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THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, AUGUST 16, 1889.

Original Communications.

MISCELLANEOUS LAPAROTOMIES.*

BY DR. HOWITT, GUELPH.

In this paper it is my desire to record all the cases of surgery that have occurred in my practice, in which it was deemed expedient to open the peritoneal cavity, excepting those for the radical cure of ordinary hernia, and the removal of the uterine appendages and ovarian tumors.

So much has been said about the details of abdominal surgery, that it is not necessary to dwell on introductory remarks. However, there are a few points to which I wish to call attention.

(1.) *Spray*.—In England, I am told, "the spray bubble has exploded," and you are aware that Sir Jos. Lister has discarded it in favor of irrigation. Yet, notwithstanding the thunderbolts of the great surgeon, Tait, and what has been written by eminent and successful operators against its use, I still firmly believe, that when used with judgment, it is an agent for good. It is my opinion that carbolic acid is contra-indicated and that pure water is the only essential.

Experiments have convinced me, that when the spray is played for an hour under proper conditions and in a suitable apartment, it will so thoroughly cleanse the air of floating particles of dust, as to render invisible after the settling of the vapor—no matter how you may darken

the room—a ray of sunlight between the point of entrance and place of contact.

Furthermore, scientists have proved that rain purifies the air of deleterious gases, and can you doubt that pure-water spray does the same in its limited sphere?

Air deprived of all foreign substances is sterile; surely every operator would prefer such an environment. A wound made under this condition, with other details perfect, I have seen heal so kindly that not so much as a trace of stitch-hole irritation, nor a line of redness along the margin of the cut could be detected.

(2.) *Water*.—Water rendered aseptic by straining and repeated boilings is less irritating to the sensitive peritoneum than ordinary water. Let anyone drop a little aseptic water on the conjunctiva of one eye and a little ordinary water, at the same temperature; on that of the other, a marked difference in the irritation set up will be invariably noticed. No one will deny that it is also a better solvent.

(3.) *Aspirator*.—I have had made a strong tin cylinder, strengthened by ribs of iron, about fifteen inches in diameter and the height of an ordinary table, provided with an aperture at the top for a special aspirator cork with two stop-cocks, one to fit an ordinary aspirator attachment, the other much larger, for which a special rubber tube and trochar, which can be readily made to graduate a flow, from the smallest quantity to three or four gallons per minute. The bottom of the cork has a small hook, to which is attached a yard of lamp-wick, saturated

* Read before the Ontario Medical Association.

with alcohol, which is introduced and ignited near the cork. The air becomes quickly rarified, the cork is inserted, and the instrument is ready for use.

This is of great service in facilitating with rapidity and cleanliness the evacuation of the contents of cystic tumors, and with a proper attachment, for draining the peritoneal cavity of fluids.

(4.) *Anæsthetic.*—Have for seven years used a combination of one part of chloroform (by measure) to four or five parts of ether. It gives little or no stage of excitement; effect easily obtained, and is usually followed by little gastric or other disturbance.

(5.) *Sutures.*—For several days the sutures are kept in strong carbolic acid and washed immediately before the operation in pure water. Until recently I closed the wound with interrupted sutures of silk-worm gut, but time can be saved by using one needle and a continuous thread of silk secured at each end, or the loops may be drawn out, cut, and tied in separate sutures as adopted occasionally by Tait.

(6.) *Operation.*—It is my opinion that the operator should personally superintend the preparation of the water, instruments, operating room, and all appliances used or likely to be required, should be satisfied of their aseptic condition, and make such examination or enquiry as will satisfy himself that his assistants and nurses are not likely to be dangerous.

Nothing in this line should be taken for granted, but the most careful examination made in every case.

During the operation no unnecessary instruments should be used. With practice the hand becomes the best holder for sponge or needle. Aim at simplicity and avoid loss of time.

(7.) *Dressing.*—Lint or other suitable material wrung out of a solution of hydrarg. bichlor. ($\frac{3}{1000}$) and applied in several layers, constitutes a capital dressing for these coaptating wounds. A pad of absorbent cotton and a bandage hold it in place. It is cheap, simple, easily applied, and can be changed in a minute without causing pain to the patient. And, what may appear paradoxical, I consider it to be by far the best absorbent of the ordinary oozing from wounds. Changing the dress-

ing daily, the condition of the wound is never a matter of doubt.

(8.) *Position.*—When no glass drainage-tube is used let the patient take the most comfortable position; but with the tube, adopt that which favors gravitation to it.

(9.) *Catheter.*—During the past eight years I have used, when required for female patients, a catheter made of ordinary glass tubing of suitable weight, length, and size, the sharp edges of which are made smooth by fusing while turning in the flame of a spirit lamp. When not in use it is kept in pure hydrochloric acid.

Case 1. Perityphlitic Abscess.—W. J., farmer, æt 37, who had had repeated attacks of typhlitis and obstinate constipation. Abscess formed and patient was extremely low when seen; opened, washed, and drained. Recovery rapid and complete.

Case 2. Large Abscess.—Mrs. G., of Ionia, Mich., æt 27. Family history not good. In April, 1886, she was confined of a still-born child. Labor twenty-four hours in duration, no instruments used, and recovery slow. She menstruated on the 16th of June, and shortly afterwards was seized with severe pain in lower part of back and hips, which was most severe at night. Medical adviser diagnosed "tumor of womb" and prescribed large doses of morphia, which had to be continued.

Admitted to Guelph General Hospital on the 18th of August, at which time her temperature varied from $^{\circ}101$ in the morning to $^{\circ}103$ in the evening, pulse 120, emaciation marked, appetite poor, and she had also frequent paroxysms of pain resembling those of labor. On examination, her abdomen was found to resemble that of a woman at the seventh month of pregnancy. A pyriform, well-defined, indistinctly fluctuating tumor was detected, which occupied the greater part of the abdomen. Vaginal examination disclosed the vault to be filled with a globular mass which gave distinct fluctuation when the abdomen was struck, and completely obliterated the cervix, excepting a small portion of the anterior lip of os which was found opposite the pubes. The tip of the finger could be passed under this for a short distance only, and received the impulse when the abdomen was struck as at the vault. The structures forming the floor of Douglas' pouch, though distended, were not adherent to it.

On the 24th of August, after careful preparation, the abdomen was opened, revealing the anterior wall of the uterus and broad ligaments spread over to within an inch and a half of the umbilicus. Above the fundus the enlargement was regular in outline, dark in color, contained muscular tissue, very vascular and easily torn. The uterus and its appendages could not be separated from it. Aspirator drew upwards of eighty ounces of *odorless* pus.

A small opening was made into the sac, the edges of which were stitched to the lower part of abdominal incision and the cavity washed and drained with an ordinary glass tube. Another tube was passed behind sac into Douglas' pouch. The part stitched to abdominal wall broke away within forty-eight hours after operation.

Her recovery was uninterrupted, and she left bed on the thirteenth day and hospital on the twenty-third day, in good health. Three months afterwards she wrote that her weight was 150 lbs.

From the facts that the abscess followed labor, the structures of Douglas' pouch not being united to mass, the absence of cervix, except anterior lip of os, the pains resembling those of labor, the great and regular distension, and the pus not offensive, I concluded that the abscess formed in the posterior wall of the uterus.

No. 3. Obstruction of Common Bile Duct.—Mrs. L., æt 35, good family history, and the mother of seven children. In 1878 she had severe attacks of biliary colic with usual symptoms. The attacks continued at irregular but lessening intervals until February, 1886, when the pain became almost continuous and was only relieved by large doses of morphia.

On entering hospital, 2nd of December, 1886, her weight was about 100 pounds, pulse 68, of low tension, temperature sub-normal; patient dull, listless, and very indifferent; skin shrivelled, harsh, dry, and very dark in color; urine dark and frothy like porter; stools light in color and very offensive, and emaciation marked. Outer half of right side of the abdomen contained an enlargement continuous above with the liver and extending down to the crest of ilium; percussions over it dull, mobility *nil*, broader behind than in front and surface regular. In usual site of gall-bladder an ill-defined area of dullness.

On the 9th of December an incision was made four inches in length, in median line, extending from two inches below ensiform cartilage downwards. A mass of adhesions came into view, the colon and omentum were adherent to lower edge of liver, and on separating these, the under surface of the lobe could be felt, covered by numerous bands of adhesions. The lower anterior margin of liver was found intimately adherent by old adhesions to abdominal wall and diaphragm. Searched for the gall-bladder and the ducts, but could not find them. The enlargement in right side was reached with difficulty, and was found to be due to venous engorgement of right and posterior portion of liver.

As many adhesions as possible were separated, the cavity washed, a considerable quantity of water left in, and the wound closed. Within an hour she vomited bile. Remained in a drowsy condition for a few days with slow pulse and temperature sub-normal. Bowels required heroic measures and did not move until the fourth day. After this her recovery was uninterrupted, and, except an attack of diarrhoea, has since remained perfectly well.

No. 4. Large Ventral Hernia.—Mrs. M., æt 32. In February, 1882, had a sessile parovarian cyst removed through a large incision. Returning home, she threw aside bandages, neglected necessary precautions, and hernia resulted, which gradually enlarged until the greater part of the intestines were, while standing, contained in it.

December, 1886, operated with antiseptic precautions, covering found as thin as parchment, recovery complete, without rise of pulse or temperature. Has had no symptoms of recurrence.

No. 5. Intestinal Obstruction.—Master P., æt 11. Details published in *Medical Science*, January, 1887. Very large T-shaped incision, extending from umbilicus to pubes, and from centre of this to left anterior superior spine of ilium. Heard from patient recently, no signs of hernia, and health excellent.

No. 6. Artificial Anus of Two Years' Duration.—Mrs. H., æt 62. First saw her in May, 1887. Her general appearance was that of a poorly-nourished woman; pulse 80, temperature normal, face pale and features pinched. In

left groin were a number of fistulæ within a circle of an inch and a half, through which escaped a large quantity of fæcal matter, apparently from ileum. She stated that at least two feet of bowel had sloughed off, and that very little matter passed by rectum.

Operated on 16th of May, 1887. Commenced the operation with a view of relieving the condition by means of Dupuytren's enterotome. The fistulæ were connected by incisions and the ends of the bowel searched for, the upper part easily found, but the lower end was difficult to find. Instrument placed, but being very doubtful of the situation of lower blade, an incision was made into peritoneal cavity four inches above artificial anus at outer side of rectus muscle. Lower blade was found in cavity of peritoneum. Instrument replaced, screwed home, and the wound closed and dressed.

The artificial anus slowly closed, all but a minute sinus, which now occasionally allows a drop of watery fluid to escape, but no fæcal matter.

No. 7. Perforation of Appendix Vermiformis.—Mr. O'D., æt 30, laborer. Called 26th of Sept., 1887. The suddenness of the attack, the shock, the situation of pain and result of examination pointed clearly to rupture of appendix. On account of environment and objection of patient, an operation was out of the question. Dr. Angus McKinnon was called in consultation and concurred in diagnosis.

Late in the evening of 29th, patient having changed his mind, was taken to the hospital, with a view to an operation in the morning, but on visiting him then, I found his extremities cold, no pulse at wrist, cold and clammy sweat over body, abdomen greatly distended, respiration superficial, freedom from pain, and mind only roused by an effort. His friends were informed that his condition was hopeless, and he was given the last rites of his Church.

After the priest left, I used hypodermic needle and drew off pus, this led me to make an incision. Only a few drops of ether were required to produce anæsthesia. On opening the cavity, offensive pus escaped and the colon and cæcum, so far as seen, were gangrenous. An incision in cæcum was made, but no blood flowed. Before the wound was dressed patient expired. No autopsy allowed.

No. 8. Perityphilitic Abscess.—J. D., æt 37.

History like No. 1. Smaller incision; cavity not washed; recovery slow; ultimate results good.

No. 9. Carcinoma of Umbilicus.—J. H., æt 54. Operated 16th March, 1888. Removed section of abdominal wall, including umbilical growth, and an elliptical portion of peritoneum. At the time of the operation an oily fluid oozed from cut surface. On third day dressing was found saturated with a peculiar offensive discharge, greenish in color; this continued four or five days, and several pints must have escaped, shortly after which, wound healed.

At no time was there elevation of temperature nor disturbance of pulse. He left hospital early in April, and for a time seemed improved, but in July health again began to fail, and he died in August of a malignant affection of liver.

No. 10. Intussusception.—On the 4th of July, W., infant son of J. C., æt three months, was carried twelve miles to my office. Mother stated that child had not been well since birth; that he had been subject to colicky pains; that his motions had been slimy and bloody, and that he seldom had had a natural motion. Also that on the second of July the pain became intense; tenesmus marked, and abdomen distended and painful to touch. She gave the child oil, which failed to act, but increased the pain and produced vomiting, which became stercoraceous. After this the child refused the breast.

Examination detected an oval shaped lump, about three inches in length and two inches in breadth in right side of abdomen opposite the umbilicus. Dr. N. McPhatter was called in consultation. An anæsthetic was administered, warm water injected to the full capacity of rectum and colon, when child suddenly ceased to breathe. Artificial respiration was resorted to, during which the water escaped, and respiration was re-established. This was repeated, but the tympanitis was evidently too great to admit of distension of colon with safety. After second resuscitation the lump was found smaller in size and lower in the abdomen. Operation now advised and, after hasty preparation, carried out. On opening peritoneal cavity by median incision, the distended intestines and a considerable quantity of serum escaped. The intestines were protected by Hospital cloth, wrung out of warm aseptic water.

The ascending colon was collapsed and dark in color, due evidently to venous congestion, and had probably been invaginated. Several inches of ileum were found invaginated through the ileo-cæcal valve, forming a tense kidney-shaped mass an inch and a half in length, which was not easily reduced. Pulling the ileum failed, and it only gave way when resort was had to a method similar to that for reducing paraphimosis. The colon immediately became distended, and gas passed by rectum. The intestines were very difficult to replace, and it was only after the assistant and myself introduced two fingers of the left hand into the incision, and raised the body from the table by hooking the opposite sides, that we were able to replace the bowels with our right hands.

Free motion of bowels two hours afterwards. Child made excellent recovery, and left hospital on the tenth day, and he is now the picture of health.

No. 11. Perforation of Appendix Vermiformis.—Miss L. D., æt 9 years, family history good. On 16th of December, 1888, while in church was suddenly seized with severe pain in right groin, followed by a rigor and rise of temperature. Shortly after being taken home diarrhoea and vomiting set in.

Saw her on the 18th of December; abdomen tympanitic, except small area in region of cæcum, which gave a low note and was painful to touch; temperature 102 and pulse 118. An anodyne relieved urgent symptoms. Next day patient much easier, but tympanitis and area of dulness unchanged. Visiting her on the afternoon of the 20th of December found her in a critical state, vomiting almost continually, pain intense, tympanitis and area of dulness increased.

Consultation with Dr. A. McKinnon. We advised an operation as the only hope, but owing to darkness, and the fact that a hypodermic of morphia had relieved urgent symptoms, we decided to postpone operations till daybreak. At 2 a.m. was hurriedly called and found pulse 150, temperature 103; extremities cold, patient in agony, and area of dulness covering all lower part of abdomen below umbilicus.

A three-inch incision was at once made over outer part of cæcum (insufficient light rendered the operation very difficult), from which a quantity of flaky, serous, offensive pus escaped. With

the finger, numerous adhesions between intestines, and between them and abdominal wall, were broken down, allowing more pus to escape. The appendix was reached but not brought into view; it was œdematous to touch. The patient's condition now forbade the further use of anæsthetic. Cavity washed, a glass tube introduced, and the wound quickly closed and dressed.

Forty-eight hours after the glass drainage-tube was accidentally displaced. On my next visit I found at the mouth of wound a small hardened bean-shaped piece of fecal matter, proving that our diagnosis of perforation of appendix was correct; besides, at time of operation and until child began to convalesce, intestinal gas escaped through the wound. For two weeks she suffered from tympanitic colic; however, by the end of January my little patient had regained her usual health.

No. 12. Obstruction of Colon.—Mrs. K., æt 40; out of a family of eight has only one sister living, rest having died of tubercular affections. Patient from childhood has suffered from frequent attacks of inflammation in right and upper side of abdomen, and also much from gastric disturbance.

Christmas, 1888, during an attack, she noticed a lump in right side. This and pain returned almost daily, the latter increasing in severity, and chloroform had to be administered to give relief on one occasion. Solid food and cathartics aggravated the symptoms, and bowels were constipated.

Saw her first on the 22nd of February, 1889, during an attack. Body poorly nourished, pulse and temperature normal, and ascending colon distended, giving rise to an enlargement of the part plainly visible to the eye, lower two-thirds of which were tympanitic on percussion, but upper portion gave a lower note. Free doses of morphia were required to relieve. In intervals between the attacks a mass resembling a floating kidney could alone be detected.

Entered Hospital February, 1889. An incision four inches long was made over upper part of ascending colon. Found lower portion of ascending colon normal; upper part, including hepatic flexure, bound to omentum and adjacent structures by old adhesions, forming a mass in the centre of which was the right kidney. Lower surface of liver adherent to it, and

even gall bladder was attached by a flat band. Transverse colon empty and contracted to less than one-fifth of normal size, and contained no faecal matter. Separated as many adhesions as were found practicable, but unable to separate the hepatic flexure from it. The wound healed, and patient was removed from Hospital at the end of three weeks.

On June 1st I learned that since her return home she has suffered little from pain, in fact no pain whatever for a month; health much improved, and bowels easily kept regular by aid of cascara.

No. 13. Miliary Tubercle of Peritoneum.—Miss M. McF., æt 11; entered Guelph General Hospital 21st of May, 1889. Father died of cancer of rectum, and his uncle of phthisis, but in all other respects family history excellent.

Until July, 1887, her health was good, when she had measles, after which she never recovered her former strength. Last December her appetite and strength failed, so that she had to remain away from school for a few weeks. Early in April her abdomen became swollen, her appetite failed, and she lost weight.

On examination found pulse varying from 96 to 100; temperature normal; emaciation fairly marked; no diarrhoea nor cough; urine contained no albumen and was normal in quantity and color, but gave a large white sediment on cooling. She complained of no pain, nor of anything but weakness. Her abdomen was distended, and on percussion gave a low note over an irregular central area, which reached from pubes to above umbilicus. Abdominal muscles rigid and somewhat painful to firm pressure. Indistinct fluctuation over lower half of central dulness, and here and there a hard nodule could be felt. Finger in rectum received distinct fluctuation wave on striking abdomen over pubes.

On 25th of May, 1889, a two and a half inch exploratory incision was made, when a considerable quantity of mucilaginous liquid escaped. The peritoneum was found thickened and almost filled with miliary tubercles, in parts collected to form masses, varying in size from a marble to that of a pigeon's egg. The omentum was retracted upwards to near the umbilicus, and firmly adherent to the abdominal wall. The coils of intestines were adherent to each other, to omentum and to parietal wall. In the mesen-

tery no large collections of tubercles were noticed. A specimen of the tubercle was removed for examination. Several adhesions were broken down, the cavity washed, a rubber drainage-tube introduced, and the wound closed with a continuous suture of silk.

Patient recovered from effects of operation without pain, nausea, or any unfavorable symptom. The wound healed kindly, and her appetite has improved. The future history of this case will be interesting.

CONFINEMENT COMPLICATED BY LOBULAR PNEUMONIA, HIGH TEM- PERATURE AND SUPPRESSION OF LACTEAL SECRETION.*

BY J. CAMPBELL, M.D., C.M. (M'GILL), L.R.C.P.
(EDIN.) SEAFORTH, ONT.

Was called at 5 o'clock a.m. on the 23rd of March last to see Mrs. B., æt 21, said to be in labor with first child. Upon examination I found the os undilated and undilatable. The patient was very impatient, excited and nervous. Complained of pains through the body, and spoke in particular of the left shoulder. Slight labor pains recurred at intervals of fifteen or twenty minutes. Saw that she had symptoms of a cold, such as a dry cough and herpes on the lips. Said that she felt chilly during the previous day. Did not think seriously of the pains at the time, believing them to be of a neuralgic nature. Thought that all her troubles would cease at the termination of the labor. Relieved her pains and even procured short intervals of sleep with small doses of chloral hydrate, given at proper intervals. As the case was in town, I visited her every hour or two, watching the dilatation of the os. At noon she was safely delivered, naturally, of a living female child.

May 7th. On visiting her this morning found her face flushed, pulse 130, temperature 105.4, respiration 45. Found no uterine symptoms whatever to account for it, everything being natural. She still complained of pain under left scapula. Questioned her and got the history of a distinct chill fourteen hours previous to my first visit. Upon examination found

*Read before the Ontario Medical Association, June 5th, 1889.

marked dullness over the seat of pain, with pneumonic crepitation over a circumscribed area, corresponding with one or two lobules of the lung. This was evidently the head and point of the offence.

Reduced the temperature with gr. x. doses of antipyrin, repeated as often as occasion required, giving at the same time a mixture containing good doses of ammon. carb. Also ordered milk and raw eggs, with alcoholic stimulants in small quantities and at short intervals.

7th. Told Dr. McTavish, a visitor, that I had a unique case to treat, and he expressed a desire to see the patient. He examined and verified my diagnosis, and endorsed the treatment. Small hot poultices of linseed meal, sprinkled with mustard, were applied to the painful part, which, along with the antipyrin, never failed to give relief.

8th. Temperature somewhat higher. Rusty sputa well-marked: complained of pain under the right scapula. Dr. McT. and myself both examined; found crepitation the same as on the right side. Poultices applied.

9th. Slight secretion of milk to-day. Temperature one degree higher. Uterine symptoms normal.

10th. Lactal secretion drying up. The pneumonia has passed the crisis.

11th. Patient convalescing: milk nearly gone.

12th. Sat up for nearly an hour to-day.

13th. Saw her for the last time: doing well. As I had to see a case of diphtheria in the meantime, I discontinued my visits. Patient, however, made a good recovery. The milk did not return.

REMARKS.

As I never had a case of labor complicated with pneumonia during my twenty years' practice, I thought the case worth recording.

Though I knew that she had a cough and cold, I did not suspect the true nature of the case; when called to the labor I thought all would be well when the labor would be completed. The high temperature, rapid pulse and breathing at my next visit alarmed me, and I set about to find the cause. The temperature, pulse, and respiration reached the normal standard on the ninth day of the disease.

The tongue throughout was red, dry, and glazed, and latterly sore.

Her throat was also inflamed. As diphtheria was in the town, I watched these symptoms and treated them as they appeared. Both mother and child did well.

Selections.

THE MICRO-ORGANISMS ASSOCIATED WITH TUBERCULOSIS IN INFANTS.—As the result of an extended series of observations founded on the autopsy of 93 infants, Babes made an important communication on the micro-organisms associated with tuberculosis in infants. In the majority of cases the micro-organisms of suppuration were present with the tubercle bacillus of Kock. In ulcerative diseases of the mucous membranes with tuberculous foci sapra-genic bacilli were present; while in tuberculous pneumonia, pleurisy, peritonitis, and tubercular meningitis, one finds micro-organisms which have the power of producing these maladies. The author concludes that tubercular lesions open the door to the entrance of other micro-organisms which aggravate the tuberculous process and the state of general malady, and are often the cause of septic and pyæmic phenomena together with apparent parenchymatous degenerations of the organs of infants.—*Annals of Surgery*.

CASE OF ILEO-COLIC INVAGINATION; SPONTANEOUS ELIMINATION OF GANGRENOUS BOWEL; RECOVERY.—By Dr. Obtulowicz (Buczacz, Austrian Poland). A boy at 13, when climbing up a tree, suddenly felt a violent pain about his right iliac region, shortly followed by bloody stools. By the end of two weeks (during which he remained in bed, suffering from colics and bloody diarrhoea) he noticed a tumor about the said region. A week later he passed with stools a piece of dead bowel, 20 cent. long, consisting of the whole cæcum with its appendix and an invagination portion of the ileum with a fragment of the mesentery. The boy made a good, though rather slow, recovery and remained apparently well for a month, until he met with another accident, namely, he happened one day to drive a carriage with two horses; the latter took fright; when trying to stop the animals,

he suddenly felt a severe pain about the right hypochondrium. After a twelve months' illness he died, the cause seemingly being fœcal extravasation. — *Wiadomosci Lekarskie, Annals of Surgery.*

EFFECTS OF PROLONGED CHLOROFORM ANÆSTHESIA.—Some observations made about two years ago by Dr. Ungar pointed to fatty degeneration of the heart and liver as the cause of death after repeated prolonged administration of chloroform. Further experiments on dogs have recently been made by Dr. Strassman, which appear to confirm this view. Dr. Strassman found that the first organ to be affected was the liver, then the heart, and after that other viscera. The nature of the morbid change was not a fatty degeneration, but fatty infiltration. The actual cause of death in fatal cases appeared to be the cardiac affection, as in all such a very marked degree of change was found in the heart. In non-fatal cases the morbid change was found to have disappeared in a few weeks' time. When morphia was given previously to the chloroform less of the latter was required, and consequently the changes produced were not so considerable as when the ordinary amount was given. Animals suffering from hunger, loss of blood, etc., were especially predisposed to the morbid changes due to chloroform. — *The Lancet.*

SEMMOLA ON THE CURABILITY OF HEPATIC CIRRHOSIS.—The etiology of hepatic cirrhosis, if generally due to alcoholism or malarial infection, is still sometimes unknown. The most frequent cause is concentrated alcohol, most hurtful when taken on an empty stomach, as it is then most quickly absorbed. The veins which carry it from the stomach become irritated, and the irritation, extending from the portal veins, engenders an inflammatory process of the perivascular connective tissue, which, little by little, leads to hepatic sclerosis. As long as the hepatic lesion is limited to an embryonal neoformation, although extensive, Semmola affirms that a good result is to be hoped from a rigorous milk diet. When, however, the atrophic process has become complete, the advantage obtained from milk diet can only be palliative. Clinical symptoms do not always tell us with which stage we have to deal; ascites, not being only deter-

mined by a mechanical cause, may be great, while the cirrhosis is still curable. On the other hand, there are cases of cirrhosis with no ascites at all up to the end. As an aliment milk entails the least work for the stomach, and satisfies the needs of the general nutrition. The irritated gastric mucous membrane is the first to feel the good effect, and this is propagated to the other parts of the digestive tract, with its annexes, liver, etc. Not only is milk easily digestible, but it furnishes peptones, which facilitate tissue change, and thus milk diet increases the quantity of urea eliminated in the 24 hours. In all these ways, and by increased diuresis, rigid milk diet tends to improve the morbid conditions proper to hepatic cirrhosis. — *London Medical Recorder.*

GIANTURCO ON THE LESIONS CAUSED BY HYDROPHOBIA.—An abstract of the author's researches, conducted in Professor Schron's laboratory, is given by Dr. A. Pavone. A man, aged 30, was admitted into Professor Cantani's wards, having been bitten by a mad dog nearly six weeks previously; the man died with paraplegic symptoms 24 hours after admission. The autopsy, made 30 hours afterwards, showed dark coloration of the muscles and blood, which was mostly fluid. The grey matter of the brain and spinal cord was hyperæmic; there were also slight subarachnoid hydrocephalus, renal hyperæmia, commencing fatty degeneration of the liver, pulmonary œdema, and pulmonary hypostasis. A careful histological examination was made after hardening (in Müller's fluid for the most part). The central canal of the spinal cord was somewhat dilated and surrounded by a thick layer of lymphoid cells: a similar layer accompanied the two lateral veins. This periependymitis extended the whole length of the cord, gradually diminishing upwards. The grey matter of the anterior horns was saturated with blood, and (in the lumbar region) showed accumulation of lymphoid cells in the lymphatic sheaths of the vessels. Here and there the cells were independent of the blood-vessels, and looked like small miliary abscesses. The adjacent nerve-cells were generally atrophied, and surrounded, and even penetrated, by free leucocytes. In the periphery of the liver-cells numerous yellowish-brown granules, consisting of bile-stuff, were found. This appearance was

found also in the liver-cells of another patient who died of hydrophobia. The cerebral convolutions, also the area adjacent to the bite, afforded nothing special. Examination of a dog showed the same cellular infiltration of the lymphatic sheaths of the vessels as above stated, but chiefly marked in the medulla. The nerve-cells themselves are only secondarily affected in these cases.—*London Medical Recorder.*

A CASE OF NERVOUS VOMITING CURED BY HYPNOTISM.—Girl of 12 had suffered for a month with dyspeptic neurasthenia with vomiting directly after every meal. During all this time she was unusually irritable and weak. As she did not improve under treatment hypnotism was tried. The child was told to look fixedly at a luminous object. After a long time evident hypnotic drowsiness was obtained, if not sleep. Colombi then tried suggestion, commanding her to ask at midnight for ham, and to eat it without being sick. The child did nothing of the sort, but passed the night and following day in a state of restlessness and irritability greater than usual. On the second evening the hypnotic sleep was obtained more easily. (The luminous object stared at was the bulb of a clinical thermometer.) The same command was given her as the night before. The child woke precisely at midnight, asked for ham, ate a good meal, and then slept quietly for the rest of the night. On visiting her next day Colombi found she had had two good meals without sickness. Twelve days later the improvement is marked; the child eats and digests well, and has lost her irritability. She was only hypnotised twice.—*London Medical Recorder.*

THE ADMINISTRATION OF CHLOROFORM BY GAS-LIGHT.—As is well-known, it has been the practice to avoid the use of ether for anæsthetic work if artificial light is needed, whenever there is fear lest the ether vapor mixed with air be heated sufficiently to explode. The heavier vapour of chloroform, in addition to not being liable to form an explosive mixture with common air, is far less inflammable, and so has been hitherto regarded as a safe anæsthetic in such cases, at least as far as dangers from fire are concerned. Recent researches undertaken by Dr. Iterson, however, seem to show that chloro-

form vapour, when allowed to mix with the products of combustion of ordinary coal gas, undergoes decomposition and liberates gases of a most irritating nature. Dr. Iterson believes death has been brought about, in one case at least, by inhaling these noxious vapors, and recounts other instances in which alarming symptoms have supervened. One patient, although apparently but little affected while inhaling the chloroform, became painfully dyspnoeic afterwards, gasping and evincing the usual symptoms of asphyxia due to irritant vapors. These alarming effects passed off when the windows were thrown open and the fumes of coal-gas combustion and chloroform were permitted to escape. It is well known that samples of chloroform which have been kept exposed to diffused light will after a while become contaminated with chlorine and acid substances, which possess most irritating properties; but until Dr. Iterson's warning arrived, we were not aware that chloroform vapor would, when diffused in the air of a room or operating theatre, be decomposed in passing over a jet of ignited coal gas. We know that, heated to redness, chloroform splits up into hydrochloric acid, chlorine, and other products, including the trichloride of carbon; and both Soubeiran and Liebig have pointed out that, although chloroform vapor cannot be ignited in the air, it will, if passed over a spirit-lamp flame, burn, and liberate irritating vapors. The question as to the gases most probably formed, if the coal gas is capable of uniting with the products of chloroform decomposition, is too wide a one for us to enter upon; nor do we think that we need go farther than to say that, if Dr. Iterson's facts are to be taken without reservation, the irritant bodies which exercised so deleterious an influence were, in all likelihood, the products of the ordinary decomposition of chloroform, namely, free chlorine, hydrochloric acid, and possibly other chlorides and ammoniacal compounds.—*Lancet.*

HYDRACETIN, THE NEW ANTIPYRETIC.—At a recent meeting of the Berliner Medicinische Gesellschaft, Dr. Guttmann read a highly interesting paper on Hydracetin, the new antipyretic and analgesic. A more felicitous designation for the new drug is the one adopted by English

chemists, viz., Pyrodin. The drug, as presented by Dr. Guttman to the Society, was a white crystalline powder, without taste and odor, soluble in water in the proportion of one to fifty, but easily soluble in acetic acid. The new chemical is a reducing agent, and its action is the result of its power to absorb oxygen. Hydraceticin shows even in small doses a powerful antipyretic action, as has been found by Guttman in typhoid fever, consumption, scarlet fever, erysipelas, acute miliary tuberculosis, and septicæmia. The average dose of the drug is two to three grains, though five grain doses have also been exhibited by Guttman. If two grains of the drug are given at about ten o'clock in the morning, and one and a half grains an hour later, the temperature begins to fall an hour after the administration of the drug, and reaches its lowest level in two or three hours. The fall amounts to two or three degrees Centigrade—in some cases even to three or four degrees. The period of apæxia lasts, however, but a short time, the temperature rising again with moderate slowness, and regaining its former height in three to five hours. The action of hydraceticin in acute articular rheumatism, as tested by Guttman in eight typical cases, deserves the practitioner's special attention. A two-grain dose affords a distinct remission of pain, beginning one-half to one hour after the administration of the remedy, and lasting for several hours. A two-grain dose given both in the forenoon and in the afternoon suffices to remove the pain completely, or at least to alleviate its severity. The analgesic action of hydraceticin was found to be a constant one, and did not fail in a single instance. This feature of promptness and reliability of course materially enhances the therapeutic value of the drug.—*Medical Press and Circular*.

HEREDITARY SYPHILLIS.—Prof. Neumann, in a recent session of the k. k. Gesellschaft der Aerzte Wien's, basing his observations upon a hundred and nine cases, came to the following conclusions :

1. The syphilitic mother may in every stage of her disease, from infection before as well as after conception, transmit the disease to her offspring.

2. The mother, affected after conception sometimes transmits syphilis to the foetus.

3. If infected after conception, and if the father was syphilitic at the time of procreation, then the influence is much more intense. The children die *in utero* or are born syphilitic.

4. In post-conceptual syphilis, if the infection be unknown, then the relation is the same as in preconceptual. Syphilis acquired in the last months of pregnancy is rarely transmitted to the offspring.

5. If infection and conception be simultaneous, then half the children die. Children may be born, however, when both parents at the time of conception are syphilitic.

6. Infection before conception depends upon the time when occurring. The further removed from the time of conception, the more favorable the prognosis for the offspring.

7. Those mothers who have acquired syphilis only in the last month of pregnancy, while the father at the time of conception was healthy, offer the best prognosis for the children. The same holds good for tertiary syphilitic patients. The worst prognosis is in those cases where the time of conception and infection go hand-in-hand, or where the father at the time of conception suffers from recent syphilis.

8. Especially do those cases show the dangerousness of the paternal syphilis in which the father was syphilitic at the time of conception, the mother only becoming infected after conception and the child soon after infection being born macerated. This contradicts Boeck and Onver, who assert that the child of a syphilitic father is healthy.—*Deutsche med. Wochenschrift, Journal Cutaneous and Genito-Urinary Diseases*.

TREATMENT OF GONORRHOEA.—In the treatment of gonorrhœa the general principles laid down are about as follows : First of all to give the urethra as much rest as possible—avoidance of sexual excitement and certain articles of diet and the use of certain remedies which tend to make the urine bland. Probably pure sandalwood oil is as satisfactory as any. One little item which is not properly emphasized by the books or teachers is the value of making the urine alkaline. We do in a general way prescribe an alkali, as a rule, but we do not take pains to see that the urine is made alkaline : it

makes great difference in the comfort of the patient. The amount of alkali that is required to keep the urine free from acid will vary. One minim of liquor potass. every hour in the day, or three or four drachms of bicarbonate of potassium scattered throughout the 24 hours. The local treatment is a question about which there has been a great diversity of opinion, partly at least well-grounded in results. Certainly we ought to reject everything partaking of the nature of instrumental interference with the urethra during the acute stage. The introduction of any instrument whatsoever is disadvantageous, even disastrous. I feel keenly on that point, because I have at different times tried the use of various instrumental appliances. Some years ago I used the endoscope in about twenty cases, and packed the urethra almost from the triangular ligament forward with iodoform, boracic acid, bismuth, etc. It was my misfortune to see three cases of epididymitis occur out of these twenty. Then, some four or five years ago, when Dr. Holbrook Curtis, of New York, advanced his plan of treating gonorrhœa by hot water injections, I employed that method in twelve cases and had the misfortune to see two cases of epididymitis. As it has been my fortune not to see epididymitis in cases where there was no instrumental interference, I felt convinced that the occurrence of these five cases of epididymitis in thirty cases of gonorrhœa with instrumental interference was more than a coincidence. * * I have seen advantage in the use of some form of hydrastis, usually with bismuth or gum arabic, and, if there is much pain and swelling, cocaine or morphine. These are used during the first ten or twelve days; after that a mineral astringent may be of service. Injections should be used after each urination, assuming that the urination is at ordinary intervals during the day. One thing I am in the habit of insisting upon is the use of a half-ounce syringe. The ordinary urethra holds about half an ounce, and if we are going to use an injection we want to do it thoroughly; we want to unfold the mucous membrane and apply the injection to the surface, so far as may be. * * There is one other item that might be worthy of mention, which is the use of cotton in collecting the discharge. Every one who is at all fastidious about his person has a great objection to the escape of

the discharge on his clothing, and the average man takes a little piece of cotton and inserts it under the prépuce, and thus secures more or less freedom of the linen from stain. I believe this is detrimental, because it occludes the urethra, and shuts up the discharge. In every other case of suppuration we want free drainage, and the urethra naturally drains itself freely, because of the muscular contraction natural to it. I think a great many patients do themselves harm by wearing this cotton. I am accustomed to direct those who will take the trouble to avoid that detriment and yet protect their linen by wearing a condom, in which is placed the cotton, and which is brought up in such a way as not to fit firmly against the meatus. The condom is attached by tapes, or bands, to the shirt; not by having the neck tied around the organ, as that would produce congestion also.—*Dr. W. T. Belfield, in Western Medical Reporter.*

SEA BATHING.—Sea bathing is for most people a powerful restorative, and the benefit conferred will last during the ensuing winter. It is *par excellence* the great remedy for scrofulous, glandular, and articular enlargements. It is accordingly useful in bracing up delicate children, and defending the system against subsequent cold catching. Vaginal and uterine congestions and relaxing discharges are generally benefitted, as are also spinal weakness and incontinence of urine in the young. I have known a certain amount of irritability of the heart, the result of tobacco, completely cured by sea-bathing, followed by super-cardiac rubbings.

It is useful in torpid conditions of the skin attended with profuse perspiration, also in muscular rheumatism, though in articular rheumatism hot baths only should be used. That form of rheumatic taint accompanied by choreic twitches and hysteria is often benefitted by mild bathing, and it has been recommended in diphtheritic and typhoid paralysis, and nervous dyspepsia; amenorrhœa, anæmia, and chlorosis are sometimes benefitted. Such cases should first be treated by the use of tepid sea-baths.

The following should not bathe in the sea: Those subject or predisposed to fits, as the epileptic or apoplectic; sufferers from cutaneous eruptions, organic disease of the heart or great

vessels, organic disease of the liver, lungs, or abdominal organs; the tubercular, the rheumatic, the very old, and persons subject to cramp.—*D. H. Cullimore, M.D., in Medical Press and Circular.*

PERIPHERAL DIAGNOSIS OF MITRAL STENOSIS.—M. Perret, in a communication on this subject to the Société de Médecine, de Lyon, first described what he called *the hesitating pulse*, and showed the influence of the state of the circulation in its appearance, as well as its relation to the different forms of stenosis. He exhibited a series of sphygmographic and cardiographic tracings taken from his patients, from which, at present at least, it is difficult to draw precise conclusions. He showed what advantages, from a diagnostic point of view, are to be gained from the presence of this sign when it exists—for it is inconstant. He then called attention to the apex beat in certain cases of mitral stenosis as being of short duration and instantaneous. Lastly he showed how one may, by the application of the hand to the precordial region, easily perceive the re-duplication of the second sound, and closed by some remarks on the diastolic thrill. This is his method of peripheral diagnosis of mitral stenosis by the hand. In the second part of his communication, M. Perret showed that stenosis may be recognized by auscultation of the carotids without examining the heart itself. It is by hearing at this point the sound of the diastolic thrill, and especially the reduplication of the second sound, that one makes the diagnosis. The second method, then less certain than the preceding, of peripheral diagnosis of stenosis, is by auscultation of the neck. M. Perret closed by making some interesting observations on the reduplication of the second sound heard with the ear over the precordial region. He showed that it extends over an area much greater than has been formerly described, and that the position when it is most frequently found is over the third and fourth left intercostal spaces, and not towards the base; that it is possible to follow it occasionally towards the apex and into the axilla, or even round to the vertebral column.—*Lyon Médical.*

Therapeutic Notes.

As a head wash in cases of alopecia :

R—Creolin,	0.05
Hydrarg. bichlor.,	0.001
Aqu. rosar,	100.0
Aqu. distill.,	400.0 M.

As a mouth wash in cases of dental caries :

R—Tannin,	4.0
Potass., iodidi,	0.5
Tr. iodini,	2.5
Tr. myrrh,	2.5
Aq. rosar,	100.0 M.

Use a teaspoonful in a glass of warm water.

—*Centralblatt für Therapie.*

Antiseptic Cotton may be prepared as follows :—

Mercury Binioidide,	p. 8
Potassium iodide,	p. 3
Glycerine,	p. 120
Distilled water,	q. s. ad p. 2400

Dip absorbent cotton in the solution and then dry it.

The first Napoleon, says the *St. Louis Med. and Surg. Journal*, was immediately relieved of habitual attacks of hoarseness by the following mixture, known as Foreau's syrup :—

R—Liquor. ammoniæ fortior,	℥x
Syrup. erysemi,	fʒiiss
Infus. tilix florum,	fʒiiss.—M.

SIG.—To be taken at one dose.

Erysemium or sisymbrium officinale is the common hedge-mustard.—*College and Clinical Record.*

RECIPES FOR PREPARATIONS OF IODOL.—
(*Pharm. Post.*):

Iodol solution:

R Iodol,	0.1
Alcohol,	16.0
Glycerine,	34.0

Iodol gauze :

R Iodol,	} aa, 1.0
Resinæ,	
Glycerine,	
Alcohol,	10.0

Collodion with iodol :

R Iodol,	10.0
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Alcohol (94 per cent.),	16°0
Ether,	64°0
Pyroxilini,	4°0
Olei ricini,	6°0

Monatshefte f. Prak. Dermat., Journal Cutaneous and Genito-Urinary Diseases.

VOMITING OF PREGNANCY.—Persistent vomiting of pregnancy is often most difficult to overcome, and baffles every effort of the physician; indeed, several fatal cases have been lately reported. Dr. Blumensandt, in *L'Union Med.* says that he has found the following formulae invaluable in such cases:

R.—Hydrochlorate of cocaine,	3 grains.
Tincture of anise,	f ̄ ijss.
Spirits of menthol,	f ̄ ijss.
Linden-flower water,	f ̄ v.
Syrup of cinnamon,	f ̄ ̄j.—M.

A dessertspoonful to be given every hour until the vomiting has ceased.—*The Archives of Gynecology.*

FORMULE FOR CORNUTIN.—Cornutin, the new uterine hæmostatic, may be given either by the mouth or hypodermically. The following formulæ are recommended by the *Journal de Médecine de Paris*:

I. For hypodermic injection.

R.—Cornutin,	gr. ¼.
Distilled water,	f ̄ ijss.
Hydrochloric acid,	gtts. jv.—M.

Sig. One syringeful for an injection.

II. In pill form.

R.—Cornutin,	grs. 1¼.
Gum arabic paste,	̄j.—M.

Make into 20 pills. Sig. Two or three at a dose. *Medical News.*

TREATMENT OF CHRONIC CYSTITIS.—Chronic cystitis has been treated with great success by Dr. V. Mosestig-Moorhof, of Vienna, with iodoform injections. His method of treatment is as follows:

The bladder having been previously irrigated with moderately hot water, an injection of the following emulsion should be made:

R.—Iodoform,	50 parts.
Glycerine,	40 “
Distilled water,	10 “
Tragacanth gum,	¼ part.—M.

Sig.—One tablespoonful to a pint of lukewarm water, well stirred, for one injection. Injections should be made every third day. *Medical News.*

THE Canadian Practitioner

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

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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TORONTO, AUGUST 16, 1889.

THE DANGERS FROM ANALGESICS.

The highly instructive Croonian lectures of this year delivered before the Royal College of Physicians, of London, by Dr. T. L. Brunton, merit a careful consideration and study on the part of all scientific practitioners, dealing as they do with the relationship which exists between chemical structure and physiological action. In his fourth lecture, Dr. Brunton draws attention to the fact that the continuous employment of narcotics, such as morphine or chloral, is apt to grow into a habit which may exercise a very deleterious effect on the mental functions. The cocaine habit also may be established, and in addition there is another possibility which must not be lost sight of: namely, the possible injury to the cord by the use of analgesics. He mentions having observed in the frog symptoms resembling those of disseminated sclerosis, or of locomotor ataxia, and that Batten noticed a condition in frogs like that of spastic paralysis produced by anti-pyrin. He also points out that a circumstance which renders circumspection in the use of analgesics all the more necessary is that various disorders in which the symptoms appear to depend either upon peripheral neuritis or an affection of the spinal cord have lately been described as arising from the use of some of the new explosives; lastly, he advises caution in their use, owing to the effect produced upon the blood, taking as an example, exalgine, which may render the blood incapable of performing

its respiratory functions, thus inducing lividity, with a tendency to collapse which may seriously endanger life.

HOW TO DISPOSE OF THE SPUTA OF PHTHISIS.

How shall we dispose of the sputa of phthical patients is a question in preventive medicine of great practical importance, and one which unfortunately has been passed by in the warm discussions which have taken place upon the etiology of the disease and thrown into the background by the sensational announcements which have from time to time appeared of a new and certainly effectual method of treatment. Yet Bergeon and his gas bags have vanished. The pneumatic cabinet is rarely mentioned, and the honor of introducing the hot air inhalation treatment has been shown by Dr. Jacobi, of New York, to be due not to Weigert but to Halter, and is even denounced by him as injurious.

It is now generally acknowledged that phthisis is bacillary in origin, although there are some doubters—men of high professional standing—to be found in England. Still the great majority of physicians have sufficient belief in the ability of Koch's bacilli to do irreparable mischief when properly introduced into the lungs, that they would wish to prevent their propagation. The sputa is the source of the greatest danger. Dr. Hassall, in the *Lancet* of July 27th, advises that on no account should patients expectorate on floors, carpets, and above all, into handkerchiefs. It should be made an invariable habit by day, and as far as practicable even at night, to expectorate into spittoons. These receptacles should be always partially filled with water, so as to avoid the drying of the sputa, and be emptied and thoroughly cleansed daily by scalding with boiling water. He does not consider it necessary that the water should contain even a disinfectant, though carbolic acid would be effective and at the same time free from disagreeable odor. The use of cloths to wipe out these receptacles should be prohibited, as these might become the carriers of the dreaded germs. The safest and surest plan for disposing of the contents of the spittoons is to pass it into a vessel partially filled with a strong bichloride of mercury solution, which will render the sputa harmless.

NOTES.

We regret to learn that the *Chicago Medical Journal and Examiner* has suspended publication.

THE American Rhinological Association will hold its seventh annual meeting at Chicago, Ill., October 9th, 10th, and 11th.

PROFESSOR JOHN STRUTHERS, of the Aberdeen University, has resigned on account of ill health, the position which he has held since 1863 as Professor of Anatomy.

THE American Association of Obstetricians and Gynecologists will hold its next annual meeting at the Burnet House, Cincinnati, on September 17th, 18th, and 19th.

PROFESSORS CROBACH AND ROKITANSKY, of Vienna, and Pawlik, of Prague, are candidates for the chair of midwifery and gynecology, now vacant through the death of Prof. Breisky.

CATS AND HYDROPHOBIA. — An exchange states that Dr. Farquharson has made a proposal to the British Home Secretary to provide for the muzzling of cats and the arrest of the stray ones by the police!

THE *Archives of Surgery* is a new quarterly publication edited by Jonathan Hutchinson, F.R.S., who intends to bring before the profession in this manner the large amount of clinical material which he has collected.

THE American Society of Microscopists will hold its annual meeting in Buffalo, August 20th, 21st, 22nd, and 23rd. Active preparations are being made by the Buffalo Microscopical Club for the reception of the visitors.

PRESENTATION TO SIR ANDREW CLARK. — The members of the medical and surgical staff and other friends of the London Hospital subscribed for a portrait of Sir Andrew Clark, in appreciation of his eminent talents and the great services rendered to the institution with which he has been associated since 1854. The presentation was made by the Duke of Cambridge.

MEDICAL COUNCIL ELECTION.—We understand that the contest is likely to rest between Drs. Johnson and Machell for the Midland and York Division, although not publicly announced. Dr. Britton some weeks since withdrew from the contest.

LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.—The following Fellows have been appointed to deliver the lectures during the ensuing year: Croonian, Dr. D. Ferrier; Lullian, Dr. Hughlings Jackson; Gulstonian, Dr. G. N. Pitt; Milroy, Dr. Ransome.

THE DECREASE OF HOMŒOPATHY IN EUROPE.—In Austria there are only 218 homœopathists, out of the whole number of medical men, which is 7,183; and only 44 of these profess to practice homœopathy exclusively—and the number also is said to be steadily decreasing.

LAPAROTOMY.—Professor Fritsch (*Medical Press and Circular*), the well-known gynecologist, of Breslau, says he would operate only in cases in which life is threatened by a tumor, or where great distress is caused, or in the case of poor people, who cannot in consequence of their ailment earn a livelihood.

CONVICTIONS FOR SOLICITING PROSTITUTION.—The convictions by the police last year for soliciting prostitution in the streets of Liverpool were 1,576, Manchester 1,114, and Glasgow 2,488. An English exchange considers that these figures indicate a grave source of danger to the youthful population.

USE OF SUSPENSION IN LOCOMOTOR ATAXIA.—Dr. Lauder Brunton, in one of his lectures on "The Relation between Chemical Structure and Physiological Action," refers to the remarkable benefit obtained from suspension as one of the most striking discoveries that have been made in therapeutics in recent years. He finds all explanation of it very difficult, but is inclined to think that suspension merely acts on the cord in the same way that massage does upon the muscles, by removing the lymph, and with it the products of nerve waste; while at the same time it may increase the processes of oxidation, and repair by free circulation of the blood.

THE MORBID AND THE BEAUTIFUL. The University of Bologna, one of the oldest in the world, has appointed a beautiful young lady, Dr. Giuseppine Cattani to the chair of morbid anatomy. The lady made a decided sensation at her maiden lecture on account of her knowledge of the subject and her fascinating loveliness.

DISPOSING OF THE DEAD.—The English correspondent of the *Journal of the American Medical Association* writes that a physician in all seriousness has suggested to deal with the dead by means of hydraulic pressure, and in a very short time to reduce the body to a cube of twelve inches, a solid block of handsome material resembling veined marble, tasteless, odorless, and apparently imperishable. The author of this idea is stated to have on exhibition a cross of this material suitable for a lady's boudoir.

TRAUMATIC NEUROSI.—Strumpell, in the *Berliner Klinik*, points out with much clearness that a severe and general shaking of the central nervous system brings about a very complex but at the same time a very characteristic set of symptoms, which is best designated by the name of a "general traumatic neurosis." The symptoms present a great similarity in many respects to those of neurasthenia, in part also to those of hysteria, and in addition there are certain psychotic conditions induced which resemble acute melancholia and hypochondriasis.

THE INTERNATIONAL MEDICAL CONGRESS will open on August 4th, 1890, and not on the 6th, as previously stated. Its sessions will last one week. The following note has been received: Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on the 17th of September in the current year. Meanwhile we should feel sincerely obliged if you would kindly make this communication known among your medical circles and add at the same time our cordial invitation to the Congress. Von Bergmann, Virchow, Waldeyer.

MENTAL CHANGES AFTER THE REMOVAL OF THE OVARIES OR UTERUS.—Dr. Glæveck, of

Kiel, has lately published a paper on the above subject, and according to his observations, sexual desire was unchanged after the removal of the ovaries in but a few cases. Both desire and pleasure were much diminished, but not in the same proportion in all cases. He always noted a depressed and low-spirited condition. Many women after a time became melancholic. The changes, however, differed when the uterus only was extirpated, then several were almost unchanged, though in a few cases there was a slight diminution of sexual pleasure acknowledged. Mr. Lawson Tait, on the other hand, reports that one of his castrated females became so aggressive as to stray beyond the legal limits.

THE MAXIMAL DOSES OF NEW REMEDIES.

—The following are the *maximal* single doses of some of the newer remedies as mentioned in *Merck's Bulletin* for June: Asparagin, grs. $1\frac{1}{2}$; baptisin gr. $\frac{1}{2}$; daturine, gr. 1-64; duboisine, gr. 1-64; fuchsin, grs. 4; agaricin, gr. $\frac{1}{4}$; aloin, grs. $4\frac{1}{2}$; antifebrin, grs. 15; apiol, grs. 15; arbutin, grs. 15; guaiacol, grs. $1\frac{1}{2}$; iodole, grs. 3; iridin, grs. 3; kairin, grs. 15; naphthalene, grs. 15; phenacetin, grs. 15; resorcin, grs. 45; salol, grs. 30; solanine, grs. $1\frac{1}{2}$; sulphonal, grs. 60; terpinol, grs. 4 1-2; urethane, grs. 75; xylol, grs. 30; paraldehyd, grs. 60.

LAKE VIEW RETREAT.—We are pleased to learn from a letter received from Dr. J. M. Clarke, of Burlington, Vermont, that his Lake View Retreat has been more than ordinarily successful. His institution is intended to furnish a private home for nervous invalids who do not require the close restraint of an asylum and cannot endure the crowds usually found in them. By confining the number of those admitted to his institution to ten or twelve, he is able to give them all the care and comfort to be found in the best appointed homes, while his skill and experience as a physician are such that he has been rewarded with a number of gratifying cures. Dr. Clarke would be pleased to correspond with any of our readers who might be desirous of placing patients in such an institution.

"A MEDICAL JOURNAL TRUST" AND "THE PHILADELPHIA TIMES AND REGISTER."

We reprint the following strong articles from the advance proof sheet kindly sent us by the *Druggists' Circular*, of New York, and look with very considerable interest for the reply to this charge:

A MEDICAL JOURNAL TRUST.

It is currently rumoured that a combination of prominent proprietary and patent medicine houses has been formed to furnish capital to and control what is proposed to be substantially a "Medical Journal Trust." These rumors have grown from the announcement sent out a short time ago when several medical journals in Philadelphia were consolidated under the name of the *Times and Register*.

It is said that this combination, which is known as the American Medical Press Association, proposes to gradually absorb all the medical journals of this country. The way this is to be accomplished is for the combination of manufacturers to withdraw their advertisements at the same time from one journal, and use every other means they can to cripple it, so that it can be bought in at a low rate. This plan is to be continued slowly and cautiously, so as to avoid publicity, until all of the journals are gradually taken in.

Such a combination, if it should be completed and conducted in accordance with the peculiar honesty and principles that the *Times and Register* is now advocating, as will be noticed in an article in this issue headed "Justifying a fraud," would certainly make a spectacle that would bring everlasting disgrace on the medical profession of this country, and on all who have had anything to do with so unprincipled an undertaking.

JUSTIFYING A FRAUD.

One of the most striking instances of how low a physician, medical editor and professor can be debased by the improper influences of unprincipled manufacturers will be found in an article on page 278 of the *Philadelphia Times and Register* for July 20th, 1889.

In this article on "A New View of a Certain Form of Substitution," the editor in a laboured argument tries to prove that the manufactures

of Febriline, which in our May number we showed to be a most pronounced fraud, were justified in deceiving physicians in regard to its composition. Febriline was put on the market as a tasteless preparation of quinine. Dr. Eccles showed that it had no quinine in it at all. The *Times and Register* concludes its argument for fraud in the drug business in the following ingenious but dishonest way: "Now, if it be pardonable to mistify a patient a little by a bit of clap-trap, and no physician can succeed who fails to array the mental forces of the patient on his side, is it not equally justifiable for the druggist to do the same to the physician, if the conditions are alike?"

We do not think that the whole history of medical journalism could show an instance similar to this: one in which fraud and deception are advocated in so barefaced and bold a manner by one who poses as a medical teacher and writer, and who ought to know better than to so insult physicians and druggists.

Quinidine does not cost as much as quinine, and neither is it worth as much therapeutically grain for grain. It can be bought at a little more than half the price of quinine, but this has nothing whatever to do with the case. It is merely a question of common honesty.

Correspondence.

LETTER FROM BERLIN.

Editors of CANADIAN PRACTITIONER.

DEAR SIRS, — In conformity with my promise I now wish to contribute to your valuable journal a short sketch of my surgical observations while visiting the British and German hospitals. My short stay of but three weeks in London enabled me to meet but a comparatively small number of the many good surgeons there, so that until after I return from the continent and more thoroughly investigate that large field I shall defer account of what I have seen.

The special advantages I enjoyed for a considerable time with Dr. Macewen, of Glasgow, afforded me an opportunity of seeing a great deal of the special methods of this great surgeon—Britain's Northern Light. I shall briefly mention but a few of my observations with him.

The number of trained nurses, to whom much is entrusted, such as assisting at operations, preparing of dressings, catgut ligatures, and bone drainage tubes; the keeping of charts and records; photography, and, in short, all the details pertaining to the welfare of the patient—forms a special feature of his staff. The house-surgeon administers the anæsthetic, and two or three efficient graduates assist at the more important manipulations. It would be hard to find another staff more efficient and devoted to to their chief.

Wood-wool; catgut and silk ligatures; decalcified bone tubes; large sponges; iodoform diluted with three parts of naphthaline; solutions of carbolic acid and corrosive sublimate; sublimated gauze bandages; and his own (Macewen's) special instruments and appliances, are all to be seen arranged in due order around the operating table. The spray is often used, and the surgeon and each assistant wears during the operation a spotless linen coat. Here I might say that many prominent surgeons in Britain dedicate an old coat to this sacred work. This "hospital coat" soon becomes besmeared with blood, and in my opinion after an operation or two is rendered more fit for a dissecting room than for the operating theatre. In the light even of cleanliness, let alone the antiseptic surgery of the present day, it is simply a dirty and undoubtedly a very unscientific habit to wear such a coat. I wish to say, however, that it is not used by the vast majority of English and Scottish surgeons.

The opportunities for osteotomies are almost unlimited in Glasgow.

While walking from St. Enoch's Station Hotel along Argyle and High Streets to the Royal Infirmary, I counted no less than forty-three marked cases of crooked legs, and that at 9.30 o'clock in the morning, after the children had gone to school.

Not infrequently the same child suffers from double knock-knee, double tibial curves, and a curvature of the spine. Such extreme rickety deformities are to be found no where else that I know of. Macewen's supra-condyloid osteotomy, now the established treatment for genu valgum, can be seen at a moment's notice at any time. Considerable importance is attached to the chiselling of the femur from within outwards,

and not from the opposite direction as is recommended by some surgeons, as a modification. I have taken particular pains to thoroughly compare Macewen's operation for the radical cure of hernia with those of Wood, Spanton, and Banks, and the conclusion I have arrived at is that Macewen's is the only one that can be called a "radical cure." Dr. McBearney, of New York, I understand, performs an operation on hernia which promises to give good results, but with which I am not as yet so thoroughly conversant as to express an opinion.

The operation, as performed by Macewen, is quite simple, if the anatomical relations and true objects to be attained are kept strictly in view. Should the sac be too large, a portion is cut away, or if there is no sac apart from the tunica vaginalis testis, a part of it may be taken to form a sac. After the operation a simple support is applied, and the patient is requested to keep quiet till the new fibrous tissue is fully formed; and a cure effected. This is found to take usually about three months, after which it is not necessary to wear a truss or other appliance.

Joint surgery receives a large share of attention. In excising the knee joint a supra-patellar incision is made, extending from one condyle to the other, the object being to fully expose the bursa beneath the tendon of the quadriceps extensor muscle. After the ends of the bones are sawed off they are fastened together by means of steel pins passed from below upwards through the head of the tibia into the femur. The wound, with bone drainage tubes placed at its angles, is then closed with deep and superficial sutures, dressed with iodoform, and wood-wool and a special splint applied. In three weeks time the pins are removed and a second dressing applied.

Upon excising the elbow joint care is taken to leave the periosteum as much as possible intact, and its internal surface well curetted, to remove the osteoblasts, after which no reproduction of bone takes place.

Dr. Macewen, as is well known, pays considerable attention to brain surgery.

A boy who was operated on for cerebral abscess, following injury, and a young man operated on for cerebellar abscess following dis-

ease of the middle ear, both very interesting and extremely bad cases, were convalescent when I left. A large number of cases of mastoid disease were treated by trephining. The main indication being a chronic otorrhœa, resisting all ordinary modes of treatment, which is almost sure to be disease of bony structures. The mastoid is found to be affected, even though no external signs, as swelling, tenderness, etc., are present. It is dangerous to wait until these appear without interfering. After opening the mastoid and removing all the apparent diseased bone, in the usual way, then a burr, very similar to a dentist's burr, is taken and a polish given to the whole internal bony surface, exposing the lateral sinus and dura mater if necessary. In short the carious condition is followed with this burr and thoroughly removed.

There are many other interesting matters concerning Macewenism which I should like to mention, but time forbids.

My visit to Aberdeen and Edinburgh, though of short duration, was very pleasant and instructive indeed. Particularly was I pleased with Prof. Ogston's work. I was unfortunate in not seeing him perform his operation for flat-foot.

That "hospital coat," to which I have already referred, very much detracted from the otherwise excellent and thorough work done by an Edinburgh surgeon.

I shall be pleased at some future time to send you an account of my visit to Hamburg, Berlin, and Paris.

Yours very truly,

A. H. FERGUSON.

Berlin, July 27th, 1889.

Books and Pamphlets Received.

Prospectus Annuel, Ecole de Médecine et de Chirurgie de Montreal. 47^{ème}, Session 1889-90.

Accumulators and their Medical Use. By Robt. Newman, M.D. Reprinted from the *Philadelphia Medical Times*.

Anatomie Topographique du duodénum et Hernies duodénales. Par Jormesco. Volume in-8o, de 107 pages, avec 14 p., 21 figures hors texte. Prix —. Publications du *Progrès Médical*, Paris, 13 Rue des Carmes, Paris.

Forty-fourth Annual Announcement of the Medical Department of the University of Buffalo for the Session of 1889-90.

The American Journal of Psychology. Edited by G. Stanley Hall, President-elect Clark University. Baltimore: N. Murray, Publisher.

Monatlicher Anzeiger über Novitäten und Antiquaria ans dern Gebiete der Medicin und Naturwissenschaft. Josef Safar. Wien: viii. Schloßel gasse 24.

Bournemouth as a Health Resort. By A. Kinsey Morgan, M.R.C.S. Eng. With illustrations. London: Simpkin, Marshall & Co., 4 Stationers' Hall Court. 1889.

Recherches cliniques et Therapeutiques sur l'Épilepsie, l'hystérie et l'idiotie. Compte Rendu du service des épileptiques et des enfants idiots et arriérés de Bicêtre, pendant l'armée, 1888. Par Bournerville Courbaiun, Raoult et Sollier. Tome ix. de la collection. Volume in-8 de lix., 921 pages, avec 25 figures. Prix, 3f 50. Publications du *Progrès Médical*, Paris, 41 Rue des Carmes, Paris.

Personal.

PROF. OSLER, of Baltimore, is spending his vacation in this city.

THE following Canadians have been admitted to the L. R. C. P., Edinburgh: Drs. Geo. Hargreaves, John Duff, W. H. Rankin, and G. F. Emery.

THREE Canadians were admitted Licentiate's of the Royal College of Physicians of London on the 25th of July: Drs. G. H. Bowlby, J. A. Cross, and G. C. Stephen.

THE President of the Royal College of Surgeons of England for the coming year is Mr. Jonathan Hutchinson. The vice-Presidents are Messrs. T. Bryant and Croft.

AT the annual meeting of the Nova Scotia Medical Society, held in Halifax, the following gentlemen were elected officers for the ensuing year: President, Dr. W. B. Moore, Kentville; Vice-President, Dr. John T. Cameron, River John; 2nd Vice-President, Dr. Wickwire, Halifax; Secretary-Treasurer, Dr. W. S. Muir, Truro.

Miscellaneous.

HOLIDAY COLONIES. —In Germany, at the end of the academic year, the children are passed in review by a medical commission, and all who are found to be in ill-health, or simply delicate, are admitted to form part of one of what are known as "holiday colonies"; that is to say, they come to school in the morning as usual, but instead of the reglementary A B C, they are taken away into the country each day, either to the woods or on to the estates of country squires who have intimated their desire to receive them for the day. The children have two meals a day, free of cost, and those too seriously indisposed to avail themselves of these trips are relegated to seaside institutions and convalescent homes.—*Med. Press and Circular.*

CONTRACTION OF PIGMENT CORPUSCLES.—The variation in colour produced by contraction of pigment corpuscles in the frog has been alluded to by Edward Jenner in connection with the occurrence of rheumatism, as well as with the swelling of dry wood under the influence of an atmosphere laden with moisture. In his poem on the signs of rain he says:—

"Hark! how the chairs and tables crack:
Old Betty's joints are on the rack;
The frog has lost his yellow vest,
And in a russet coat is dressed."

The darker colour is due to the extension of protoplasm containing dark-coloured granules throughout the cell, while the yellow colour results from contraction of the protoplasm drawing the granules together into a compact clump, and allowing the yellow colour of the subjacent cells to appear.—*The Croonian Lectures.*

THE UTILIZING OF CONDEMNED MURDERERS.—The practical mind of Dr. Frank L. James would utilize the bodies of such criminals, *ante mortem*, for experimental pathology. This is a good suggestion, and in lieu of the judicial condemnation formulary: "Hanged by the neck until you are dead—dead—dead, and may God have mercy on your soul," we hope to see the time come when, pronouncing sentence for capital crime, the judge will solemnly say: "And now you are sentenced under the laws you have violated, to pay the righteous penalty of your crime. You will therefore this day choose

the method by which you prefer to die for the benefit of Science and the society you have wronged, that, dying you may serve mankind better than when you lived, and in part at least, make propitiation to the world and to God for your great crime, and may God have mercy on your soul." Let the condemned then choose whether by poison, by inoculation of disease, by vivisection, or electricity.

Give the condemned murderer a chance to make some atonement for his crime before he goes hence.—*Alienist and Neurologist*.

TSCHENG-KI-TONG.—This high military mandarin has been edifying the world with some remarkable illustrations of the esteem in which native physicians are held in China. One of them having advertised that he had an infallible remedy for curvature of the spine, a hunchback applied to him and asked if he could straighten his back. The doctor undertook to do so, and placed the unfortunate patient on his back on a flat board. He then placed a similar board on his chest and abdomen, and loaded it with heavy weights and stones. The result of this novel orthopedic surgery was that the patient was straightened out so effectually that he died on the spot. The quack claimed his fees on the ground that he had kept his promise; the bargain was that he should straighten his patient's back, but nothing had been said about his life! In China, it appears, the distinction between physicians and surgeons is more sharply defined than with us, and every man is expected to stick to his own branch of the profession. A rich merchant was struck by an arrow, which remained fixed in the wound. The principal surgeon of the place was sent for, and after insisting on pocketing his fee in advance, cut off the projecting end of the arrow, leaving the point buried in the patient's body. On being asked to extract it, he said medical etiquette would not allow him to trespass on a brother practitioner's province; the arrow being inside the body, the case was clearly one for a physician! An old Chinaman gave the following practical advice as to how to find the most eminent doctor in a strange place:—"Count the number of ghosts crouching about the doctor's doorsteps; the one most in vogue has always the largest number."—*London Medical Recorder*.

THE TREATMENT OF TINEA TONSURANS.—In 1885, Harrison, of Bristol, England, first advocated the treatment of this disease by means of two solutions, one of liquor potasse and potass. iodide, and the other of mercuric chloride. This was said to yield good results, but was troublesome to use. Now (*Brit. Med. Jour.*, 1880, i, 465) the same physician gives us a modified procedure as follows: Every night and morning there is to be rubbed into the diseased parts a little of an ointment composed of caustic potash, gr. ix.; carbolic acid, gr. xxiv.; lanolin and oil of cocoonut, each ʒ ss. The hair is not to be shaved, and a cure is to be looked for in from one to three months. During the treatment the whole head is to be anointed with an ointment composed of boric-acid ointment and eucalyptus ointment, each ʒij.; oil of cloves, ʒ ss.; oil of cocoonut up to ʒvj. The other children of the family are to have their heads anointed with the same ointment. Favus may be treated on the same plan.—*N. Y. Med. Jour.*

THE TREATMENT OF SQUAMOUS ECZEMA OF THE BACK OF THE HAND.—This disease is believed by Unna ("Montshft. f. p. Derm.", 188g, No. 4) to be a seborrhoeal form of eczema, in common with those forms of eczema known previously as "baker's itch," "brick-layer's itch," and the like. In most cases, he says, seborrhoeal affection of other regions will be present at the same time—pityriasis capitis, an oily condition of the face, an intertriginous eczema, and so on. In the way of treatment it is recommended to cover the affected part with a thin layer of cotton batting soaked in the following solution: Resorcin and glycerin, each 10 parts; dilute alcohol, 180 parts. This is to be diluted with equal parts of water when used, and is to be applied in the evening. Over it is to be bound a large piece of gutta-percha tissue, so as to envelope the whole hand, and keep the batting moist all night. In the morning a zinc-oxide paste, either with or without sulphur, tar, or resorcin, is to be applied, and renewed once or twice during the day. For washing the hands, the patient should use only warm water, and avoid fatty soap. While caring for the eczema, the seborrhoeal affection of other parts must be treated.—*N. Y. Med. Journal*.