Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

The Canada Medical Record

VOL. XVII. MONTREAL, DECEMBER, 1888. No. 3.

CONTENTS.

Original Communications.

EXCESSIVE INTRA-OCULAR HÆMORRHAGE AFTER CATARACT EXTRACTION.

FOLLOWED BY ENUCLEATION AND LOCATION OF THE HÆMORRHAGE IN THE RETINA.

By DR. A. PROUDFOOT, Prof. of Ophthalmology and Otology, University of Bishop's College, Montreal, Specialist for the Diseases of the Eye, Ear and Throat, Western Hospital, Infant's Home and Montreal Dispensary. Life Member of the British Association for the Advancement of Science, etc.

June 5th, 1883, I was consulted by G. J., a large full-blooded man of about 50 years of age, for loss of sight in the left eye, which I found to be due to a mature cataract.

The patient being desirous of having it removed, the operation was performed without an anæsthetic.

A small peripheral incision was made with a Graefe's knife, and the cataract (which was rather small) removed *without iridectomy.*

The pupil was clear, though slightly irregular at its upper margin; but the operation was satisfactory in every respect. The anterior chamber, however, soon filled with blood, and I found it impossible to arrest the hæmorrhage. I therefore applied the bandage pretty tightly in the usual way and put the patient to bed. At 9 p.m. very little pain was complained of; but the compress and bandage covering the eye were saturated with blood. These were removed and a fresh bandage applied.

June 6th. The dressings still saturated with blood, the patient has complained of some pain and is very restless. On examining the eye there is a small clot of blood between the edges of the lids; and the lips of the incision are widely separated by a large piece of vitreous, which projects from between them. This was removed with curved scissors and the edges of the wound carefully brought together, atropine was dropped into the eye and the dressings again applied.

June 7th. The patient has suffered a good deal of pain during the night, and was forced to sit up several times upon a chair, in which position he seemed to get some relief.

The dressings were again found to be stained by a bloody discharge and the lids and conjunctiva were considerably swollen. The eye was thoroughly bathed with a solution of boracic acid, atropine dropped into the eye and the dressing re-applied. At 9 p.m. renewed the dressing and ordered a pill of $\frac{1}{4}$ gr. morphiæ sulph. to be taken every night to relieve pain and secure sleep.

June 11th. Up to this time the inflammation has been very severe, and the

patient's sufferings have only been relieved by hot fomentations and morphia.

The whole of the vitreous has escaped, and the anterior chamber and edges of the incision are filled with lymph.

June 12th. The inflammation is now rapidly subsiding.

June 16th. At the urgent request of the patient (who was anxious to return to his business) I enucleated the eye, and by the 23rd of June he was well enough to attend to his affairs. From this on he made rapid recovery.

On making a transverse section of the globe immediately after its removal, it was found to be filled by thick discolored lymph; a small clot was discovered near the disc, which upon being removed disclosed a rupture of a small branch of the arteria centralis, which was evidently the seat of the hæmorrhage. When examined with a strong glass, a small dilatation of the vessel was found to exist at the point of rupture.

Dr. B. E. Fryer, of Kansas City, has recently published a case of excessive hæmorrhage was from the stump of the iris."

Dr. F. C. Hotz, of Chicago, Ill., has reported two cases, but considers it likely that the hæmorrhage was from behind the vitreous in the choroid or retina, and quotes Dr. Albert Mooren in support of his opinion.

My case differs from those reported by the gentlemen whom I have mentioned in the following points, viz.,

1. The operation was performed without an anæsthetic.

2. The cataract was removed without iridectomy.

3. The hæmorrhage was at no time very profuse, though it lasted for three or four days.

4. The eye was removed on the 11th day after the operation and the hæmorrhage definitely located in the retina.

This is the only case of the kind that has fallen under my observation in an experience of nearly twenty years.

The man was very full-blooded and evidently addicted to the excessive use of stimulants. He was the proprietor of a small hotel.

In all such cases the operation should be made so as to allow the aqueous to flow off as slowly as possible, in order that the equilibrium of the circulation within the eye may not be too rapidly disturbed.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, October 19, 1888.

THE PRESIDENT, WILLIAM GARDNER, M.D., IN THE CHAIR.

DRS. GEORGE ROSS and F. J. SHEPHERD reported a case of

PERFORATING APPENDICTIS

in which laparotomy was performed.

DR. ROSS gave the following history of the case: On the 4th inst., first saw the patient in consultation with his attending physician, who had first visited him three days previously. The patient was a healthy lad, aged seventeen. He had always enjoyed good health with the exception of some three or four attacks of so-called colic which had occurred within the past two years. These attacks were all very similar, and consisted of a somewhat sudden pain in the lower part of the abdomen and in the *left* side, not very severe and always soon relieved by a hot application and a mild anodyne. The attacks were attended by vomiting. The following day a dose of castor oil was given, and then the boy appeared quite well again. He was never away from his work on account of these attacks for more than two days. In the intervals he suffered from no digestive disturbance of any kind, the fecal evacuations being quite normal.

Early in the morning of the first he awoke suffering from violent pain across the belly, chiefly in the middle zone and

toward the *left* iliac fossa. Vomiting soon came on and was several times repeated during the day. The attack was looked upon as similiar to those previously suffered from and was treated in the same way. Opium and poultices were prescribed by the medical attendant.

Dr. Ross first saw the patient four days later. At that time the face had the characteristic abdominal expression, but was not specially anxious-looking. Color good. He complained of great pain in the lower part of the abdomen and on the *left* side; no pain on right side. Flatulence was considerable and the belly was moderately distended, chiefly in its lower half: parietes very firm and resisting; tenderness not great, but well marked, chiefly in the hypogastric, umbilical, and *left* iliac regions. Pressure was better borne in the right iliac fossa than in almost any other part, and palpation of that region failed to detect any deep-seated fulness or resistance. Vomiting was frequent. The evening previous the bowels had been moved by an enema. Pulse 120 and weak, temperature 98°.

The diagnosis lay between an acute obstruction and acute peritonitis, the latter view being favored by Dr. Ross. The cause of the peritonitis was the difficult point to decide; the sudden onset and rapid progress of the case suggested perforating appendicitis, and this was considered probable. The history gave some support to this idea, the difficulty being that the pain had always been referred to the left side, and on this side was also the greatest degree of tenderness. The ultimate diagnosis was acute purulent peritonitis depending on some previous disease in the lower part of the abdomen and that this might be an appendicitis, but the evidence on this point was inconclusive.

Dr. Ross gave it as his opinion that the boy would not live twenty-four hours if unrelieved, and strongly advised laparotomy. He fully realized the fact that four days had already elapsed and that the peritonitis was very extensive, and that in consequence the chances of relief by operation was very small. The boy was removed to the General Hospital and, after consultation with Drs. Shepherd and Bell, laparotomy was decided on.

Dr. Shepherd said that when he saw the case with Dr. Ross, the patient was in a very helpless condition; he had a pulse of 150 and of much volume; vomiting was continuous. There was no tenderness on deep pressure on the iliac region, nor was there any fulness. The only very painful point was a little below and to the left of the umbilicus. It was decided to give the patient the very small chance offered by operation.

An incision some two inches long was made in the median line below the umbilicus and two fingers introduced; nothing could be felt but distended intestines, and the cæcum could not be reached, so the incision and enlarged and the hand introduced; no collapsed intestine could be felt, but quantities of lymph covered the intestines, and some fetid pus escaped from the wound; the left iliac region was explored, the appendix was found hanging over the brim of the pelvis, and was apparently normal, though somewhat distended. For purposes of further exploration some of the intestines were drawn out of the abdomen and the cavity washed out with hot water. A large quantity of pus and lymph was evacuated from the bottom of the pelvis. In order to return the distended intestine an incision was made in it to allow the gas to escape; this incision was closed by Lembert sutures. The abdominal wound was now closed, a glass drainage tube being left at the lower end. At the end of the operation the boy was much collapsed and his pulse had failed markedly. He rallied somewhat but died next morning. After the operation there was no more vomiting.

An autopsy was made by Dr. Lafleur who found that the cause of peritonitis was a perforation of the appendix. This appendix

was found hanging over the brim of the pelvis, and it was in a gangrenous condition. It was folded up on itself, the perforation was situated within the fold and could not be seen until the parts were dissected out; to the feel, the appendix was normal. There was a great quantity of lymph on the intestines, and in the true pelvis the folds of intestines were glued together in every direction.

DR. SHEPHERD remarked that, although he had examined the appendix at the time of the operation with his fingers he had not seen it, and that this case taught him that in cases of general peritonitis the appendix should always be examined by sight, even if the history and symptoms of the case do not point to this part as being the origin of the affection. If the cæcum and the appendix cannot be brought to the surface at the median incision, they should be examined through an incision made in the left iliac fossa. The position of the appendix, viz., pendant in the cavity of the pelvis, explained in this case the absence of local symptoms; although the pelvis was examined before operation per rectum, nothing was made out. Dr. Shepherd also remarked that in these cases of perforating appendicitis in which the peritonitis was diffuse from the first operation, gave much less hope of cure than when there was from the outset a distinctively localized area of inflammation, characterized by the existence of a tumor.

DR. ROSS urged strongly the importance of early laparotomy in these cases, and said that operation should not be postponed beyond the third day. In this case, operation was not undertaken until the end of the fourth day, and consequently but little good could be expected from it.

DR. RODDICK asked Dr. Shepherd whether, if he had recognized the lesion in the appendix, he would have excised it, and would the result have been different.

DR. MILLS said that the position of the appendix was peculiar and might have caused a diminished circulation and finally strangulation; there was no doubt that the position favored the necrotic process.

In reply to Dr. Roddick, DR. SHEPHERD said that if he had made out the gangrenous condition of the appendix he would have excised it, but that he did not think this would have had any influence on the result.

DR. HARVEY, of Calcutta, made a few remarks on the objections to laparotomy prevalent among the natives of India, and said that it was very rare to get a native to consent to any new operation. He related a case which had come under his observation, of perforation of the appendix due to a lemon seed.

DR. WM. GARDNER related a case in which he had lately performed.

ABDOMINAL SECTION

at the request of Drs. Rodger and England. The patient was a lad aged sixteen, who suffered from severe abdominal pain and vomiting a few days before; this was relieved by morphia, and in a day or two he was able to return to his work. When seen by Dr. Gardner he had very severe abdominal pain, vomiting, constipation, and marked distention of the abdomen. There was also an elastic swelling the size of a duck's egg in the region of the right inguinal canal. On examining the scrotum only one testicle (the left) was found. There had been a suspicion of strangulation with peritonitis, and the patient had been put under ether without result. So it was decided to open the abdomen, and this was accordingly done.

An incision was made long enough to admit two fingers; on incising the peritoneum a quantity of turbid serum escaped. All the ordinary hernia regions were examined and nothing found. The swelling in the inguinal canal was in the abdominal wall and extra-peritoneal; nothing else being found, the wound was closed.

The symptoms were much relieved for three or four days, then the abdominal distension began to increase and became very

marked on the eighth day. However, the bowels began to act freely and the boy rapidly recovered, and was now quite well; the swelling in the groin had completely disappeared.

DR. BELL exhibited specimens from a

CASE OF SEVERE SYPHILIS.

which had died from tuberculosis of the lung. The syphilitic disease in this case was very destructive, causing extensive ulceration of palate and larynx. The nose had disappeared. In the brain were spots of softening, due probably to thrombosis. The patient first contracted syphilis in 1886, and never commenced treatment until 1888.

DR. RODDICK exhibited two specimens of

CANCER OF THE LOWER JAW.

The first had occurred in a man aged forty-five. The growth commenced in the gum near the first molar tooth some months before, and rapidly spread to the bone and cheek. Half the lower jaw and a portion of the cheek were removed. The glands were only slightly enlarged and not infiltrated; the growth was epithelioma.

The second case occurred in a man aged sixty-five. The disease first appeared on the lower lip some eighteen months before, and rapidly involved all the soft tissues as far as the chin; the growth was adherent to the bone and of great density and hardness. The affection was never painful. The sub-maxillary lymphatic glands were involved. The growth and the portion of lower jaw to which it was adherent were removed. The growth proved to be epithelioma.

EXCISION OF KIDNEY.

DR. GARDNER exhibited a tumor, which he believed to be the left kidney, removed some days before by abdominal section from an unmarried woman of twenty-eight years, who had first noticed the tumor two and a half years previously. It had grown slowly, and had been moderately painful. On examination it appeared to be the size of a child's head, was hard, nodular, painless, and was so movable that it could be shifted to any part of the abdominal cavity from its ordinary position on the left side. When the patient was on her back the lower end of the tumor could be felt through the vagina. It could not be felt or pressed into the left lumbar region. Percussion showed it to be surrounded by intestine. The tympanitic note over it was unmistakable in the left loin. The patient was watched for eight days before operation. Pus was constantly present in the urine; she had night-sweats, but no rise of temperature.

At the operation the tumor was found to be behind the mesocolon, and the descending colon was over its outer aspect. The peritoneum over the tumor was incised, and the tumor was then easily shelled out. The attachments were at its upper end, and seemed to be the blood-vessels and ureter. The operation was completed by gathering the edges of the capsule together, and including them in the abdominal sutures. A glass drainage tube was inserted at the lower end of the wound; this was removed at the end of forty-eight hours. Her progress was uneventful, and now, at the ninth day, recovery is assured.

The tumor on section was found to be moderately firm, the surface grayish-white and fibrous. The growth was loculated; some loculi contained pus, others a yellowish transparent fluid. Urine was secreted plentifully from the first; the first two specimens contained blood, but no pus; since then there had been a little pus in the urine. Dr. Gardner thought that the absence of pus from the urine after the operation was conclusive evidence that the tumor was the kidney.

DR. RODDICK asked Dr. Gardner whether he would have performed the median incision if the diagnosis of kidney tumor had been made before operation.

DR. SMITH congratulated Dr. Gardner on the success of this operation, and said he was glad to see the gynecologist wresting further territory from the surgeon.

DR. SHEPHERD asked Dr. Gardner if it was not usual, in cases of removal of kidney by median abdominal incision, to drain through the loin. From the description given by the reading of the paper, the kidney removed appeared rather an anomalous one. All the vessels entered its upper end, and the ureter could not be distinctly made out. The tumor, if kidney, was apparently functionless.

DR. GARDNER, in reply, said that for such a tumor the abdominal incision was the best, the tumor was so movable and it could not be felt at all from the lumbar region. He was aware that some surgeons recommended draining through the loin in such cases, but he thought where the enveloping peritoneum was so loose, as in this case, and could so easily be brought to the surface and drained through the abdominal wound, the method adopted by him was preferable. He had handed the tumor over to Dr. Lafleur for examination and report.

DR. RUTTAN exhibited for Dr. deW. Smith, of British Columbia,

A LARGE GALL-STONE

which had been removed from the intestines after death, having produced fatal obstruction. The stone must have ulcerated through the gall-bladder into the duodenum as its size precluded the possibility of its passing successfully through the common duct. There had been no previous history of gall-stone.

DR. BLACKADER read a paper on

FOUR CASES OF PERITONITIS OCCURRING DURING GESTATION.

Case I.—Mrs. R., æt. thirty-two, in the sixth month of her third pregnancy, was suddenly seized with severe abdominal pain. She had always enjoyed good health with the exception of being the subject of constipation. She had taken some purgative medicine, and during the night was obliged to get up to attend to one of her children and got chilled; an hour later severe pains came on. When seen she was suffering severely, her abdomen was slightly distended and tender; temperature 104°; pulse 140, small and weak. Morphia was administered hypodermatically in quarter-grain doses and hot cataplasms applied. Her pulse rapidly failed and it was soon seen that she was suffering from acute general peritonitis. The os was examined and found to be soft, closed, and with prominent neck. There did not appear to be any special contraction of the uterus. By midnight her pulse was scarcely perceptible, but afterward improved. The pains now assumed a bearing-down character, and twenty minutes after a dead fœtus was born. Vomiting of grumous matter set in and she expired in a very short time. No post-mortem was allowed.

Case II.—Mrs. S., æt. thirty-three, in her eighth pregnancy, had always enjoyed good health. Toward the end of the eighth month of pregnancy caught cold and suffered an attack of bronchitis causing her to be confined to her bed for a week; while recovering from this, acute parenchymatous glossitis set in, the pyrexia lasting three days. On the fourth day the swelling had almost subsided. The same afternoon Dr. B. was sent for in haste and found patient with pinched features, feeble, quick pulse, and a temperature of 103°. There was considerable tenderness over the lower part of the left abdomen, especially in left groin; there was no distention of the abdomen. Morphia was given hypodermatically. Next day she was somewhat improved and only suffered pain whilst turning to either side. In the evening a live child was born with scarcely any pain and very rapidly. Immediately after the birth her pulse was 120, and temperature 101°. Dr. George Ross was called in consultation and also Dr. Gardner. Two days after her child was born her pulse began to fail rapidly and her condition seemed most serious. Vomiting and hiccough set in, and there was great distention of the abdomen. Arrangements were made for abdominal section, but death

took place during the administration of the ether and before the operation had been commenced.

Case III.—Mrs. C., æt. twenty-eight. Dr. B. first saw her June 23, 1885, in the sixth month of her fourth pregnancy, and naturally of a very strong constitution. She was complaining of severe abdominal pain with diarrhœa, which she attributed to getting her feet wet a day or two previously. Pulse was rapid, but her temperature was normal. An anodyne was prescribed, and she was not seen again for forty-eight hours, when she had a rapid pulse (108) and a temperature of 99.8° F.; she complained of pain and tenderness in the abdomen, and was confined to her bed. Next morning she was much worse. She had an anxious expression of countenance, considerable lividity of face and lips, with a temperature of 102.5°, and pulse of 120; tenderness was marked in the right iliac region and extended across the median line; there was slight abdominal distention. That evening she was comfortable. At 2 P.M. labor pains came on and the child was born before Dr. Blackader could reach the patient. There had not been much hemorrhage, but the mother was very pale, her lips were livid and her pulse feeble; the placenta was retained. After waiting a short time the placenta was delivered by passing the hand into the uterus; there was no hemorrhage. Vomiting set in shortly, and she died the same evening at 6 o'clock. No post-mortem examination was allowed.

Case IV.—Mrs. B., æt. twenty-four, consulted Dr. B. about the end of October, 1887, for frequent and painful micturition. She had been married in August. The symptoms did not yield to remedies, and a vaginal examination was made and the uterus was found anteverted and decidedly enlarged. Absolute rest in bed was insisted on. By the end of December she was up and about and apparently as well as ever. She was not seen again until the middle of February. She then complained of pain in the right iliac fossa and back; there was also a good deal of nausea, a thickly furred tongue and constipation. Pulse and temperature normal; no tenderness on pressure was detected. Salines were administered (March 2d) with partial success. A fortnight later the pain became suddenly much aggravated, apparently after eating heartily; there were much tenderness over the cæcum and slight distention of abdomen. Temperature 102°, pulse 100. Slight nausea but no vomiting. The patient was anxious, restless. On the evening of the 5th Dr. Brune was called in and agreed that there was a local peritonitis. A few days later the symptoms became so serious that the question of abdominal section was discussed. There were considerable distention and great tenderness of the abdomen, especially in the right iliac region, and vomiting was frequent. Pulse weak, and 120–130; temperature 101°. Morphia was given hypodermatically and the symptoms gradually subsided. On the 12th the right parotid gland became inflamed, and then the left gland was likewise affected but both subsided without suppuration. On the 14th of May the patient was safely delivered of a healthy child, labor was in every respect normal and convalescence was uninterrupted. Since her confinement there have been two slight attacks of abdominal tenderness in the right side, with slight pyrexia—but now the patient is quite well.

Dr. Blackader said that there was no reason why peritonitis should not occur during gestation, while there are reasons why it might even be more frequent at that time. A very small number of cases are recorded in medical literature, and he thought it must be of rare occurrence. No reference is made of peritonitis during gestation in any of the works on obstetrics, and very few cases are reported in medical journals. Dr. Blackader could find only four. Dr. Gow reports a case in the *Edinburgh Medical Journal* for January 1888, which was given by the reader of the paper in full. The patient died, and no cause for

the peritonitis could be found. Dr. Gow refers to one of Sir James Simpson's cases in which also no local cause could be found at the post-mortem. Dr. Matthews Duncan reports two cases of a similar kind, in both of which death took place, and no local cause of the peritonitis could be discovered. One of the patients suffered from enteritis. In not one of the cases cited by Dr. Blackader could the exciting cause of the peritonitis be discovered.

The diagnosis of the cases will lie between peritonitis, concealed hemorrhage, rupture of the uterus, and perhaps rheumatism of the uterus. Dr. Blackader said that he much regretted being unable to procure a post-mortem in his fatal cases, but that he had not the slightest doubt that his diagnosis of peritonitis was correct.

Dr. J. C. Cameron said that he did not see why pregnant women should not have peritonitis; their condition would predispose to it than otherwise. The great defect in the paper was the fact that no autopsies were held, and whether the peritonitis was idiopathic or not could only be determined by a post-mortem examination. He himself was rather sceptical as to the occurrence of *idiopathic* peritonitis. *Peritonitis* may, in these cases, have been caused by a perforating appendicitis, ruptured cyst or tube, abscess, etc.

Dr. Harvey, of Calcutta, related a case in which post-partum hemorrhage was caused by adhesions of the uterus to the parietal peritoneum, this prevented contraction of the uterus. He saw no reason why pregnant women should be exempt from peritonitis, as the same causes which produce it in the non-pregnant would be found in the pregnant.

Stated Meeting, November 2, 1888.

The President, William Gardner, M. D., in the Chair.

Dr. Bell exhibited a case of

EXCISION OF THE KNEE

in a man aged forty-five years, cured in one dressing. The femur was rounded off to fit into a concavity in the tibia, as recommended by Dr. Fenwick, and the bones were held together by two nickel-plated nails. The first dressing was removed in five weeks. The specimen of diseased bone removed from the knee-joint was also presented; this showed large pieces of necrosed bone in several parts of the lower end of the femur.

Dr. Bell also exhibited a patient who had received an injury of the knee which had caused a

SEPARATION OF THE LOWER EPIPHYSIS OF THE FEMUR.

This had united in a bad position, so that the knee was very much bent inward, and the lower end of the shaft of the femur protruded through the skin. The parts were cut down upon, osteotomy performed, and the leg straightened. The result, as shown to the Society, was an admirable one.

Dr. Shepherd exhibited a patient who had suffered from

COMPOUND FRACTURE OF THE OLECRANON.

The separated fragments of bone were sutured with silk, the result being bony union. The patient, a man aged twenty-five years, whilst working on board a ship, was struck on the elbow of the left arm by the fan of the ventilating apparatus; this split the olecranon process vertically, and opened up the joint. When he came to the hospital the wound was covered with dirt, and on separating the lips of the wound it was seen that the olecranon process was split into two portions longitudinally, and the joint was opened. After cleansing the wound, the separated fragments of bone were brought together with two silk sutures and the wound closed, a small drain being left at the lower end. The dressings of gauze and jute were left on for three weeks, and when removed the wound was perfectly healed and the bone found united. The patient went to work a month after the accident, but for some time the movements

of the joint were rather limited. The accident happened in July last. At present he has as good motion in the injured elbow as in the other.

DR. STEWART exhibited a patient suffering from

PROGRESSIVE HEMIATROPHY OF THE FACE,

and gave the following account of the case: The patient, a boy aged fourteen years, had always been in good general health. No history of any facial atrophy. In those parts of the face innervated by the left trigeminus, especially by its two lower branches, the skin, subcutaneous tissues, the muscles, and the bones of the left side of the face are greatly wasted. The muscles appear to have suffered less than any of the other structures. The left half of the tongue is wasted, but the palatine structures on the same side are as well developed as they are on the right; the left nostril is large on the atrophic side, apparently owing to wasting of the turbinated bones and mucous membrane. The special senses are fully as acute on the left as on the right side. There is no disorder of common sensation, the senses of touch and temperature are equally acute on both sides. Repeated measurements, taken with the differential calorimeter, are negative. The angle of the mouth is slightly drawn to the atrophic (left) side. The electrical reaction to the faradic and galvanic currents is normal. In fact, it takes fewer milliampères to bring about contraction on the atrophic side; this is, no doubt, due the wasted skin of that side offering less resistance to the passage of the current.

The wasting was first noticed about two years ago. During the first few months it made rapid progress, but the past year the patient says he is not aware of any marked progress. Two years before the commencement of the atrophy the patient had the left half of his face and left ear severely frost-bitten. It was suggested that probably the profound irritation which the sensory nerves sustained as the result of this, had induced changes in the nuclei of their origin.

REVERSION IN A PIGEON WITH TUBERCULOSIS.

DR. T. W. MILLS exhibited specimens from a pigeon the subject of general tuberculosis. He said the specimens were of both physiological and pathological interest. The pigeon was a perfectly white Jacobin, bred by himself from a pair of red birds, and he asked if it was a case of Albinism, a "spert," or an instance of reversion, as understood by Darwin, or what breeders term "throwing back." Albinism is well known among wild animals (rabbits, squirrels, etc.,) and "sperts," or the appearance of variations not to be accounted for on any well-recognized principles also occur. Upon the whole Dr. Mills thought this was a case of reversion. A white cross has been known to show itself in pigeon-breeding after nine years of careful breeding. The subject had been considered important by Darwin, for it was largely upon the evidences of reversion to forms and markings peculiar to wild species that this naturalist founded his views that our domestic animals were derived from a few wild forms.

The bird shown had died two days previously, after ailing for about three weeks. A post-mortem examination showed that the organs contained tubercles in every stage of development and degeneration. The moulting season is a very trying period for birds. Dr. Mills related an observation he had made to illustrate this; a young cockerel, getting its second feathers was noticed to be bleeding in the region of the tail. Examination showed that blood was oozing from the roots of the new feathers. The abundance of blood diverted to the skin, and a corresponding demand for nervous energy in this quarter, explained why other parts should suffer, and illustrated the general views he entertained as to the part played by the nervous system in the vital processes, and the practical importance of maintaining the balance of function so often disregarded both by brain-workers

and by muscle-users (athletes). The case seemed to him very clear.

The specimen also illustrated two principles that seemed to hold in regard to tuberculosis among the lower animals: (1) The extreme rapidity of the process; and (2) the extensive character of the lesions. This bird had been ill only three weeks, and was fairly well nourished at death. The tubercles were very widely distributed, the organs inflamed and bound together by recent adhesions. Owing to enlargement of the organs and pressure the apex of the heart was squeezed to such an extent that it must have been functionless, while the immediate cause of death was, in all probability, mechanical interference with the action of the heart.

DR. SHEPHERD said he was much interested in the case of reversion exhibited by Dr. Mills, and said these are not at all uncommon in the human family. There is in nearly every person's anatomy some form of reversion to an earlier type. As bearing on these reversions of color, he instanced the occurrence of a red head in a family in which it had not been seen for several generations. He also mentioned a case which had lately come under his observation, viz., that of a cow having two rudimentary metacarpals developed in the fore limb, these being the rudiments of second and fifth toes.

DR. SMITH asked Dr. Mills if such a pigeon as he had shown were fit for food; he stated that no doubt many birds that were offered for sale on the market were subjects of tuberculosis.

DR. JAMES C. CAMERON reported a case of

NERVOUS (?) DIABETES, WITH HIGH TEMPERATURE, IN A PUERPERAL WOMAN.

The patient, aged twenty-two years, multipara, was admitted into the Montreal Maternity, October 10, 1888, in active labor. Her first child was born in May, 1886. During present pregnancy she suffered much from morning sickness, occasional hemorrhages, and painful micturition. Her matrimonial relations had not been happy; her husband left her some time before admission; she was an inmate of the Sheltering Home. She is subject to very violent outbreaks of temper. Labor was short and uneventful, lasting altogether six and a half hours; her convalescence was normal for the first week; about that time she was fretting about something, subsequently it turned out to be an expected letter. On the morning of the eighth day her temperature was 99.4°, and in the evening rose to 100.6°, and the next morning was 102.° The urine was examined and showed a trace of sugar. Lactation was well established and was normal; appetite good; tongue clean; lochia normal; and urine not increased in amount. Fehling and Pavy's tests used to detect the sugar. There was no great thirst. At times her temperature would run up to 105°, and as the temperature increased so did the amount of sugar; the temperature seemed to rise with the least excitement, and the pulse was never high, even when the temperature was 105°.

Dr. Cameron went on to say that sugar had been frequently found in the urine of puerperal women during lactation, and M. Blot was the first to claim that its presence is then physiological. He asserted that sugar could be found in half the observed cases of pregnancy; that it begins to appear coincidently with the milk, increases in quantity as the milk increases, and disappears when lactation ends, and that these phenomena are observable in other mammalia. M. Leconte, on the other hand, disputed Blot's conclusions, denied the existence normally of sugar in the urine of nursing women, and said that Blot mistook uric acid for sugar. Beneke and others, however, have confirmed Blot's observations.

Dr. Cameron said that in his case sugar was not found till after lactation had been fully established; it increased as the temperature rose and the milk became scanty, but as the temperature fell the milk again became abundant, and evidently lactation

had nothing to do with the appearance of sugar. That the nervous element had much to do with the production of the sugar he had no doubt, as when nervous phenomena began sugar increased, and when they disappeared the sugar also disappeared. On the 27th sugar was absent, and the patient was preparing to leave the hospital that day, but when Dr. Cameron made his visit he told her she had better remain a few days longer; she immediately began to cry and fret, and although her temperature did not rise sugar reappeared in the urine.

The reader of the paper said he could quite exclude septic trouble and local mischief, troublesome lactation, sore nipples, constipation, digestive troubles, and other causes which sometimes cause rise of temperature. Attention was directed to a chart which was exhibited, and which showed the peculiar action of the temperature, rising during waking hours and falling during sleeping, without corresponding variation in pulse.

That the temperature caused the glycosuria, or the glycosuria the elevation of temperature, was not at all likely, both conditions seemed rather to have been due to some peculiar nervous influence.

DR. T. WESLEY MILLS, in speaking of the cases detailed to the Society by Drs. Stewart and Cameron, referred to the views he had recently presented on the relation of the nervous system to the vital processes, at the late meeting of the Canadian Medical Association at Ottawa and also at the Washington Congress in September. He thought it would greatly widen our conception and give truer views both of physiological and pathological processes if vital processes were regarded as a related whole, the parts of which could not be isolated and placed out of relation with the rest. That such had grown up in our midst was the result of book treatment and had no foundation in nature. What is "nutrition?" Can it be considered apart from secretion, heat-production, etc.? Dr. Mills maintained that it could not be without the danger of getting artificial conceptions. Were these trophic nerves? was a question subordinate to: Does the nervous system in mammals regulate the entire metabolism, or only certain phases of it? If it regulates secretion, he did not see, apart even from special evidence, how the conclusion could be avoided that it regulates heat-production, etc., for these processes are only *phases* of an inseparable whole while life lasts. It would appear that physiologists had substituted their own artificial conceptions for the real state of the case as it exists. In one sense all nerves are trophic. Dr. Cameron's case was a remarkable but not isolated instance of the truth of the view that heat-production is under the influence of the nervous system; and if so, why not the entire metabolism of the body?

If the sugar in the urine in this case was really grape-sugar, it was another evidence for such a general view as he was advocating. The narrow views as to diabetes being due to disorder of the liver only, must be abandoned. We are satisfied with explanations that are so simple and also artificial; we constantly forget how complex the relations among the different parts of the body are.

DR. LAPTHORN SMITH said he had seen the temperature rise as high as 103° F. after drinking a cup of hot tea. He had seen the receipt of bad news cause an elevation of temperature.

DR. RUTTAN said that milk-sugar in the urine of nursing women is not uncommon. Lactose will answer to Fehling's test, and only the fermentation test will distinguish between milk-sugar and grape-sugar.

DR. GEORGE ROSS said that the striking observations of Dr. Cameron were of the greatest interest; he was not aware of similar ones. Elevation of temperature in connection with nervous causes seems to be true, and the nervous system in the puerperal state is especially liable to disturbance, and also after fevers, such as typhoid;

sudden elevations of temperature are common during the convalescence from typhoid and are of no very serious import. This elevation is quite different from the gradual rise which indicates a relapse. The sudden elevations are usually produced by emotional causes.

It is not usual to have high temperature with glycosuria. The fact that the temperature dropped at night and became elevated during the day was significant of nervous disturbance; also, that these symptoms disappeared under bromide of potassium.

DR. REED related a case of atrophy of the muscles of one side of the face without atrophy of the other tissues. Glycosuria was caused by the arrest of the flow of milk. He would like to ask if the sugar was estimated from the whole quantity of urine passed. He spoke of a case of very high temperature caused by the shock of a railway accident.

Progress of Science.

SALICYLATE OF SODA IN PRURITUS.

Icard reports the case of a patient who had suffered nine months from intolerable itching of the skin, and had tried remedies innumerable, who was speedily cured by the internal administration of forty-five grains of salicylate of soda daily.—*La Gazette Medicale.*

FISSURES OF THE TONGUE.

These obstinate and painful lesions may be speedily cured, according to Schwimmer, by applying the following mixture five or six times daily:

℞—Papayotine.....2 parts.
Glycerin, aquæ.....āā 10 parts.—M.

—*Revue de Therapeutic*, Oct. 15, 1888.

FOR COUGHS.

In certain cases of cough, in which the paroxysms are frequent and expectoration difficult, the hydrochlorate of apomorphine is highly spoken of by Stocquart. Very minute doses are generally sufficient, only three or four milligrammes being given during the entire day. It is generally accepted, and cases of intolerance are very rare. When they do occur, they consist chiefly of colicky pains, nausea and diarrhœa. As the solution of hydrochlorate of apomorphine is an unstable compound, he advises the addition of a few drops of chlorhydric acid, which will insure its preservation and not affect its therapeutical value.—*Journal de Médecine*, September, 1888.

PHENIC ACID IN SKIN DISEASES.

The internal use of phenic acid in pruriginous affections is highly thought of by Dr. Augagneur, and is especially efficient in eczema and psoriasis. He gives it in the following combination:

℞.—Phenic acid crystals .....gr. vij.
Syr. auranti... .....℥vj.
M. Glycerine q. s. to dissolve acid.

The dose for an adult is two teaspoonfuls daily. —*Revue Générale de Clinique et de Therapeutique.*

WHEN TO TAKE MEDICINES.

Alkaline medicaments should be given before meals. Iodine and its preparations should be given during fasting, when they become rapidly absorbed in their own forms and do not undergo the changes caused by the presence in the stomach of food acids and starchy materials. Acids are best taken midway between meals, when they become rapidly diffused. If, however, it is desired to limit the production of gastric juice, they are given just preceding a meal. Arsenic, copper and like irritants come after meals; likewise, cod liver oil, phosphates and malt preparations.—*Journal de Médicine de Paris.*

HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE.

Dr. W. Senvowski writes (*Gazeta Lavarska*) that he very successfully employs fluid extract of hydrastis canadensis 15 or 20 drops, three or four times daily in various forms of metrorrhagia, especially in flooding connected with puerperal subinvolution of the womb (3 cases), hemorrhagic endometritis (2), climacteric hemorrage, etc. In one of his climacteric cases, however, a combination of the hydrastis extract with that of ergot (15 grammes of the

former with 1 of the latter, 15 drops of the mixture four times daily) gave better results than hydrastis alone could secure.—*St. Louis Medical and Surgical Journal.*

NEW PRESERVING FLUID.

At a meeting of the New York Pathological Society, Dr. T. M. Prudden presented the formula for a new preserving fluid, which had been referred to by Dr. Northup: Water, 35 fl. oz.; common salt, 3 oz.; saltpetre, 6½ drams; carbolic acid, 1¼ fl. drams; glycerine, 4 fl. drams; amylic alcohol, 1¾ fl. oz.; or ethylic alcohol, 3½ fl. oz.

Specimens should be first soaked in a strong brine and then placed in a large quantity of this fluid. He believed the mixture would be found to serve a useful purpose in the temporary preservation of gross pathological specimens without changing their color or otherwise altering their general appearance. The mucous membranes were particularly well preserved in the fluid.—*Medical Record.*

HYDRASTIS CANADENSIS IN VESICAL HÆMATURIA.

In the Moscow monthly *Novosti Terapii*, May, 1888, p. 192, Dr. F. Stroinovsky draws attention to a powerful contracting action of hydrastis canadensis on the blood vessels of the bladder. For the sake of illustration, he adduces a striking case of intense vesical hæmaturia in an infant seven days old, in which the bleeding was completely and permanently arrested by four doses of the following mixture:

℞. Extr. hydrastis canadensis fluidi.....gtt. vi.
Emulsionis amygdalæ dulc.....fʒi.
M. D. S. A teaspoonful every hour.

A warming compress over the vesical region was also used.

TEREBENE IN BRONCHORRHŒA.

Martin has obtained in bronchorrhœa excellent results from terebene. He mentions one particularly aggravated case of long standing, in which it was given in a mixture containing ♏x of gum terebene, ♏x of spirits of chloroform, ʒj of mucilage of tragacan h, ʒss of syrup, water to ʒj. This proved most palatable to the patient. Four doses and sometimes five were given in the course of twenty-four hours. The effect upon the bronchial secretion was immediate and steadily maintained. The heart also seemed to respond to the stimulant nature of the drug, and its effects upon the atonic and flatulent condition of the bowels and stomach was remarkable. The tongue cleaned, the appetite increased, digestion became comfortable, with consequent increase in general strength. No nerve symptoms were noticed, as was the case when brandy or whiskey was given. From the the day the terebene was ordered there was a steady improvement of a most marked character.—*Medical Press*, Aug. 29, 1888.

HOT BATHS IN CHRONIC SYNOVITIS.

Dr. G. Allexich, of Crema, states that he has used hot baths with good results in six cases of chronic synovitis of the knee, in some of which the affection was of many months' standing, and had resisted all ordinary treatment. Dr. Allexich makes his patients keep the knee immersed in hot water for half an hour at a time. The joint is placed in the water in a flexed condition, and the patient stands upright, resting the weight of the body on the sound limb and supporting himself with his hands on the backs of two chairs. When taken out of the bath, the knee is carefully dried and wrapped in cotton wool, the joint finally being carefully bandaged. For some days the patient should only go about on crutches. Dr. Allexich thinks that the virtue of various hot springs renowned for the cure of joint affections (such as Acqui, Abano, Viterbo, Ischia, etc.) consists not in their chemical composition, but in their temperature, and that equally good effects can be got at home by the simple means just described.—*British Medical Journal*, September 15, 1888.

THE BIOCHEMIC SYSTEM,

Originated by Dr. Schüssler, of Oldenburg, Germany, is an outgrowth of the homeopathic practice, although it is decidedly unhomeopathic, and has met with severe criticism from the pens of homeopathic leaders. It entirely discards the "similia" dogma, and is based upon the idea that the twelve mineral salts, which are most abundantly found in the chemical composition of the tissues of the body, form the natural remedies when there is a disturbance of the chemical equilibrium, and that the symptoms

in each case clearly point to the particular salt required. This is decidely a system of specific remedies, and promises speedy, safe and pleasant results, with the minimum of danger from complications or sequels. Both these new methods give single remedies, avoiding polypharmacy. They are to be judged, not by their reasoning (for it has been truly said by Trousseau that reasoning alone in medicine leads to absurdities), but by their actual clinical results. What there is good in them belong to the physician—not to the homeopathic physician, nor to the so-called electric physician, nor to the allopathic physician (if any one chose to call himself by that name), for they must adhere to their dogmas—but to the true physician, who views the vast domain of therapeutic science and choses from it all that is really valuable for the cure of disease.

CAPILLARY ASPIRATION OF THE BLADDER

Was one of the subjects brought before the Society of Naturalists at Cologne by Drs. Rosenberger, of Würzburg, and English, of Vienna. The first speaker remarked it was a procedure warmly recommended by Lücke, and he wondered that it was so little practised. The operation was easily performed. Any kind of aspirator could be used, and a fine needle no thicker than an ordinary knitting needle passed into the bladder above the symphysis in the linea alba. When all the fluid was evacuated the canula should be removed with a sudden jerk. By this means no bleeding took place, especially if care was taken to keep the sides of the canal together until they adhered. Of course all antiseptic precautions should be made use of. In old people it was sometimes necessary and frequently useful. It often happened that when aspiration had been performed two or three times the patient could micturate naturally, or a catheter could be introduced, when before, such a thing was impossible. It was a procedure generally indicated in retention of a passing character, and when catheterisation set up violent hæmorrhage from the urethra. The pain from the operation was slight, frequently less than was caused by introduction of a catheter. Dr. English, of Vienna, said he had never practised capillary aspiration of the bladder, and criticised the procedure adversely as both unnecessary and dangerous.—*Med. Press.*

A DOCTOR'S SYMPOSIUM.

Somewhat on the lines laid down and long since abondoned by the *Pall Mall Gazette*, a north country newspaper has started the collection of the views of various more or less well-known medical men, under the title of the "Doctor's Symposium"(?), concerning the question as to whether the English race is or is not degenerating. Replies were obtained from Dr. George Johnson, Dr. Bristowe, Sir Dyce Duckworth, Dr. Handfield Jones, and others There is a remarkable want of unanimity between the opinions expressed, several of the fourteen medical men consider that, as a race, we are going the wrong way. One attributes the decadence to compulsory education, another to "paederasty, or something like it," and a third to the want of a "good basin of broth" for dinner, while No. 4 incriminates "increased facility for locomotion." The most interesting query was as to whether the race as a whole was likely to suffer from the conservation of weakly lives by advances in medicine. To this most of the respondents reply in the negative, but the dissidents are sufficiently numerous to show that the evil effects of transmitting this or that diathesis are not lost sight of. None of the medical witnesses apparently entertained any doubt as to the beneficial effects of increased indulgence in physical sports, and as broken legs and heads are not transmissible hereditarily, most observers will coincide in the optimistic view. The last question, as to whether the great attention at present paid to health has conduced to an anxiety which is a disease in itself, is answered unanimously in the negative, the only view at all in favor of it being that of Dr. Handfield Jones, who laments the prevalence of a "morbid sexual appetite." The maxim that "ignorance is bliss," if ever really applicable, is certainly not so in respect of the laws of health, and there is a wide margin between attention to health and hypochondria.—*Med. Press.*

OBSTETRICS AND GYNECOLOGY AT THE CONGRESS.

By E. T. McKee, of Cincinnati.

Of all the specialties represented at the American Congress of Physicians and Surgeons at Washington, that of obstetrics and gynecology was probably as well represented and did as

much good work as any other. The American Gynecological Society, under that genial Southern gentleman and scholar, Dr. Robert Battey, President, of Rome, Ga., was well attended and had a flood of well-prepared papers which were discussed quite freely, and would have been more so had the time permitted. The American Association of Obstetricians and Gynecologists, under the presidency of our fellow townman, the efficient Dean of the Miami College, Dr. Wm. H. Taylor, did a surprising amount of solid work for an infant of one summer. The papers were excellent, and many representative men lent their presence and aid to the new organization.

The general welfare of the American Gynecological Society and its future action was the drift of the address of the president of this body. He reviewed the action of the Society with reference to the Congress. He stated that the Society was organized alone for the advancement of science, and there was in it no field for the parliamentarian or politician, He then considered their vacant chairs. The membership was first limited to sixty, and after two attempts was changed to one hundred. The greatest membership ever reached was fifty-eight. The average attendance he found to be good. The advisibility of meeting in some of the large centres of population was shown by the attendance. Men grow old, weary, and worn, and we must look to the young. He advised the filling of the forty-two vacant chairs. He referred in some choice allusions to the subject of priority in new discoveries.

The proper indication for abdominal section, the true position which electricity shall occupy in gynecology, propriety of hysterectomy, the value of Alexander's operation and its valuable congener, abdominal fixation for reto-deviation of the uterus, the relative merits of craniotomy, cesarean section and induced labor, the best method of dealing with extr-uterine pregnancy, the proper means of securing antisepsis, are all questions fraught with great interest and merit the most thorough study. The diminishing fertility which is seen among American woman he did not think, as has been charged, pointed to the truth of the assertion that criminal abortion is a frequent practice. He thought the cause of this diminishing fertility was the social habits and education of the women of this country. The fact that forty per cent. of mothers are unable to nurse their children demands careful attention, and much of it is due to faulty methods of dress and life. Doctrines in favor at this Congress may not be at the next. Five years takes the bloom off of most text-books, and in ten years they are discarded or have to be re-written. Laparotomy the president thought, as do all safe men, is done too often. Yet he would not have the operation condemned for the recklessness of the reckless. The mitigation of the pain of labor he thought a subject meriting our attention. By another meeting he hoped to be able to report on some experiments he is conducting.

Second Ovariotomy on the Same Patient was the subject of a very brief paper by Sir Spencer Wells, of London. He said the removal of the second ovary did to a slight extent increase the danger. In his 1,000 ovariotomies he left the second ovary in a number of women, and these women bore 228 children. Had he removed these ovaries these children would not have been born.

The new Cesarean Section (Sangers') was the subject discussed by Dr. William Thompson Lusk. He reported his three cases operated upon during the past year. Two babies lived and the mothers all recovered. One baby died of trismus in thirty-six hours. The recoveries in this country, forty per cent., are inclined to paralyize the operator. Good nursing he thought of prime importance, and a careful study of the indications for the operation, and also a certainty that the fœtus was still alive before the operation is commenced.

Amputation of the Cervix Uteri for Carcinoma was a paper by Dr. T. A. Reamy, of Cincinnati. His statistics covered the period from 1876 to 1886. About three hundred cases were seen by him during this time in hospital, private and private hospital practice. He selected from these fifty-five as cases favorable for operation, the disease not having extended from the cervix, and in which he thought he could remove all the disease. Medical treatment he considered amounted to nothing. Surgery if resorted to early may save some, and hence is the only treatment. Removal in carcinoma if employed early may prove successful. After considerable experience it has become his belief that the diseased tissues can be more thoroughly re-

moved by amputation of the cervix than by total extirpation. The parts posteriorly are removed more extensively, and these are the parts where the danger lies. In total extirpation we do not cut so freely, more attention being given to the operation. Twenty-nine of the fifty-five cases recovered. No recurrence in twenty-six cases. One case recurred after three years, which goes to show that the claim, if it does not recur for three years the patient is cured, is invalid.

The New Method of Electrotherapy in Gynecology was a subject of a paper by Dr. George J. Englemann, of St. Louis. The success of Apostoli, Baker, and the Keiths had not attended his efforts, but it had been all that he could justly expect. He did not think that surgery should be supplanted by electricity, but that the latter should be the adjuvant of the former. If a final resort to the knife be necessary, then electricity has put the patient in a better condition. Electro-therapeutics, he thinks, should be tried before resort to the knife. Indurations, inflammatory products, interstitial inflammations, and neoplasms are proper subjects for this treatment. That such men as Keith and Martin, who are so strongly in favor of surgery, should recommend this practice is a strong argument in its favor.

Pelvic Abscess was the subject of remarks by Dr. R. Stansbury Sutton, of Pittsburg. The disease was very common among women, and was not confined to puerperal troubles. He discussed two forms, septic and asceptic. As in many cases we are not able to trace the septic origin, we are compelled to call them aseptic and lay the blame to taking cold. His paper was the result of his own experience rather than a collation of statistics and literature.

Dr. William Goodell had never seen pelvic abscess resulting from gonorrhea. He had repeatedly found it resulting from septic poisons, but which he thought to be largely the cause of the trouble. He had known it caused by contracting cold during the catemenial period, as by sitting on the cold door-step watching a procession pass.

Dr. T. Gaillard Thomas thought that even if an abscess pointed and clamored for an outlet through the rectum it should not be allowed to do so. He had seen two cases where the patients died from evacuating the abscess through the rectum. Gases and feces pass through the opening.

Urethrocele was the subject of a paper by Dr. Thomas Addis Emmet. He found urethrocele existing frequently where there was a large double laceration of the cervix, and where the woman had borne often, Since 1882, when the author presented his button-hole operation to the profession, his experience has continued to convince him more and more of the benefit to be derived from its use.

Palpation of the Ureters in the Female was the subject of a paper by Dr. Howard A. Kelley, of Philadelphia. He thought this a new and valuable adjuvant to the treatment of the diseases of ureters and kidney. Freehanded catheterization of the ureters after the method of Pawlick, of Prague, was his preference.

Etiology, Pathology, and Treatment of Flexions of the Uterus was the subject of a paper by Dr. T. Gaillard Thomas. He asked pardon for bringing up a subject so trite, but said that too much had been done and said in regard to the newer operations. He considered a decided flexion between fourteen and fifty a grave affair, and the notion that anteflexion is normal or harmless, fruitful of much mischief. He who throws pessaries aside should not be allowed to practice. He who does not know how to use them should be shunned. He wished that he could color his essay with the roseate hue of success which accompanies many essays, but he could not. He even often failed to palliate the trouble.

Papers were also read by Drs. C. M. Green, of Boston, on a case of Rupture of the Uterus in Labor at Term, the child born alive, the mother subsequently having a full term child in normal labor, and one by Dr. Polk, of New York, on the Treatment of Pelvic Cellulitis.

The Dangers of Galvano-Puncture in Pelvic Tumors was an interesting paper by Dr. Ely Vander Warker, or Syracuse, N.Y: The Infertility of Women, some of its Causes and Requirements of Treatment, Henry F. Campbell, of Augusta, Ga. A Case of Subinvolution Cured by Removal of the Appendages, was reported by Howard A. Kelley, of Philadelphia.

Sir Spencer Wells, of London, read a very brief paper entitled Second Ovariotomy on the Same Patient.

The next place of meeting, Boston,—time, Tuesday, September 17, 1889.

Diagnosis of Extra-Uterine Fœtation was the subject well handled by Dr. Joseph Price, of Philadelphia. The diagnosis was certainly difficult, and when the death of the fœtus occurred before the bursting of the tube it was almost impossible. When the tumor increases, the pressure symptoms are always more marked. The unilateral condition of the swelling is a diagnostic sign. He agreed also with Mr. Tait that all extra-uterine fœtations were primarily tubal.

The treatment of extra-uterine fœtation was discussed by Dr. E. E. Montgomery, of Philadelphia. He thought electricity offered the best chances for success. It was free from danger and was almost certain to put an end to the condition. After the expiration of four months its use was more doubtful. He thought Martin's plan of dealing with the placenta was the best.

Technique of Vaginal Hysterectomy was the subject of a paper by Dr. J. H. Etheridge, of Chicago. His method of operating is especially noticeable for his substituting the forceps pressure for ligatures, thus reducing the time required for the operation to seven minutes. He had the bowels and bladder emptied, and used antiseptic *douches* for twenty-four hours previously, and a very hot one immediately prior to the operation.

Induced Labor was the subject of a paper by Dr. Byron Stanton, of Cincinnati. He held the operation far less serious than other operations, such as the Cæsarean section, and the death rate to mother and child was steadily diminishing. He strongly urged this procedure in albumenuria, but was not so much in favor of it in the vomiting of pregnancy. He favored, above all other methods, the introduction of elastic bougies which are left in the uterus.

Severe Vomiting of Pregnancy was the subject of Dr. Grailey Hewitt's paper. He enumerated as causes, emotion, chronic alcholism, alteration in the position and shape of the uterus. To the latter cause he devoted his particular attention. He did not believe in the old saying, "A sick pregnancy a safe one." In cases of anteversion with impaction he had found the trouble a very intractable one.

Some Minute but Important Details in the Management of the Continuous Current in Gynecology, read by A. Lapthorn Smith, M.D., Montreal. The author said:

The absolute safety of this method was one of its most attractive features, but at the same time this safety was on the condition that rigorous antiseptic precautions were taken. He recommended a corrosive-sublimate injection before and after every application, and the placing of an iodoform tampon in the vagina to prevent coitus. He then showed a form of electrode for the abdomen which was superior to Apostoli's and equal to Martin's, but which any physician could make for himself at a nominal cost. He advocated Martin's intra-uterine electrode for positive applications, while any form of silver-plated sound would do for the negative applications. For making positive punctures he said nothing but platinum would do, but recommended that punctures be dispensed with as much as possible, as they were somewhat dangerous. Good results could be obtained with intra-uterine applications, if the poles were placed far enough apart so as to bring the growth between them. If the growth were situated in the posterior segment of the uterus, the inactive pole should be placed on the sacrum. He recommended Gaiffe's galvanometer, and pointed out the sources of error in others. He was strongly in favor of Leclanche's conglomerate-cell battery, owing to its depolarizing cell qualities; next he thought the old Leclanche's cell with porous pot was the best for steady work. The climbing of the salt could be avoided by well waxing the tops of the cells or having them sealed. He was not in favor of Gaiffe's collector, used by Apostoli, but preferred a Bailey rheostat, by which the strength of the current could be finely adjusted.

With regard to the after-care of the patient, he thought she should, if possible, be put to bed after the puncture and kept there at least a day. The counter-indications were pregnancy, which should be carefully looked for in every case, and any tendency to acute peritonitis and cellulitis, as these conditions were apt to be re-excited by the continuous current. The only accidents he had had after a year's constant use, during which he had made nearly one thousand applications, was one abortion and one resetting up of pelvic cellulitis, which had resulted in abscess of the broad ligament, from which the patient had recovered. The results in fibroids had been: (1)

In every case bleeding had been arrested. (2) Pain had been removed. (3) The symptoms of pressure on the bladder and rectum had ceased. He admitted that the treatment was tedious in fibroids, and was only worth the trouble on account of the danger of operative procedure.

He then spoke of the value of the continuous current in dysmenorrhœa without fibroid, in cases of stenosis of the uterine os, in which he recommended the passing of a series of silver-plated graduated-bulb electrodes, by means of which the canal could so be brought up to any size. He cited several cases of severe dysmenorrhœa which had been permanently cured by this method.

The address of the President of the Congress, Dr. John S. Billings, was delivered on the last evening of the session. He took for his subject Medical Museums. He referred to the fact that the members of the Congress were for the most part those who had made valuable contributions in aid of the advancement of medical science, and were therefore interested in the subject of medical museums as a means of public instruction. He referred to the establishment of a medical library by the Government twenty-five years ago, and then traced briefly the origin of medical museums. This origin was principally due to the custom of keeping curiosities. No collections of this kind were made previous to the seventeenth century, and prior to that time the use of alcohol as a preservative and the circulation of the blood were unknown.

The Medical Museum of St. Bartholomew's Hospital, of London, is the oldest in existence. The best medical museum in America connected with a medical school is the Warren Museum, of Boston. The Army Medical Museum in Washington owes its inception to Dr. William A. Hammond. It is now placed in a fire-proof building, and contains over fifteen thousand specimens. At first it was to embrace only military subjects, but its scope has been widened. It now includes nearly all the branches of medicine except hygiene and materia medica, and these only as they relate to military subjects. He then referred to the kind of specimens most valuable to the museum. Specimens of rare abnormalities, and dried and varnished specimens of blood-vessels, in use years ago, are now practically useless. The museum now possesses many valuable specimens illustrating anatomy and physiology. The ideal museum has many things, the full value of which is at present unknown. The main feature of the Army Medical Museum was that relating to pathology. The doctor then discussed at length the comparative value of this branch of medicine, and said that specimens of pathology were of little use unless combined with others. As far as actual practice was known, the museum was valuable in diagnosis and therapeutics. The army museum did not include hygiene and materia medica, the former being under the control of the Navy Medical Department.

The Army Medical Museum was an exception to the general rule, in that it was open to the general public. Largely the reason for this was the fact that it was first placed in the old Ford's Theatre, where President Lincoln was assassinated. Many wanted to see this historic spot, and of course had to see the museum. The Army Medical Museum was one of the sights of the capital, and, next to the National Museum, is shown to visitors as a place of public interest. Since its removal its collection has been increased, and it has become necessary to consider its relations with the general public. That an educated man should take an interest in the study of his own structure is quite natural, but in many instances the desire to visit such a museum was a desire for the sensational and emotional. The skeleton framework of the hand of an ordinary person would be passed by most persons as devoid of interest, while, if it were that of a noted criminal or statesman, it would receive the closest attention. This being the case, it was thought best not to attach names to human specimens until at least a century had elapsed.

A number of farewell speeches were then made in the happiest possible manner by Sir Wm. McCormac, Drs. Pepper, of Philadelphia, and Busey, of Washington.

After the adjournment the company resorted to the reception in the Army Medical Museum.

The officers of the Congress will be elected by the members of the Executive Committee, the members of which will be elected by the several societies next year. *Amer. Pract. and. News.*

CLASS-ROOM NOTES.

(From the College and Clinical Record.)

The three striking symptoms resulting from acute inversion of the uterus are pain, shock and hemorrhage. (Parvin.)

Dr. Nancrede advises the use of the urethrotome in stricture of the urethra only when the stricture is in the penile portion of the urethra.

For a case of chorea in a girl ten years of age, Dr. Stewart ordered three-drop doses of Fowler's solution three times a day, combined with regulation of diet and plenty of open-air exercise.

Sometimes an infant's tongue can be exposed to view by simply pressing the cheeks gently with the thumb and finger. If necessary, hold the nose for a moment and the tongue will come in sight. (Parvin.)

Dr. J. C. Da Costa prefers silk ligatures to any other form in operations upon lacerated cervix, as strong and never causing serious effects. In one case the suture accidentally remained six weeks without any evil results.

When iodine or iodides are to be administered for a long time, certain precautions must be observed to prevent iodism, as occassional intermission of the drug, the use of eliminants, as large draughts of water, or combined with such drugs as atropine. (Bartholow.)

During pregnancy hypertrophy and dilatation of heart are common, but transitory; the kidneys become more active, especially the watery portions, and sometimes in the latter part of pregnancy a little albumen appears in urine; a little sugar need not cause alarm if there is no renal disturbance. (Parvin.)

Prof. Da Costa prescribed for a case of chronic gastritis due to excessive use of alcohol, accompanied by morning vomiting, pain in epigastrium and flatulency:—

℞ Zinci oxidi,.....gr. ij
Ext. belladonnæ,.....gr. 1-16
Ft. pil. j,.....M.
Sig.—One three times a day.

Dr. Hearne ordered a patient affected with tinea versicolor to scrub the affected skin with the following mixture:—

℞ Saponis viridis,.....ʒ ij
Acid. carbolic.,.....ʒ ij
Alcohol,.....fʒ iv. M.

After which apply—

℞ Sodii sulphitis,.....ʒ ss
Glycerini,.....fʒ ss
Aquæ,.....q. s. ad fʒ viij. M.

In the first stage of hip disease pain and swelling are absent and the patient does not complain; the second stage is the result of an injury, which may be slight and even unnoticeable, but an injury has been received in some form or other; the third and last stage is the destruction of the parts. Do not attempt to move the hip joint if it is stiff; if you do, you will do harm. (Dr. Allis.)

The prognosis of fatty heart is unfavorable for a cure, but if there is no strain upon the organ, it can be benefited by treatment. Diet does not materially injure, but should be good and nourishing Stimulants are the best treatment, given with meals in small quantities. Digitalis does not do very much good, but strychnine is valuable; also small doses of nitro-glycerin. (Da Costa.)

Prof. Bartholow recommends the iodides as among the best remedies for beginning cirrhosis, often adding arsenic to the prescription, whereby the efficiency of the iodide is increased:—

℞ Ammon. iodidi,.....ʒ j
Liq. potas. arsenitis.....fʒ ss
Tinct. colombæ,.....fʒ ss
Aquæ,.....fʒ iss. M.
Sig.—One teaspoonful three time a day, before meals.

The ligatures used in Jefferson Hospital are prepared by taking ordinary catgut, immersed in alcohol containing one per cent. corrosive sublimate and five per cent. tartaric acid for one hour. From this solution, immediately place in oil of juniper berries, where it must remain at least ten days before ready for use. When wanted for use, wipe the gut with a towel wrung out of a solution of bichloride of mercury, 1-1000, and place it in a similar solution, to which has been added twenty per cent. of alcohol; the alcohol prevents untwisting and swelling.

When carcinoma of cervix uteri has reached such a stage that it is unadvisable to operate. Prof. Parvin advises the use of antiseptic injections, preferably a solution of permanganate of potassium, in the proportion of one drachm of the salt to one pint of water, and used twice a day; for the hemorrhage use tampon and saturated solution of alum, and at the same time cotton root or ergot internally; for pain give opium, and enough to subdue it.

THE CANADA MEDICAL RECORD,
PUBLISHED MONTHLY.

Subscription Price, $2.00 per annum in advance. Single Copies, 20 cts.

EDITORS:
A. LAPTHORN SMITH, B.A., M.D, M.R.C.S., Eng., F.O.S., London
F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.S., London.

ASSISTANT EDITOR:
ROLLO CAMPBELL, C.M., M.D.

Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, DECEMBER, 1888.

"THE MARITIME MEDICAL NEWS."

As medical journalists we take great pleasure in extending a hearty welcome to our new contemporary, which made its first appearance in November, 1888. It is a bi-monthly of twenty-six double columned pages, published at Halifax, N.S., and edited by Drs. D. A. Campbell and Arthur Morrow, of Halifax; T. W. Daniel and L. C. Allison of St. John, and James McLeod, of Charlottetown. In the introductory it presents a just claim to existence by saying that the medical men of the Maritime Provinces have hitherto had no professional journal which they could regard with any lively sense of interest and ownership. Being a transplanted Bluenose ourselves, we personally wish our salt water brethren every success in their venture, hoping that its life may be as hardy as that of their native toilers of the sea.

SALICYLIC ACID OR SALICYLATES.

In view of the well known danger of causing ulceration and even perforation of the stomach by the internal use of salicylic acid, and considering that all the advantages, and even more, can be obtained by employing the salicylate salts, it is rather surprising to learn from several leading druggists of this city that the acid is still largely prescribed. Many physicians who do not order the acid alone, add bicarbonate of soda to their prescriptions, thus rendering it more difficult to prepare, as it is evidently easier to have the chemical reaction take place on a large scale in the laboratory than to effect it in the drug store each time the medicine is required. It is claimed that the acid is less likely to be adulterated than the salts, but this would hardly apply in first class establishments. The other objection which might be raised is that the number of salicylate compounds has very largely increased. In the *Therapeutic Gazette* for November, 1888, there is an exhaustive article on the salicylates by Dr. W. A. Caldwell, of Chicago. The principal salicin compounds are salicylate of sodium, salicylate of ammonium and salicylate of phenol, or, as it is called, salol. This latter salt is especially valuable in typhoid fever, which may readily be believed when we remember the powerful germicide action of both salicylic acid and carbolic acid. In acute rheumatism the preference should be given to salicylate of ammonium, or, as we have been in the habit of doing during the last ten years, adding thirty minims of aromatic spirits of ammonia to each ten-grain dose of the salicylate of soda, a practice which has led us to consider salicylate of soda as an infallible specific for rheumatic fever.

CANADIANS IN ENGLAND.

Arrangements are almost completed by which there will be unrestricted reciprocity between the medical governing board of England and the Province of Quebec, so that any Quebec graduate may have himself placed on the medical register of England on presentation of his degree or diploma and on payment of a fee of five pounds. Although a considerable number of Canadian graduates have already qualified themselves for practising in England by having taken the diplomas of F. R. C. S., M. R. C. S., L. R. C. P., etc., there are many others who cannot afford either the time or the money in order

to render themselves eligible for holding appointments in England or on British ships by taking one or more qualifications. In cases where mail steamers happen to be carrying British troops the surgeon on the steamer, if registered, is entitled to draw pay as an army officer, which, however, he cannot do if unregistered. By the majority of Quebec graduates, therefore, many of whom desire to spend a year at sea, the new arrangement will he hailed with satisfaction. It is true that in return for this privilege the Province of Quebec will be thrown open to the immense overflow current from the English schools and this feature of the arrangement is viewed with alarm by several, who, seeing the deplorable straits to which the profession in England is being reduced by overcrowding will be loathe to witness the same state of affairs prevailing here. In reply to this objection it may be said that the best men from the higher ranks are doing too well to think of leaving home, while the rank and file are for the most part handicapped by their habits of life that they will have no chance of survival if they were brought into competition with the Canadian practitioner. In any case, it appears that heretofore British practitioners have been allowed to practice in Canada without any reciprocity, so that it is said by those who have the matter in hand that by these arrangements we will be obtaining a privilege hitherto denied us, without giving any more than we have been already giving for nothing. Those Canadian graduates who have established themselves in England, and we are personally acquainted with several, have done remarkably well, but the number permanently removing to England is never likely to be large, for the simple reason that the struggle for existence there is much keener than in Canada. On the other hand none but the first class English graduates would have any chance of surviving in Canada, and those are the very ones whom it would not pay to come out here, for when they do succeed in England their success is greater than it could be here.

In both countries the profession is overcrowded at the bottom, while at the top there is more room in England owing to its greater wealth. In Canada there are very few very rich or very poor.

On the whole, therefore, we may say that while the granting of the same privileges to Canadian graduates as are already granted to English ones is only a matter of justice too long denied, still we doubt whether it will lead to a much larger exchange of medical men in the future than has existed in the past.

IS THE CORSET INJURIOUS?

There must be few, indeed, of our readers who would have any difficulty in coming to a conclusion on the above question, and yet only a few months ago a Cambridge professor of medicine, and one of the leading lady physicians of England, surprised the medical world by reading a paper showing that they were not only not injurious, but that tight lacing was positively advantageous when used in moderation. We have not this paper before us, so cannot say where they draw the line of moderation at; but a Southern lay contemporary, in summing up the evidence, tells its readers that "as long as the maid stops pulling on the lace as soon as the lady begins to squeal there is no harm done." How erroneous this conclusion is has been ably shown by Dr. George F. Scrady, in the *N. Y. Medical Record*, 17th Nov., in an exhaustive article, from which we will take the liberty of quoting the following list of ills which the corset brings with it:

Local inflammation of the liver.
Gall-stones and biliary colic.
Wandering liver.
Protuberant abdomen and enteroptosis.
Prolapse and flexions of the womb.
Lateral curvatures of the spine.
Anæmia, chlorosis.
Dyspepsia.

Diminished lung capacity and oxygen starvation.

Intercostal neuralgia.

Weak eyes.

Bright's disease.

Any serious student of physiology, who comprehends the uses and beautiful working of all the parts of the human mechanism, has no difficulty in understanding the relation of tight lacing to the above diseases. He will see that pressure on the bile ducts will cause retention of bile and deposit of gall stones. He will understand that the addition of many pounds of squeezing pressure to the weight of the abdominal contents will at last tire out and break down the delicate muscles and other tissues forming the pelvic floor, thus leading to displacement of the womb. Can the thirty feet of intestine perform its peristaltic action freely when squeezed tight within the abdominal sac? Hence constipation, with its attendant defective nutrition, dyspepsia, anæmia, chlorosis. Can the venous blood return through its valveless veins, when thus impeded, from the ovaries and kidneys. But, above all, the movements of the diaphragm, although not absolutely essential for breathing, which may be partially carried on by the thoracic walls, cannot be dispensed with as far as are concerned its functions as a great lymph pump, which, by its constant rising and falling, urges on the flow, not only of the portal circulation, but also helps upward the current of nutrient lymph from the mesenteric glands. But after all, poor woman only tries to fill the want which man desires, and as long as short-sighted men continue to admire and marry thin-waisted women so long will the corsets continue to be worn. But let men understand that a thin waist means a sickly, and consequently costly wife, and let them consider the breathing capacity and a big waist as prominent attractions, women will not be long in discarding the implement of torture which they have so long and so patiently been accustomed to bear.

THE RATIONAL TREATMENT OF DISEASE.

We think it an encouraging sign of the times, and one which has given us great pleasure, to read an article in the *New York Medical Journal*, 17th Nov., 1888, by Dr. R. H. Sayre on the treatment of lateral curvature of the spine, not by stays, corsets and other instruments of torture made of iron and steel, the treatment hitherto in vogue, but by the rational employment of gymnastics and other exercises as will build up the defaulting muscles of the back. In a paper which we read before the Canada Medical Association four years ago on displacements of the uterus by means tending to strengthen its supports, we referred in illustration to a case of lateral curvature which had come under our notice in the following terms: "The same want of appreciation of the real trouble has led to the same error of treatment in other branches of surgery. Take lateral curvature of the spine, for instance, a common disease among growing girls at school. This disease, unlike angular curvature, is entirely due to faulty muscular development. Owing to the position of the girl at her desk, the muscles of one side of the spine are not called upon to contract, the work of supporting the spine being transferred to the left arm upon which the weight of her body rests; and, according to an unfailing law of nature by which all muscles atrophy when no longer exercised, the muscles of one side of the spine become weaker and weaker, until they become incapable of counterbalancing the action of the muscles of the opposite side which have not degenerated, and lateral curvature is produced. This atrophy or degeneration is very marked when a blacksmith, whose right arm is proverbially thick and strong, by means of some local or general disease is prevented from using it for several months. Now, I am aware that the usual treatment for lateral curvature is to have the girl fitted with an iron or leather instrument—

I have seen many of them used, but I never saw them cure a case—which is supposed to correct the curvature by taking the place of the weakened muscles. The only effect it has is to atrophy the muscles more and more. I had such a case several years ago—a delicate young girl was brought to me with a complicated iron corset in her hand, and which she refused to wear, preferring deformity or death to the torture which it caused. I told her mother to throw away the machine, take her daughter away from school and go to the country for a few months; to stimulate the defaulting muscles with salt and water frictions, electricity, etc., and give her plenty of fresh air and good food. The result was that she is now as straight as an arrow and a splendid specimen of young womanhood. This, I admit, is not the usual treatment, but I believe it is the rational one, and I hold that gymnastics are better than splints for defaulting muscular action."

Dr. Sayre describes the method he follows in toning up the weak muscles, and as his article is profusely illustrated with photo-lithographs, it is one of the clearest and most practical essays we have seen for a long while, although it is rather the broad principle which we desire to inculcate—that you cannot strengthen a weak muscle by doing its work for it.

NOTICES OF BOOKS.

TREATISE ON THE DISEASES OF WOMEN, for the use of Students and Practitioners. By Alexander J. C. Skene, M.D. With 251 Engravings and 9 Chromo-Lithographs. New York: D. Appleton and Company, 1888.

This work presents a splendid combination of literary ability, special professional knowledge and experience, clearness of style, on the part of the author, and of large clear type, fine glazed paper and elegant illuminations on the part of the publishers.

"It was written," says the preface, "for the purpose of bringing together the fully matured and essential facts in the science and art of gynecology, so arranged as to meet the requirements of the student of medicine, and be convenient to the practitioner for reference. In the plan adopted, the diseases peculiar to women are, as far as possible, divided into three classes. The first class comprises those which occur between birth and puberty; the second, those between puberty and the menopause; and the third, those which come after the menopause,

Each subject is briefly described, and histories of cases, typical and complicated, are given as illustrative of the disease or injury under consideration, together with the author's method of treatment. The number of illustrative cases given depends upon the practical importance of the subject and the ability to make it more plain by the use of illustrations."

The author has ventured to give his own views and methods pertaining to practical matters, believing that while they may differ to some extent from the general literature of the day, they will be found reliable in practice and may be of interest to the specialist.

MEDICAL DIAGNOSIS. A Manual of Clinical Methods. By J. Graham Brown, M.D., Fellow of the Royal College of Physicians of Edinburgh. Second Edition. Illustrated. New York: E. B. Treat, 771 Broadway, 1888. Price $2.75.

At the present time it is generally the physicians endeavour to treat disease on rational principles, and to do so with any hope of success it is absolutely necessary for him to be well versed in the various forms of physical and medical diagnosis. To students this book will prove invaluable, for the subject is so treated as to make the perusal of its contents more of a pleasure than otherwise, and such cannot truly be said of many of the ponderous volumes on this so called "dry" subject. The author has endeavored to describe the signs and symptoms of disease and to show what is their value from a diagnostic point of view. If his attempts in this direction should prove successful, it may enable the student to save much valuable time by assisting him in analysing the evidences of disease and then extracting from the whole those signs which are of most value as indicating its nature. We can most heartily recommend it to our readers. It is well bound in cloth and th letter-press is admirable.

A Manual of the Minor Gynecological Operations. By J. Halliday Croom, M.D. F. R. C. P. E., F. R. C. S. E. First American, from the Second Edinburgh, Edition. Revised and Enlarged by Lewis S. McMurtry, A. M., M. D. With Numerous Illustrations. Philadelphia: Records, McMullin & Co., Limited, 1888.

We can cordially recommend this little work to students of gynecology, embodying, as it does, the latest methods of treatment in this progressive branch.

Practical Electro-Therapeutics. By William F. Hutchinson, M.D. Philadelphia: Records, McMullin & Co., Limited, 1888.

The careful perusal of this work has been to us full of pleasure and profit. We cannot do better than quote from the preface, in which the author says:

It has been principally upon the advice of the publishers of this volume, that I have brought together in a book the results of my fifteen years' labor in the special domain of electricity as employed in medicine and surgery.

So many letters have been received at different times from different places inquiring for concise directions how to use electricity for this or that disease, that it seems as if a work containing nothing but such suggestions, all of them the direct outcome of personal experience, would be useful to the general profession; and with such hope alone—to such an end only—the book is written.

As strictly practical in intent, all theories have been avoided, and only such illustrations inserted as present a few instruments of my own device; for both theory and technical terms are uncared for by the busy worker who is only looking for aid from electricity — not for a panacea.

It will be observed that little mention is made of Static Electricity. This is because its use has practically debarred the general practitioner by expense of machines and difficulty of managing them, and because its use in my own hands has not been followed by better results than that of faradism, which is simpler of application and more accessible.

And I believe that the chapters upon electro-surgery will be of much assistance to practitioners at a distance from centres who are anxious to try for themselves the application of electricity by galvanocausty and electrolysis, which they read of in medical journals.

Its low price places it within the reach of the youngest practitioner.

PERSONAL.

Surgeon Charles E. Cameron of the Montreal Garrison Artillery has resigned. Dr. Finley succeeds him.

Dr. R. W. Powell, of Ottawa, who was in country during the past summer, has recovered perfectly, and is again busy at work.

Dr. H. W. Wood, of St. Johns, has been named a Surgeon to the Grand Trunk Railroad, and has charge of the line between Rouses Point and St. Lambert.

Dr. G. B. Rowell, M.R.C.S., Eng., late Prof. of Anatomy in the University of Bishop's College, has located at San Bernardino, California, and entered into partnership with Dr. A. E. Phelan (Bishop's '87). Dr. Rowell is making a specialty of the Eye, Ear and Throat, and Dr. Phelan is attending to general practice.

ANNUAL DINNER OF THE McGILL MEDICAL STUDENTS.

This annual re-union of the Medicos of McGill, and their friends, took place at the Windsor Hotel on the 29th of November, and was a very pleasant gathering. The City Medical Schools were represented by Dr. Hingston, Dean of Victoria, and Dr. F. W. Campbell, Dean of Bishop's, while student representatives were present, and delivered addressess, from Victoria, Bishop's and Laval. The Toronto and Kingston Medical Colleges were also represented. These annual gatherings now replace the old footing dinner, and we believe that the inovation was introduced by the medical students of Bishop's.

AMENDE HONORABLE.

By an error in the printing office, which we very much regret, the excellent article and illustration by Dr. Gleason, on Simple Electrical Apparatus, from the *Medical and Surgical Reporter* of Philadelphia, was not duly credited to that excellent journal, which is one of the most welcome of our exchanges.