The fee for securing a nurse has been reduced from one dollar to fifty cents, and for furnishing the address of a nurse the charge is now twenty-five cents. The secretary, at the Ontario Medical Library rooms, telephone 1718, will promptly attend to messages delivered during library hours: 10 a.m. to 1 p.m., and from 2 to 6 p.m. The registrar, Dr. Gordon, 646 Spadina Ave., telephone 3495, will give all information required at any other time."

MEDICAL COLLEGE DINNERS.

The banquets given by the students of the two male medical colleges of this city were both successful in every respect. There appears to be a general consensus of opinion among those present that they were the best student-dinners ever given in Toronto. The banquet of Trinity Medical College was held Tuesday, November 29, and was largely attended by members of the faculty, students, and friends of the school. The Toronto University banquet was held December 1, and the dining hall of the Rossin House was filled by a very enthusiastic crowd. The speeches deliverer were of a superior class—as after-dinner speeches go—and were evidently highly appreciated by those present. We publish in this issue an abstract of the able address of the Vice-Chancellor, Mr. Mulock, which contains utterances that are well worthy of careful consideration.

Meeting of Medical Societies.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The second annual meeting of the American Electro-Therapeutic Association was held in the Academy of Medicine, New York, on October 4th, 5th, and 6th. The meetings were well attended. Many valuable papers were read, and the discussions were bright and animated. The presence of several well-known physicists and electrical experts added greatly to the scientific value of the discussions, while the papers presented by them met with a very cordial reception. The idea of inviting the co-operation of those whose knowledge of the subject of electricity is of so thoroughly practical a character was a most happy one, and, following up this idea to its logical sequence, President Dr. W. J. Morton gave notice of motion to present at the next meeting an amendment to the constitution whereby the membership may be extended to include electrical experts. Another innovation which also proved a most successful feature was the introduction of two set discussions, one on "Electric Cataphoresis and its Practical Application as a Therapeutic Measure," the other on "The Relative Fœticidal Value of the Galvanic and Faradic Current in Ectopic Gestation," each of which was followed by the usual informal discussion on the respective subjects. The membership was increased by the election of one honorary and thirty ordinary fellows. A very fine display of electro-therapeutic

apparatus and literature was held in an adjoining room. The leading firms of Chicago, Detroit, and Philadelphia, as well as the most prominent New York manufacturers, being represented.

A general matter of regret was the absence through illness of the genial Dr. Robert Newman, to whom was due, in a large measure, the completeness of the details of arrangement.

Some inconvenience arose from the non-appearance of the secretary, Dr. Bigelow, of Philadelphia; but on invitation from the president, Dr. Charles R. Dickson, of Toronto, assumed the duties, and rendered what assistance he was able.

The president's address was entitled, "Electricity and Medical Art and Science." Seldom, he said, had a branch of science requiring so much intelligence been so sedulously relegated to those least gifted to pursue its study. Among the causes of this might be mentioned the difficulties of comprehending the nature of electricity; traditional adherence to drugs in the treatment of disease, and scepticism as to the value of other therapeutic measures; a natural contempt for the charlatans who were among the first to make much use of this agent in medicine; and the ignorance of the of the public who regard electricity as a great "cure-all." This discredit of so important a branch will disappear with a higher education and a consequent purging of electro-therapy from mysticism by those whose labors are undertaken in a purely scientific spirit. And now a glance at where we stand to-day. As a result of the changes which have worked themselves out in industrial and commercial relations, the electrical engineer has arisen, electricity has emerged from its thraldom, cast aside the restraint of the classroom, and become a part of practical life. The electrical engineers are beginning to invade the realms of biology, and, what is more important, medical men are beginning to turn more attention to the physics of electricity. We welcome the electrical expert. To-day an exact science, electricity, knocks at the door of medicine, an inexact science, and demands a hearing. In the onward march of measures for the relief of crippled humanity, I see electro-therapeutics struggling to the vanguard. There are positive pillars of fact on which our faith is based, the known and remarkable action of this agent upon living tissues, viz., the excitation of living protoplasm; electrolysis, without which there could be no conduction; cataphoresis, by which the fluids of the human body are moved by the flow of the current from the positive to the negative pole; and the familiar vaso-motor effects. Electrolysis chemically, and cataphoresis mechanically, alters the amount and distribution of the salts necessary to the proper nutrition and functions of the various parts of the living organism. It may be said that electro-therapeutics is chemistry against chemistry.

While some of the papers read were, naturally, of a strictly technical character, yet the majority were of much interest to the general practitioner. A synopsis is given of some of the latter.

Dr. A. D. Rockwell, of New York, dilated upon "The Use and Abuse of Electricity in Medicine," and alluded to two cases of infantile paralysis, in one of which prolonged and powerful faradization entirely extinguished the little muscular irritability which had been present. In the other case, patient and skilful treatment with the continuous current, gradually but markedly increased the power of the muscles. He exhibited a patient who had met with a railroad accident resulting in injury to the radial, median, and ulnar nerves, in whose case, for three months previously, long sittings of the faradic current had been tried. When first seen last May, the atrophy and degenerative reaction was so profound that an unfavorable prognosis was given; but as a result of intelligent treatment, he is now back at his old duties as a handler of baggage.

"New Contributions to the Electrical Treatment (both faradic and galvanic) to the Diagnosis in Gynecology," by Dr. George Apostoli. This paper was read by Dr. Hutchinson. The author thought that exploratory laparotomies and mutilating operations for ovarian disease should be prescribed till we had learned all that was possible from intra-uterine applications of electricity. He had, in 1883, shown the sedative action of the current from a fine-wire faradic coil; further experience had taught him that every hysterical pain of ovarian origin is amenable to this current; therefore, if the current fails to give relief, there is a concomitant affection of the appendages. When employing the galvanic current, the more a woman complains out of proportion to the strength employed, and the more quickly the pain ceases after treatment, the more precise is the diagnosis of hysteria. On the other hand, in every case of peri-uterine phlegmasia there is but little tolerance to the current, the post-operative reaction begins quickly, and is prolonged in proportion to the acuteness of the inflammation of the appendages. If with a current of only 20 or 30 milliampères the intolerence is excessive, it indicates that the uterus is attached with a lesion not amenable to conservative gynecology, and that galvanic treatment must be suspended. Castration will then probably be required. A long discussion followed, in which the value of the diagnostic use of electricity was admitted by all, and the importance of the paper acknowledged.

Dr. G. Betton Massey, of Philadelphia, read a paper on "A New Treatment of Prostatic Hypertrophy." When we remember that this gland is largely composed of muscular tissue, the indication for the constringent power of the electric current will be appreciated. He applied galvanism to the prostate by means of a silver prostatic catheter insulated with rubber, except at the eye. "Swelling currents" were employed from 20 to 70 m.a., but only allowed to remain at the maximum strength for a couple of seconds. Scrupulous cleanliness and great gentleness are necessary, and the sittings should not be oftener than every five days. Under these circumstances, there should be a feeling of comfort after the treatment. The primary current is also used at each sitting. A condition often associated with hypertrophy, viz., diminished contractility of the bladder, is also benefited by the same treatment. Dr. Rockwell mentioned a case he had punctured through the rectum and used a current of 50 m.a.; an orchitis ensued, but when this subsided the patient could void water quite easily.

A discussion on "Cataphoresis" was opened by Dr. Frederic Peterson (New York), and continued by Mr. A. E. Kennelly (Edison Laboratory),

giving the electrician's views. Prof. R. J. Houston (Philadelphia) gave the views of the physicist, and the medical standpoint was outlined by Dr. W. J. Morton (New York); the gynecological, by Dr. A. W. Goelet (New York); the neurological, by Dr. Peterson.

Dr. R. J. Nunn, of Savannah, Ga., presented very practically "Stabile Electrodes: Old Materials Newly Arranged." Dr. Nunn considers water the real electrode, and regards punk, clay, cotton, etc., merely as receptacles, the great desideratum being the maximum of water in the closest possible contact, most easily handled. To this end he uses a great many layers of lint, the first few being as wet as possible; these are piled on one another, and the metal connection placed on top of all. In the discussion, members advocated the claims of the white china clay, Indian meal poultice, canton flannel, sponge, cotton-covered wire gauze, various mixtures, etc. In this connection Dr. A. H. Goelet described how the clay electrode may be made wholly unobjectionable by covering the clay and plate with lintine, then put the cheese cloth over all, and back with rubber cloth. In this way it may be cleansed by washing off with soap, and can be bleached when necessary with peroxide of hydrogen. To heat it he employs a warming pan filled with hot water, on the top of which it is placed.

In "The Need of Greater Simplicity and Uniformity in Electro-Therapeutic Apparatus," Dr. W. J. Herdman, Ann Arbor, Mich., called attention to the necessity of adopting standards for all electro-therapeutic apparatus employed. Especial stress was laid upon electrodes. He suggested the appointment of small committees to consider the question. In asking for discussion, the president said the paper struck at the root of the whole matter. Dr. Hutchinson agreed as to unnecessary complication, and condemned closed-in parts, such as in cabinets, and thought a committee should be appointed to confer with the makers of instruments. Dr. Goelet endorsed the remarks of the writer. His preparation of iron as a substitute for platinum has not proved a success. It is a question whether tin is not acted on, and may not prove irritating to the uterus. Platinum is the best electrode for internal use, and the cheapest in the end. On being called on by the president, Dr. H. E. Waite (Waite & Bartlett) spoke in defence of the manufacturers. Much trouble arose from the fact that most of those who use the agent are very deficient in knowledge of the subject. With regard to coils, it is difficult to have a standard coil. He thought coils should undergo a series of tests in competent hands at some hospital. Dr. Nunn thought that if manufacturers could be induced to have interchangeable parts much would be accomplished.

Dr. C. R. Dickson, of Toronto, offered "A Contribution to the Electrical Treatment of Cystic Goitre and Hydrocele"; also a note on "Psoriasis." He described his plan of aspirating sacs, reinjecting a saline solution, and, after subjecting the parts to electrolysis, emptying the sac again, and using slight pressure. The psoriasis was an obstinate case of over ten years, and was cured by labile application through a bipolar carbon roller, which was exhibited, along with a sponge electrode with removable metal plate to aid in cleansing the electrode. A very long and most interesting discussion ensued.

Mr. John J. Carty, vice-president of the New York Electrical Society, presented "Medical Electricity from an Electrician's Standpoint," which dealt largely with the erroneous ideas conveyed by using the terms galvanism, faradism, and franklinism, which merely denote electricity under different conditions, not three kinds of electricity. There should be an agreement between electricians and physicians as to terms employed.

"Some Physiological Experiments with Magnets at the Edison Laboratory," by Dr. Frederic Peterson, of New York, and Mr. A. E. Kennelly, of the Edison Laboratory, brought out the fact that magnets of the most powerful kind at present known to science were incapable of producing any effects on the living organism.

Dr. Robert Newman's paper on "The Present Status of Electrolysis in the Treatment of Urethral Stricture, with Statistics of One Hundred Cases" (the third series), was read by Dr. Hutchinson. Later, a committee was appointed to investigate the statistics, as requested by Dr. Newman, viz., Dr. A. H. Goelet, chairman, Dr. W. J. Herdman, and Dr. W. J. Morton, these three to appoint two surgeons of prominence to act in concert with them.

The following officers were elected for 1892-93: President, Dr. Augustin H. Goelet, of New York; 1st vice-president, Dr. Wm. F. Hutchinson, of Providence, R.I.; 2nd vice-president, Dr. W. J. Herdman, of Ann Arbor, Mich.; secretary, Dr. Margaret A. Cleaves, of New York; treasurer, Dr. R. J. Nunn, of Savannah, Ga. Executive Council: Dr. W. J. Morton, of New York; Dr. G. Betton Massey, of Philadelphia, Pa.; Dr. Robert Newman, of New York; Dr. Chas. R. Dickson, of Toronto, Canada; Dr. J. H. Kellogg, of Battle Creek, Mich. The following committees on standard apparatus were also appointed to serve one year, and report at next meeting: Static Machines—Dr. J. H. Kellogg, Dr. M. A. Cleaves, Dr. G. B. Massey. Constant Current Generators and Controllers—Dr. W. J. Herdman, Dr. F. Peterson, Dr. R. Newman. Electrodes—Dr. A. D. Rockwell, Dr. R. J. Nunn, Dr. C. R. Dickson. Coils—Dr. W. J. Morton, Dr. A. H. Goelet, Dr. G. B. Massey, Dr. W. F. Hutchinson, Mr. A. E. Kennelly. Meters—Dr. W. Adams, Dr. H. E. Hayd, Dr. W. F. Robinson.

The association resolved to meet in Philadelphia on Tuesday, September 12th, 1893, following the meeting of the Pan-American Medical Congress. It was also resolved to instruct the executive council to have the transactions of the preliminary first and second annual meetings published in one volume, and a copy supplied to each member.

Votes of thanks were passed those who had extended courtesies, also to the electrical experts for their kind and valuable assistance, and many others. When all business had been finished, the retiring president reviewed what had been accomplished, predicted a bright future for the association, and introduced his successor, President-elect Dr. Augustin H. Goelet, who, on taking the chair, complimented Dr. Morton on the manner in which he had filled the duties as president, and made a brief address suitable to the occasion. After a

vote of thanks had been tendered Dr. Morton, the president declared the second annual meeting of the American Electro-Therapeutic Association adjourned.

The programme of entertainments was large and varied. The Metropolitan Telephone Exchange extended an invitation to visit their offices, which was very generally taken advantage of; their switch board is said to be the largest in the world. Tuesday evening the Electric Club gave a most charming social reunion at their elegant club house. The privileges of the club were also extended to the members of the association during the meeting. On Wednesday night, the New York resident members tendered a reception to the association and guests at the Academy; an illustrated lecture, with demonstrations on the phonograph and micro-phonograph, was given by Dr. J. Mount Bleyer, assisted by Lieut. Gianni Bettini. The use of the former of these in the treatment of ear troubles, also in preserving records of the voice for comparison in throat affections, was pointed out; while the ability of the latter to discover minute sounds inaudible to the unaided ear—for instance, the heart-beats of a patient affected with catalepsy, the pulsation of the blood in the arteries, etc.—was referred to. After the lecture, while the ladies were enjoying the "grams" in the form of musical selections by celebrated performers, the physicians were treated to diagnostic records of heart and chest sounds. An adjournment was then made to the parlors, where a most elaborate collation was served, and many witty speeches made at intervals, in response to calls of a most informal and unexpected nature from the president, Dr. Morton. A detachment of Prof. Eben's famed 71st Regiment band was stationed in an adjoining room, and rendered an excellent programme in faultless style. On Thursday afternoon the association accepted the kind invitation of Mr. Thomas Edison, and made an excursion to his laboratory near Orange, N.J. Of this trip pages might be written; the opportunity of inspecting the apparatus was a rare treat, and the visit one never to be forgotten. The festivities concluded with a lawn party at the Sanitarium of Dr. Schavoir, at Stamford, Conn., an hour's run from New York. The handsome house and commodious grounds were most favorably commented upon, the electro-therapeutic apparatus inspected, and the doctor freely complimented on his favorable surroundings. After a lunch fit for a king, carriages were provided for a trip about the neighhood, after which the guests were conveyed to the depôt.

THE CLINICAL SOCIETY OF MARYLAND.

WM. T. WATSON, M.D., SECRETARY.

Baltimore, Nov. 18th, 1892.

The 271st regular meeting was called to order by the president, Dr. William E. Mosely. T. C. Gilchrist, Theodore Cooke, jr., and James McShane were elected to membership.

Dr. S. A. Keene read a paper on

PERSONAL EXPERIENCE IN CHOLERA EPIDEMIC OF 1866.

Dr. Keene said in part: About the latter part of Sept., 1866, cholera broke out among some oyster men while dredging in the lower waters of Chesapeake Bay. The origin was assigned to a vessel hailing from Philadelphia, where the disease had been raging for two or three months. I saw my first patient one midnight. He had been vomiting and purging not more than an hour or two. I believed it to be an ordinary attack of cholera morbus, as there was not then the slightest suspicion of cholera nearer than Philadelphia. I prescribed opium and bismuth, to be followed by a purgative, and probably mustard poultices to the abdomen. Next morning, while on my way to see this patient, a messenger met me with a call in another direction. I followed the messenger, and when I reached the patient I found him affected similarly to the one I had seen the night before, and from him I learned, for the first time, that there was a disease prevailing among the oyster men dredging at James' Island from which they were "dying like sheep," and that he and Slocum, my first patient, becoming alarmed, had left their boats the evening before to go home, about thirty-five miles distance. On the way Slocum complained of feeling badly, but when they parted about ten o'clock he had not vomited. My second patient had slept well during the night, and had only been aroused early that morning by a desire to evacuate the bowels. I prescribed the same remedies as for my first patient. I hurried to my first patient, and found him dying. He died two hours later, within twelve hours from the time he and his companion separated the night before, and within nine hours from my first visit. I returned immediately to my second patient, and found that vomiting had come on during my absence, and the purging had also increased. He seemed quite prostrate and very anxious. Really, I did not know what to do. With a very limited experience, for I had only graduated eighteen months before, all alone in a country place, having just left a corpse and now standing before a most probably prospective one, you may well imagine my feelings. If I had never before appreciated the responsibilities of my profession, it is needless to say that now I realized them all. Opening my little armamentarium, and thinking all the while what I should give, I could conjure nothing nor select anything more than what I had already given him. During my perplexity the patient's old mother suggested that injections of red oak bark tea might be of service. I eagerly accepted the suggestion. The old lady knew how to make and give the injection, so I left to consult my books, promising to return soon. When I reached home there was another call, which I found to be a similar case. Within four or five days I received seventeen calls to cholera patients, all of them oyster dredgers, and coming from the affected boats. I gathered up my journals, and read them as well as I could on my routes while my boy drove. The different authors did not agree any better then than now, and I found no encouragement from my dilemma. Opium seemed to be the only thing agreed upon, but I had tried it, and seen it fail. I had already learned that time was valuable, and action must be prompt. I was constrained to believe that the tendency to exhaustion could be best met by stimulation, and for that purpose I combined chloroform, tinct. camphor, tinct. capsici, tinct. opii, and brandy, of which I gave liberally and frequently. I was pleased with the effect. It

not only stimulated the patient, but it relieved the cramps, and, I believe, had a controlling influence over the vomiting. At any rate, sixteen of the seventeen cases recovered. To revert to my second patient: When I returned I found him much relieved of the purging, and in every way better, and by the next morning he was well. I have no doubt but the red oak bark injections were of great benefit to this patient. I adopted it in all of the other cases. This little outbreak of cholera, a partial account of which is here given, did not last more than two or three weeks, and, in accord with its peculiar characteristics, the greatest virulence and mortality were in the beginning. The cases I saw were not in the places infected, but were removed to their homes many miles away. There was but one case in which I had any suspicion of contagion, and that was the wife of one of my patients, who had a very slight gastro-intestinal irritation.

Dr. W. T. Howard, jr., read a paper on

HEART HYPERTROPHY; AN ANALYSIS OF 105 CASES FROM THE AUTOPSY RECORDS OF THE JOHNS HOPKINS HOSPITAL.

Dr. A. C. Pole read a paper entitled

A CONTRIBUTION TO THE LITERATURE OF FOREIGN BODIES IN SURGERY.

On Sept. 7, 1885, G.W., who was assaulted by a crowd of roughs, presented himself to Dr. Pole, with an incised wound between the anterior and upper part of the auricle and the temporal bone. The wound was examined and cleaned, and, as a foreign body was neither seen nor suspected, the wound was stitched and dressed, and in a few days it was healed by primary union. Two years later the patient had a discharge from his ear, and behind a fungous-like growth could be felt to what seemed to be a projection of uncovered bone. He was seen by an eminent specialist, who attempted at several sittings to remove the "bone," but without avail. Examination from time to time showed that the projecting body was lowering in the auditory canal, and was becoming slightly movable. Sept. 22, 1892, the patient was anæsthetized, and Dr. Pole removed through the external auditory meatus a piece of dagger blade measuring 31/32 of an inch in length, the point having entered the posterior wall of the canal and penetrated into the mastoid cells to the depth of about 5/8 of an inch. The piece of blade had been in this position for seven years. The patient is now quite well. He has been relieved entirely of severe neuralgic pains, from which he had suffered for several years past.

Dr. J. M. T. Finney related a case of

SEVERED FINGERS REAPLIED SEVEN HOURS AFTER ACCIDENT WITH PERFECT UNION, AND RECOVERY OF MOTION AND SENSATION.

On Jan. 2, 1890, the patient, a machinist by trade, came to the Johns Hopkins Hospital about half-past 12 o'clock, giving the following history: He was a machinist by trade, and was running the engine in the absence of the regular engineer in a tin shop. He went to work about five o'clock that morning, and a little later, while going about a machine used for chopping blocks of tin, he dropped something, and while stooping down to pick it up his hand slipped under the knife and the ends of the middle and ring fingers were cut off. The middle finger was cut off just beyond the last joint. The joint was opened. The ring finger was cut off just above the root of the nail. This occurred, the man said, about half-past five o'clock. He wrapped up the stumps and went home, where his wife covered the wounds with beeswax. He arrived at the hospital at the time previously stated. I asked him where the stumps of the fingers were, and he produced them, wrapped up in a piece of newspaper. They were very cold, almost frozen. I placed them in a basin of warm water, using no antiseptic, because bichloride or carbolic acid might cause a layer of coagulation necrosis and prevent union. I scrubbed up the stumps of the fingers with a 1-2,000 warm bichloride solution; then I carefully rinsed them off in warm water. This process consumed at least half an hour. Then I took a shaving off the ends of the fingers, so as to have a perfectly fresh surface. The stumps were treated in the same manner. The bone was scraped. I sewed them on, using four stitches in each case. I then applied strips of crepe lisse, with collodion, the whole length of the fingers on each side. These held the severed portions in exact apposition. Then I used other strips around the fingers, binding them together, and then applied a palmar splint and used a large absorbent dressing. He came back in a week, and when the dressing was removed the fingers looked very well. I reapplied the dressing, and told him to report in another week. Dr Brockway saw the case on his return at the end of the second week. He took out the stitches and removed the dressing, and said that there was no doubt but that the fingers had united, and that the man seemed to have sensation at the ends of the fingers, although he thought that this sensation might have been transmitted. The man then disappeared entirely from view. He returned about a month ago with an injury to his other hand. It is difficult to say, at first sight, which hand was injured. There is a slight motion in the joint which was opened, and the sensation in the fingers is perfect.

Dr. Randolph Winslow: This case of Dr. Finney's calls to my mind a case which I had about fifteen years ago. I was called one day to see a woman who followed the occupation of upholstress. She had chopped the end of her thumb off with a hatchet perhaps half an hour before I saw her. Upon making inquiry about the missing piece, I was told that it was about the floor somewhere. I hunted it up, cleaned it, put it on with adhesive strips, and it is there to this day. It is rather an important matter that we should replace these lost parts, and in many cases we will have success. I have a number of times replaced parts which were essentially cut off, attached by a minute portion of skin, with successful union.

DR. TIFFANY, of the University of Maryland, says he knows no cause for the growth of osteo-sarcoma except traumatism. Sometimes this is so slight as to cause a doubt to arise in the mind of the surgeon as to whether or not so dire a result could follow, while in other cases the case is plainly one of cause and effect.—*Ex.*

Book Notices.

The Medical News' Visiting List for 1893. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber, and catheter-scale, etc. Seal grain leather, $1.25. Philadelphia: Lea Brothers & Co., 1892.

Leonard's Physician's Pocket Day-Book. Bound in red morocco, with flap, pocket, pencil loop, and red edges. Price, postpaid, $1.00. Published by *The Illustrated Medical Journal Co.*, Detroit, Mich.

This popular day-book is now in its fifteenth year of publication. The front part of it is occupied with dose tables, and other useful pocket memoranda. It is good for *thirteen months*, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is 7½ inches in length, and is 3½ inches wide. It is bound in flexible covers, *and weighs but five ounces*, so that it is easily carried in the pocket.

Book Reviews.

A Manual of Practical Medical and Physiological Chemistry. By Charles E. Pellew, E.M., Demonstrator of Physics and Chemistry in the College of Physicians and Surgeons (Medical Department of Columbia College), New York; Honorary Assistant in Chemistry at the School of Mines, Columbia College, etc. Small 8vo., 428 pages. With 28 illustrations and 8 chromo-lithographic plates. Cloth, $2.50. New York: D. Appleton & Co.

This work, as indicated in the preface, deals with chemical facts in their special application and relation to the study of medical science. It is evidently the belief of the author that too much importance has hitherto attached to the study of scientific chemistry in the medical curriculum. To this, however, we must take exception. However, it must be admitted that the work realizes in a very considerable degree the object which the compiler had before him. The book is conveniently divided into nine parts, and these again suitably subdivided into lessons, and consequently admirably adapted to meet the need of the student. As a special merit, we may mention the chapters on food stuffs, animal tissues and secretions, digestion, analysis and microscopical examination of urine. Moreover, additional interest is lent throughout from the fact that the latest clinical tests have been given. Special attention has been paid to illustration, some of the plates being particularly fine. The work is essentially a physiological chemistry, and as such we willingly commend it to the profession.

The International Magazine Pocket Visiting List, 1893. Arranged for the use of practitioners by J. C. Wilson, M.D., physician to the German Hospital, etc. Philadelphia: J. B. Lippincott Co.

This little book is neatly bound in leather, and, although it contains three hundred and sixty pages, can be easily carried in an ordinary coat pocket. The first forty pages contain, in a concise form, indexed tables and other data designed as a mnemonic aid to the practitioner. These include an obstetrical calendar, doses of drugs, relations between the metric and the English weights and measures, drugs for inhalation, formulæ of hypodermic medication, incompatibles, antidotes of the common poisons, medical thermometry, urinary tests, methods of artificial respiration, and a table showing the differential diagnosis of eruptive fevers. The second part contains the visiting list, in which space is allowed for sixty patients each week, together with their addresses, charges, and diagnoses. The last hundred pages are for the purpose of recording obstetrical engagements, vaccinations, deaths, and other memoranda. We have much pleasure in recommending this book to practitioners.

A Manual of Obstetrics. By A.F.A. King, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children, Columbia University, Washington, and the University of Vermont, etc. Fifth edition, with one hundred and fifty illustrations. Philadelphia: Lea Brothers & Co., 1892.

This is essentially a student's book, and is, confessedly, largely a compilation from larger and more elaborate text-books, especially those of Leishman, Playfair, and Lusk. It is written in a clear style, and the subject-matter is well arranged. It contains 413 papers on obstetrics proper, an additional chapter on the jurisprudence of midwifery, and an appendix containing the report on uniformity in obstetrical nomenclature adopted by the section in obstetrics of the Ninth International Medical Congress, held in Washington, 1887. The writer recommends to his class Playfair, Galabin, and Lusk; but he frequently consults King with pleasure and profit, and has no hesitation in saying that for students who prefer to commence their studies in obstetrics by reading a book of smaller calibre than those mentioned this is the best available. In writing thus, we do not wish to "damn with faint praise" a very admirable work.

Therapeutic Notes.

CLASS-ROOM NOTES. — Prof. Hare recommends aconite in cases of hypertrophy of the heart.

Prof. Keen favors the opening of a felon with the knife as soon as possible for the surgeon to do so.

Ichthyol ointment is recommended by Prof. Hare in the treatment of articular rheumatism.

Prof. Parvin recommends the emptying of the rectum and bladder before a vaginal examination.

Arsenic is recommended by Prof. Hare in cases of anæmia due to a reduction in the amount of hæmoglobin in the blood.

Prof. Keen, speaking to his class in regard to poultices, condemned the bread-and-milk poultice. He contends that there is great danger of infection from it.

Prof. Hare says that in cases where digitalis will have no effect, and is indicated, the administration of adonidine will often give good results.

Prof. Wilson says that in cases of gouty rheumatism, the anti-rheumatics yield poor results. Blistering will not be of any value for permanent relief, but may give temporary relief. He advises the administration of cod-liver oil in the earlier stages, but not in the later. In the later stages he prescribes some arsenical preparation, preferably Donovan's solution, beginning with five drops three times a day, increasing one drop every other day until the physiological effects of the drug are experienced.

In cases of *delirium tremens*, Prof. Keen gives from 1 to 2 grains of opium combined with 1 or 2 grains of chloral; this to be followed by a laxative; or if this will not move the bowels, a purge should be administered to the patient.

Prof. Wilson, in the earlier stages of influenza, prescribes antipyretics, but in the later stages he orders quinine to be given. He especially recommends turpene hydrate as an efficient and useful expectorating agent in this disease. —*College and Clinical Record.*

A PRESCRIPTION FOR PAINLESS DILATATION OF THE CERVIX UTERI.—Le Fort recommends the following prescription for this purpose:

℞.—Iodoform, ʒiii.
Powdered cocaine, gr. lxxx.
Sulphuric ether, ʒiii.

Make a solution, and wet a laminaria tent with the same. This may then be introduced into the uterine canal, and dilatation obtained without causing pain. — *L'Union Médicale* — *Therapeutic Gazette.*

AN OINTMENT FOR HEMORRHOIDS.—*L'Union Médicale* for September 8th, 1892, recommends the following prescription for this purpose:

℞.—Hydrochlorate of cocaine, gr. xviii.
Sulphate of morphine, gr. iv.
Sulphate of atropine, gr. iv.
Tannic acid, gr. xviii.
Vaseline, ʒi.

This ointment is to be applied to the hemorrhoids.—*Therapeutic Gazette.*

THE TREATMENT OF DYSPNŒA.—Dr. Em. Tournier classifies the causes of dyspnœa as cardio-pulmonary, cardio-hepatic, and cardio-paretic. He places the toxic dyspnœas under

the heading of cardiac dyspnœas, more particularly of arterial origin. The cardio-pulmonary dyspnœa, a dyspnœa of mechanical origin, when the phenomena of pulmonary stasis are predominant, is relieved by mild revulsives, or cupping, sinapisms as applied to the chest, rest, digitalis after a few days of a milk diet preceded by a saline or drastic purgative. Venesections, eight to ten ounces, may exceptionally be required. The digitalis should be administered in large doses, and should not be long continued; even better is the use of digitaline, in that the action is more rapid. With cardiac disease, particularly of the arterial variety with active pulmonary hyperæmia, digitalis must be avoided, and intestinal derivatives and counter-irritation over the chest be made use of. In dyspnœa of nervous origin varying modes of treatment must be employed; morphine given hypodermatically, especially in the paroxysmal dyspnœa of those suffering from aortic disease. Albuminuria is not in this instance a contra-indication to its use, but a condition demanding that it be used prudently. In the dyspnœas of toxic origin the food must be as free as possible from substances producing ptomaïnes, eliminating those already in the intestines, and preventing them from entering the blood. The first indication is best fulfilled by milk, two to three quarts daily. Keeping the kidneys in activity —diuresis—meets the second, while the third indication demands intestinal antisepsis, which diminishes the work of the liver in its destruction of ptomaïnes that are produced. Here benzo-naphthol is a powerful agent to prevent fermentation, and, at the same time, according to Huchard, slightly diuretic. If the attack is very violent, cupping, injections of morphine, inhalations of oxygen, or especially inhalations of iodide of amyl, associated or not with chloroform, may be required. Besides, not only is the dyspnœa treated, but the causative pathological condition of which this is a symptom, the arterial sclerosis, must receive methodical and persevering treatment by the iodides.—*Revue générale de Clinique et de Thérapeutique—American Journal of the Medical Sciences.*

AN OBSTETRICAL BUNDLE.—This bundle I have found very useful. I have such a bundle prepared for every obstetric case, and its cost, seventy-five cents, is more than made up by the saving of time and subsequent visits. It contains the following:

(1) One square yard of rubber cloth to be placed under the patient's hips and thighs—rubber side up of course.

(2) One square yard of cotton flannel to be placed on top of the rubber, between it and the patient's body. In this way I make sure of having the bed protected and kept clean, and an aseptic environment, and the rubber can be quickly arranged to carry off the fluids in a suitable receptacle in cases of operative procedures.

(3) A number of pieces of cheese cloth to be used as small towels, and also, when dampened with bichloride solution, as pads for the vulva.

(4) A new and clean nail brush for each case. The brushes cost three cents, and hence one can afford a new one each time.

(5) Safety pins.

(6) A narrow bobbin, consisting of three strands, for ligating the umbilical cord.

(7) An obstetrical eye bandage. This consists of a strip of cheese cloth, the two edges of which are rolled in and then doubled over a second time. While waiting for the pulsation of the cord to cease I wipe out the baby's eyes, and wrap this bandage around the head and eyes, and pin it. When this is not done, the child often rubs its dirty fingers into the eye before the attendants have had time to wash the child. Since I have adopted this plan I have never had any cases of ophthalmia neonatorum.

(8) A small wooden vial containing tablets of bichloride of mercury. I prefer these small ones to the larger size, as they are just sufficient for each dressing without splitting the tablet.—*Abbott, Post-Graduate.*

NEW USES FOR SULFONAL.—Apart from its uses in simple insomnia and some of the neuroses, sulfonal appears to have been of value in controlling such symptoms as reflex spasm and the uneasiness following traumatic injury. We note (*Medical Record*, July 2nd, 1892) that Dr. Edmund Andrews, of Chicago, speaks of sulfonal as a certain remedy in the treatment of muscular cramps of the legs appearing during the night, and especially those accompanying those of the long bones. In a case of recently fractured femur, fifteen grain-doses gave relief. In the after-treat-

ment of laparotomy, Dr. A. F. Jonas (*Omaha Clinic*, Aug.,'92) says that the symptoms of sleeplessness occurring in these cases should always be relieved lest insomnia seriously complicate recovery. He usually gave sulfonal in such conditions. Dr. Althous (*Amer. Jour. Med. Science*) recommends sulfonal for the insomnia liable to occur in the treatment of post-grippal psychoses. Dr. Alexander J. C. Skene has employed sulfonal in the after-treatment of laparotomy. He writes as follows (*In. Med. Mag*, March, 1892): "Sulfonal does remarkably well as a sleep producer, and is much preferable to bromide, chloral, or any combination of such remedies. It produces the desired result in the great majority of cases that are not kept from sleep by severe pain. This remedy is worthy of note as rather new, and is certainly one that will cause sleep with no other perceptible effect, good or bad."—*Medical Summary.*

PRURITUS VULVÆ.—(*Hare's System of Practical Therapeutics*, vol. iii.)—This symptom is so distressing that we will call attention to a few matters recommended in this work for its treatment. Of course, it may be a symptom of various things, but very often its treatment will have to be empirical. Nitrate of silver is recommended, at times using even the solid stick to the affected area. Cocaine, four to ten per cent. solution, for local use during paroxysms. Carbolic acid, five to ten per cent. solution or ointment. Skene recommends carbolic acid and tincture of iodine in equal parts, used by atomization. Also iodoform, saturated solution in ether, applied with atomizer. [Our own experience has been that Goulard's solution (Sig.: plumbi subacetat. dil.), with one-third laudanum, applied with hot water, is the most serviceable of any for ordinary cases—the mucous membrane being kept apart by means of cloths saturated with this lotion. In the mean time, hot vaginal irrigation can be occasionally used of a one to four thousand sublimate solution in hot water.—J. M. Keating.]—*Internat. Med. Mag.*

THE BEST NUTRITIVE ENEMA.—Ewald, as a result of experiments, found that eggs, even though not peptonized, were to a considerable extent absorbed by the rectal mucous membrane. According to the *Mercredi Medical* for April 1st, Huber, of Zurich, has recently repeated Ewald's experiments in Professor Eichorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt. The salt is well borne, and causes, as a rule, no irritation of the bowel. He considers that eggs beaten up with salt, in the proportion of fifteen grains to each egg, are the best for nutritive enema. His method of procedure is as follows: Two or three eggs are taken, and thirty to forty-five grains of salt are added. They are slowly injected by means of a soft rubber tube, carried as high up the bowel as possible. Three such enemata are given daily. An hour before each enema the rectum is cleaned out by means of a large injection of warm water.—*N. Y. Med. Times.*

RESORCIN WITH BISMUTH, FOR ASIATIC CHOLERA.—This remedy is receiving considerable attention. Testimony is put forward in its favor by many where it has been tried with success. In mild cases it is admitted to be of some use, but the protraction is considered dangerous, as after this period it reappears. With vomiting, thirst, and diarrhœa, a one per cent. solution of tannin is recognized as an important adjunct. The prescription is:

Resorcin . .	gr. ½ to j.
Bismuth subnit. .	gr. v to x.

—*Times and Register.*

FOR small hemorrhoids and pruritus ani we have found no better remedy, as a local application, than the following:

R.—Hydrarg. chlo. mitis .	gr. xx.
Cocaine muriat .	gr. x.
Petrolati . . .	℥ i.

M. ft. ung.
Sig. Apply as directed.

—*Western M. & S. Reporter.*

BEEF JUICE.—Where it is necessary to give an invalid just the juice of beef, broil say, a half pound for just a moment over a quick fire, then score it thoroughly, put it in a lemon-squeezer, and press the juice into a cup, add a grain of salt, stand the cup in hot water for a moment

until the juice is warm, and use it immediately. This is more tasty and appetizing than beef tea. —*Col. Med. Jour.*

Miscellaneous.

ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.—We are glad to learn that a most encouraging beginning has been made in the formation of this association, which promises to promote, through the medical service, the general efficiency of the Canadian militia. It will interest many in this country to learn that the constitution of the association is wide and varied, and aims—very properly, we think—at an Imperial connection. It will undoubtedly find hearty sympathy and support in its laudable aspirations from the medical services in all parts of the empire. The office-bearers are an honorary president, a president, vice-presidents for each province, with executive committees, treasurer, and secretaries. With headquarters at Toronto, branches may be established in each military district of the Dominion. The objects are no less comprehensive than the constitution of the association; first, naturally, for the development of a departmental *esprit de corps*, and the discussion of medical matters concerning the militia; secondly, for the discussion of military matters generally from a medical point of view; lastly, for the reading of papers on military medicine and surgery, hygiene, organization, and equipment. The association has not come into existence without very good reasons, nor before it was wanted, for the Canadian militia medical service is still in a crude regimental form, without departmental unity, cohesion, or weight, and altogether may be said to be in a highly unsatisfactory state. We shall watch with interest the efforts of the association to effect reforms in these directions, but fear it will meet with the same kind of passive resistance and active opposition as we have faced under similar circumstances at home, for we learn it is pretty certain to encounter the shallow, self-sufficient, Junker spirit which affects to be above medical advice, or, as they say in America, thinks it "knows it all." If we can render any service or support in furthering the laudable endeavors of the association, we shall be most pleased to do so.—*British Medical Journal.*

A PAINFUL INCIDENT.—A correspondent of the Vienna *Abenblatt* is responsible for the following statement: One morning the medical superintendent of a large lunatic asylum requested an attendant to hand him a pair of scissors. Perceiving something unusual in the aspect and demeanor of his chief, the attention of one of the physicians was drawn to the circumstance, when he was both surprised and alarmed by the announcement from the lips of the superintendent that it was his intention to open the skulls of some of his patients in order to ascertain the exact condition of their cerebral development. It thus became evident that the brain which had been for so long responsible for the medical oversight of the afflicted inmates of his asylum had itself become deranged, a circumstance not unique in the history of neurological research.—*London Lancet.*

PROFESSIONAL FAILURE AND SUCCESS.—"It would appear from the statistics recently quoted by Sir John Lubbock that very few who enter the medical profession entirely fail. Out of the 1000 medical students whose after-career came under the observation of Sir James Paget, there were apparently only 36 who were unsuccessful owing to circumstances over which they had no control. The actual number of men who did not succeed was 56; but of these 10 failed through drunkenness, and the same number through ill-health or accident. Twenty of the 1000 'left the profession,' but whether they did so because they inherited wealth or married rich wives is not stated. One of the 1000 was Palmer, the celebrated murderer, who was hanged."—*From London letter to the American Lancet*, Nov., 1892.—*Med. News.*

HE FORGOT SOMETHING.—*Doctor*—I will leave you this medicine to take after each meal.

Mike—And will yez be koind enough to lave the meal, too, dochtor?—*Tid-Bits.*

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