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CONTENTS.

Original Communications.

GYNÆCOLOGY AND OBSTETRICS.

By A. Lapthorn Smith, M.D., Gynæcologist to the Montreal Dispensary.

Dr. Jos. Price (in *Medical and Surgical Reporter*, 1st Oct, '92) makes a strong plea for earlier diagnosis by the general practitioner in diseases of the uterus and appendages, and in cases where there is any doubt for the calling in of a specialist. "Early operation" is a gynæcological maxim, and makes all the difference between life and death in the result of the operation. As a rule, lacerated cervix is not diagnosed until cancerous degeneration has started in the cicatricial tissue of the angle of the tear. Ovarian and fibroid tumors are not sent to us until they have grown large, and extensive adhesions to the intestines have formed, which conditions change the operation of removal, from a very safe one having only one or two per cent. of mortality to a very difficult and dangerous one having fifteen per cent. of deaths. In every case of pelvic pain a bimanual examination after a free purgation should be made, when, if some abnormal growth be present, even the most inexperienced could hardly fail to discover it.

Should we allow a nursing woman coffee? This question is answered in the negative by Dr. Alice McLean of Swatow. She says coffee as a beverage is an agent of considerable potency in drying up the milk of nursing women. In an institution of which she had charge, in which there were over thirty nursing women, coffee was served twice a week. Regularly on these days the nurses in charge reported a scarcity of breast milk, and there was frequently a necessity for resorting to artificial feeding to eke it out. There is every reason why coffee should be an excellent agent in reducing the flow of milk, for caffeine is one of the best known diuretics. It probably reduces the milk because it diminishes the quantity of fluid in the system. When a woman is weaning her baby, and is consequently depriving herself of liquids, she might safely satisfy her great thirst by drinking coffee.

Noble (Annals of Gynæcology, Dec., '92) calls attention to the views of Nœgerrath,

on gonorrhœa in women. The disease is much more frequent than is generally supposed. It nearly always leads to pelvic peritonitis and closing of the tube. As to treatment of cystic gonorrhœal salpingitis or pus tubes, he thinks that the appendages from both sides should be removed when the woman is near the menopause or has already had several children, even if one side is apparently healthy.

Hanks (Ibid) gives the following rules to be followed in order to prevent secondary hemorrhage from the pedicle after ovariotomy: Separate and ligate the arteries, and then quilt the pedicle with strong ligature. In smaller pedicles the needle is to be passed to one side of the artery, care being taken not to split the vessel. In tying with catgut the first turn should be single and the second double; but with silk the procedure should be reversed, the first twist being made double and the second single.

Grandin (Ibid) brought forward the advantages of *accouchement forcé* in certain obstetrical complications, notably in uræmia. Where care as to cleanliness has been taken, he claims there is no risk about it. It has been urged against it that it endangers the cervix, but he thinks that the advantages of a rapidly terminated labor with a live child and mother safe would warrant some risk to the cervix.

Dr. B. F. Baer, at the last meeting of the Gynæcological Society, read a paper on supra-vaginal hysterectomy without ligature of the cervix in operating for uterine fibroids. The mode of procedure in the new method is as follows: the abdomen is opened, and the tumor, freed of all adhesions, is lifted out of the abdomen. The patient is then placed in Treudelenburg's posture. A single silk ligature is passed through the broad ligament near the cervix and again through near the outer side to prevent slipping, and tied. A pedicle forceps is placed on tube and ovary. The ligament is then cut near the forceps close to the tumor. Both sides are thus treated and the knife run around the tumor making a light cut. The peritoneum is then stripped down and the uterine arteries located and tied. This should be done near the cervix. The tumor is removed and all the supra-vaginal portion of the cervix cut away. The stump drops deep into the pelvic cavity covered by the peritoneal flaps which are joined by Lembert suture. He claims that there is no hemorrhage and no sloughing for there is no tissue constricted to slough.

The chances of contamination of the abdominal cavity are reduced to a minimum, as are also the dangers of hernia.

Dr. Palmer read a paper at the same meeting on inter-menstrual pain coming on from 16 to 18 days after menstruation with an average duration of 9 days. He thought it was due to some obstacle in the way of the discharge of a Graafian follicle due in most cases to thickening of the cortex or outer layer of the ovary. If other means failed, removal of the ovary was advised. Nothing was said about either fine wire faradism or galvanism with which most of these cases can be cured.

Gusserow (Archiv fur Gynäcologie) divides cases of ascites which come under the observation of the abdominal surgeon into four classes—those due to tuberculosis, to papilloma of the ovaries, to malignant disease of the ovaries and peritoneum, and to non malignant disease of the genital organs. He is strongly in favor of exploratory incision, not puncture, as he says it is impossible to distinguish them otherwise, while many of them will be found to be due to causes which can be removed and a cure effected.

[I recently reported a case to the Medico-Chirurgical Society of Montreal of enormous ascites in a woman of fifty-six who was dying from the pressure of the fluid interfering with the heart's action. About

thirty pints of water were removed very slowly with a fine trocar, so as to avoid the sudden taking away of support from the large veins in the abdomen, a circumstance which has sometimes led to sudden death. When the liquid had been removed, two large solid tumors were found to be floating freely in the now relaxed abdomen, and accordingly abdominal section was performed a day or two later, and the tumors were removed. They proved to be carcinoma of the ovaries; and although the peritoneum and liver were covered with cancerous nodules, the patient made a perfect recovery from the operation, and is alive still—now more than three months since.]

Skene Keith (*British Med. Journal*) reports the total disappearance of a fibroid tumor after Apostoli's treatment. The patient was a lady aged 29, who had a uterine fibro-myoma filling the pelvis, and causing the most profuse menorrhagia with constant pain. She received thirty applications, the current having an average strength of eighty-eight milliampères, and each séance lasting five minutes. The symptoms were rapidly relieved and the tumors diminished in size. Six months later she was free from pain, and the flow was nearly normal. She was examined a year after the suspension of treatment, when the uterus measured only two and a half inches in depth, instead of five as at first, and no trace of a tumor could be found. A year later the cure was found to be permanent, and the patient was without symptoms. He rightly claims great superiority of the electrical treatment over removal of the adnexæ, since in both the cure is to be regarded as symptomatic, the disappearance of tumors of large size being a result which is not to be expected in either case.

Many of those who have been well satisfied with Apostoli's treatment are saying very little about it, because they have felt that it was actually suffering from a too zealous support which in turn created a still more bitter opposition on the part of the surgeons. They have been quietly working away, however, and a vast array of clinical facts is being piled up, which will in due time be sufficient to convince the most sceptical that Apostoli's method does just what Apostoli has claimed for it, namely, cures all the symptoms of uterine fibroids.

Dr. A. A. Young, of Newark, N.Y. (*N. Y. Med. Journal*, 24th Dec., '92), in speaking of chloasma or liver spots, thinks that they have nothing to do with the liver, but are more often due to some change or irritation in the uterine organs. Its existence is dependent upon the abnormal activity of the generative organs, excessive venery in his opinion being the commonest cause. He has always found the uterus large and flabby, and measuring between three and a half and five inches. For the cure of the cause he recommends intra-uterine galvanism or the introduction of an iodoform pencil which excites powerful contractions. For the removal of the effect he has found five grains to the ounce of bi-chloride of mercury, carefully painted over the affected skin, to be very effective. In a few days a bran-like desquamation will appear, and with it more or less of the deposit of pigment. The process may be repeated and continued as long as pigmentation remains.

Routh (in the *Practitioners' Journ.*), in making a plea for rapid dilatation of the uterus in cases of uterine hemorrhage, says: In all cases of profuse menorrhagia the cavity of the uterus should be explored, rapid dilatation of the cervix under anæsthesia, by means of graduated bougies being preferred, since the risk is practically nil. Even when tubal disease is present the operation is not contra-indicated, since the former is often secondary to or aggravated by endometritis. In cases of uterine

fibro-myoma the immediate cause of the hemorrhage may be endometritis or polypus, which should be removed before proceeding to perform oophorectomy or hysterectomy. Dilatation alone may relieve pain and hemorrhage. Preliminary dilatation and exploration of the uterine cavity should precede Apostoli's treatment.

As the only failures I have had with Apostoli's method were due to errors of diagnosis, I heartily endorse the suggestion of Dr. Routh to begin the treatment by making sure of what we have to treat. Moreover, when the uterus has been well dilated, we will be able to introduce a much larger electrode, and consequently apply much stronger doses without causing pain. At any rate, if the patient does not improve rapidly under Apostoli's treatment, rapid dilatation and exploration should no longer be delayed, as a malignant condition requiring early removal of the entire uterus may be present.

Van der Warker (*American Journal of Med. Sciences*, Dec., '92) makes a strong plea for the gynæcological treatment of insane women in whom the origin of the trouble is situated in a diseased ovary or lacerated cervix or perineum. Innumerable cases are on record of patients of this kind being restored to health mentally as well as physically by this means.

B. B. Robinson (*North American Practitioner*) describes gonorrhœa as an infectious, unlimited, progressive disease of the cylindrical epithelium of the generative tract. The habitat of the gonococcus is cylindrical epithelium; it does not thrive so well in squamous epithelium or connective tissue. The walls of the urethra contain numerous glands, which are lined by cylindrical epithelium, although the urethra is lined with squamous epithelium. Sänger's assertion respecting the impossibility of gonorrhœa producing suppuration in the appendages is not supported by the experience of the majority of observers. Suppuration may depend upon mixed infection, as was pointed out by Bumm. The investigations of Wertheimer showed the gonococcus to be present in a number of cases of pyosalpinx, and in sixteen cases no other form of bacteria was present. The same observer proved that gonococci could penetrate the ovary and form an abscess there.

Gonorrhœal puerperal fever depends chiefly on the exacerbation of a chronically or recently inflamed gonorrhœal organ. Conception and gonorrhœal infection may occur at the same time, and gonorrhœal puerperal fever occur at the abortion or labor. The tendency of the gonorrhœal poison to produce sterility limits the presence of this condition chiefly to primipara. Although gonorrhœa usually produces a bilateral lesion and consequent sterility, pregnancy not infrequently occurs from the fact that the trouble has been confined to one side of the uterus. Peritonitis may then occur at abortion or labor at term. The exciting cause of the abortion in these cases is an endometritis of specific origin. When the gonorrhœal fever occurs at labor it is frequently due to the rupture of pathogenic cysts, but it is generally the exacerbation of a previously inflamed gonorrhœal organ. Sudden death sometimes occurs at the time of abortion or labor due to the rupture of a pathogenic (gonorrhœal) cyst, caused by the mechanical pressure incident to parturition.

NEW CONTRIBUTIONS OF THE ELECTRICAL TREATMENT, BOTH GALVANIC AND FARADIC, TO DIAGNOSIS IN GYNÆCOLOGY.*

BY DR. G. APOSTOLI.

Conservative gynæcology has found in electricity her best and most precious auxiliary. Surgery, in its turn, is equally

*Abstract of a paper read at the International Gynæcological Congress at Brussels, September 15, and the American Electro-Therapeutic Association in New York, October 4, 5 and 6, 1892.

destined to often require the support of the same electric treatment to make clear its route, to confirm or correct a doubtful diagnosis, to force or hasten in certain cases an operation, the necessity of which does not seem to be immediately necessary, or, on the other hand, to proscribe the operation as superfluous, useless, or dangerous.

Every day two vital questions, most difficult to solve, are presented in gynæcology: Are the appendages affected? If so, is there pus? If not, what is the degree of their inflammation?

It is to solve these two problems that so-called exploratory laparotomies are daily performed, where the real inflammatory process does not always justify castration, and it is to solve these same problems that I propose the foregoing course of electric treatment.

Truly, every so-called exploratory laparotomy and every mutilation performed rashly, either for so-called obstinate ovaritis, or for a lesion of the appendages of a doubtful nature, ought in the future to be delayed or more often definitely proscribed until all the resources, on the one hand, of *faradic sedation*, or, on the other, of *galvanic* intra-uterine *reaction*, have been exhausted.

I affirm that intra-uterine applications, either faradic or galvanic, employed with sagacity and perseverance, are destined to nearly always clear the diagnosis in the clinical conditions, of which the following is the embodied and synthetical formula:

A. Faradic current.—It ought to inform us upon the true nature of the so-called ovarian pains, of which it produces the most rapid and efficacious sedation. All ovarian pain usually indicates the *faradic current* of *tension* if the rules and the operative technique which I formulated in 1883, concerning the number of séances, the duration of the application, the choice of coils, the time of employment, etc., are followed.

Yes, all ovarian pain, if it is hysterical and only hysterical, is, if not cured, at least almost always relieved by the faradic current of tension, which otherwise is a little less powerful against the pains of inflammatory origin, and notably against those which are due to inflammation of the appendages.

Therefore, if in such a case the curative success clears up the diagnosis, and imposes on us an abstention from operation, on the contrary, the lack of success will show us that the pain has a deep source, and which requires either supplementary galvanic treatment or operative interference.

B. Galvanic current.—Applied intra-uterine, it is destined to indicate to us the state of integrity of the appendages; their possible inflammation—its degree; the existence of pus; if it is of a curable nature or not; if the inflammatory process is in a state of evolution or not. We ought to avoid the errors with their clinical and operative consequences, and especially that one which is so frequent, viz., mistaking a sub-peritoneal fibroma for a salpingitis, and *vice versa.*

Two facts of the utmost importance dominate all the galvanic intra-uterine therapeutics:

First. The absolute tolerance (with the exceptions which I shall indicate) of the uterus when its periphery is not affected.

Second. The intolerance, which increases with the acuteness of the inflammation of the appendages; this is daily confirmed clinically, in the first place, by the variable tolerance of the uterus to the same dosage of the galvanic current, and secondly, by the variance of tolerance in the same patient to the galvanic current according to the state of the appendages, because if the uterus supports all when its periphery is not affected, on the contrary the intolerance will be increased with the intensity of the inflammation of the appendages.

The uterine sensitiveness to the continued current is above all subservient and tributary

to that of the appendages,-and the response which it gives makes clear to us the degree, presumed or not, of their inflammation.

Moreover, that which it demonstrates in a peremptory manner is the experimental proof which I have acquired in a sufficiently great number of uteri, intolerant before the castration, becoming obligatory too late, once accomplished, freed the uterus from its galvanic hyperæsthesia in an instant, and caused a tolerance identical or a little greater than that which is the case when the integrity of the appendages is physiological.

Besides this first source of intolerance, the most frequent and important of all, are ranked the other causes, secondary in frequency and importance, between which it is usually easy to establish a differential diagnosis:

a. True hysteria, sudden, with lively reactions, and its symptomatic *ensemble*, which strikes the eyes of the least discerning.

b. Fibro-cystic tumors of the uterus, whose nature is most probably malignant.

c. Pelvic cellulites, comprising those of the intestine, and which have a very characteristic symptomatic history.

The clinical results drawn from these premises very briefly set forth are the following:

1. Every uterus interrogated galvanically at the dosage of 100 to 150 milliampères, which gives no reaction operative or (and principally) post-operative, and which not only tolerates this dose, but has its dominant symptoms, such as pain or hemorrhage, lessened thereby—such tolerant uterus has a healthy periphery, or at least has no actual inflammation of the appendages justifying surgical interference, and indicates electric treatment of which the galvanic dosage should not be limited except to fulfill the clinical indications. There may be also a co-existence of a simple cyst of the ovary; but if there is no inflammation of the tubes the same tolerance will be preserved.

2. Every uterus which does not support fifty milliampères, or which supports them badly, and where the operative sequences are very painful or febrile, is a uterus whose periphery is suspicious, and should not be experimented with except with the greatest moderation and prudence.

3. Every uterus whose initial intolerance is lessened with the number of the applications, and whose symptomatic amelioration is accentuated and increased with the time employed, either is a hysterical case, or one in which the inflammatory condition is undergoing retrogression or arrest.

4. Every uterus whose intolerance, excessive from the first (not supporting twenty or thirty milliampères), develops and increases with the number of séances and is accompanied by an elevation of temperature, is one whose periphery is affected with a lesion not appropriate to conservative gynæcological treatment. Here a suspension of galvanic treatment is demanded, the diagnosis being thus at once made clear, and it becomes necessary to proceed to operative interference, which will usually be castration, this being justified by an ordinary suppurative salpingo-öphoritis.

NOTE UPON A NEW APPLICATION OF THE ALTERNATIVE SINUSOIDAL CURRENT IN GYNÆCOLOGY.*

BY DR. G. APOSTOLI.

The alternating sinusoidal current which M. Arsonval has introduced into electro-therapeutics is utilizable in gynæcology, and the following is a summary of the new acquisition:

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* Presented by Dr. G. Apostoli at the International Gynecological Congress at Brussels, and session of the American Electro-Therapeutic Association, in New York, Oct. 4, 5 and 6, 1892.

In five months, from March to August inclusive, 1892, thirty-four patients, comprising twelve fibromata and twenty-two affections of the appendages, were treated at the clinic of Dr. G. Apostoli by the alternating current. This was done with the co-operation and assistance of Drs. Grand and Lamarque, the total number of séances being 320.

All the patients were submitted to a uniform application, one pole in the form of a sound being introduced into the uterine cavity, and the other, a large clay pad, upon the abdomen. The duration of each séance was five minutes, and was renewed two or three times a week.

The rapidity of the alternations varied according to the circumstances, or rather to the sensibility of the patients, and oscillated between a mean of four to six thousand, and a maximum of ten to twelve thousand per minute.

The apparatus employed is the first model constructed by Gaiffe, which is really but the magneto-faradic machine of Clark, modified and transformed by Arsonval, giving at its greatest rapidity a maximum difference of potentiality of sixty-four volts and at its average rapidity a difference of thirty-two volts. This apparatus is driven by a pedal.

All the thirty-four patients were carefully watched, and the following are the general conclusions which were obtained from this initial period of treatment, conclusions which do not always appear definite to Dr. Apostoli, because of the imperfect instruments and the relative short duration of the period of experimentation:

1. The alternating sinusoidal current applied to the interior of the uterus under the operative conditions under which Dr. Apostoli was placed, was always inoffensive and well supported.

2. Its application was not followed by any painful or febrile reaction, but, on the contrary, was very often accompanied by a manifest sedation.

3. It did not seem to have a restrictive action on hemorrhagic symptoms, but, on the contrary, sometimes had a tendency to cause their continuance.

4. It exercises a specific action on the symptom *pain;* this action obtains in the first séances, and most often at the end of the first séance.

5. It usually, but not universally, relieves leucorrhœa, which diminishes or disappears under its use.

6. It has no appreciative action on the hydrorrhœa associated with certain fibromata.

7. Its influence upon anatomical retrogression of fibromata is not yet definitely established.

8. Its action favors the resolution of peri-uterine exudates.

In conclusion, this treatment, though recent and still apparently incomplete, has always given a sufficiently definite response that it may be permitted to be considered a happy conquest in gynæcological therapeutics. Succeeding researches will enable us, in the near future, to determine and fix the operative conditions under which we may the better combat the different pathological states (hypertrophies, infections, or cellular inflammations), and there will be opportunity to vary in such and such a case the number, the duration and the frequency of the séances, and to study the different curative results due to variations in voltage and intensity of the current as well as the rapidity of the alternations.

The results achieved prove that the alternating sinusoidal current should take a place in gynæcology by the side of, but not yet above, the faradic and galvanic. It is destined to assist them either as a completing active auxiliary or as a supplement to them, and to fill the new and personal indications which the future will establish more definitely.

It is at present the remedy *par excellence* for pain; and if it will not make a clean sweep of galvanic and faradic applications,

which have proven their efficacy, it is always an arm the more, and conservative gynæcology is unable to do otherwise than accept all that tends to enlarge and fortify her domain.

A CASE OF PUERPERAL ECLAMPSIA ENDING FATALLY.

By I. Josiah Edwards, C.M., M.D. (Bishop's), L.R.C.P. & E., L.F.P. & S., Glasgow.

Mrs. R. H., a short plethoric woman of 28 years, eight and a half months pregnant, primipara, took suddenly ill, after a warm day's exertion, at about 1 a.m., with convulsions.

I was called about 5 a.m., and arrived about half an hour after, and found her still in a fit, that being, I was told, the 26th fit she had had since 1 a.m., and that each was increasing in duration, with shorter intervals.

The breathing was stertorous and very strong, having a tendency to gurgling. Pupils widely dilated, eyes turned upwards, not responding to touch or light. Lids half closed. The eyes were much injected; pulse 150, strong and full; temp. 100. Enema of soap and water with Ol. Ricini was then given, securing an action of the bowels in about a quarter of an hour. I gave hypodermically:

Chloral	gr. xxx.
Pot Bromd	3 p.
Sod. Bromid	3 p.
Tr. Belladon.	m. x.

and then by enema the same remedies in increased doses, followed directly by hypodermic injections of:

Pilocarpine	½ gr.
Chloral Hyd.	gr. xxx.

I had to leave at this juncture, 9.45 a.m., for the purpose of attending court, and could not return before 3 p.m., at which time a messenger was sent to me saying that she had given birth to a dead female child, but that the nurse said that nothing else had come away (this I understood to mean the placenta). On arrival at 3.45 p.m. I found the uterus firmly contracted over the placenta, which I had to remove with my hand after fully an hour's hard work (here I used steel dilator).

(I may mention that I had fully five times to withdraw my hand, which from the contraction of the uterus around the wrist rendered it entirely useless and cramped.)

Severe hæmorrhage had by this time set in, and though I had kept up firm pressure in the uterus externally, it was only after injection of hot water and Condy's that it ceased.

During all this while no change appreciable occurred in the patient's condition save the fits were not so frequent, five coming on during my stay from 3.45 to 7 p.m., when the fits ceased. The breathing was, however, the same during the interval and even after the cessation of the attacks. Consciousness was never restored; the pulse 160, temp. 102.

I left the patient's house at 7.30, and had made up a mixture containing chloral, soda and potass. bromide, jaborandi, belladonna, salicylate of soda, and magnesia sulphate; this mixture I had given every half hour. By this means I secured free diaphoresis and free movements of the bowels. This was given by enema, the patient from the first being unable to swallow. At 9.30 a messenger arrived bearing intelligence of the death of the patient.

I would feel grateful to any senior member of the profession who would suggest something that he has tried and found satisfactory.

Spanish Town, Jamaica, W.I., August 1st, 1892.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

(*Continued from page* 502.)

Dr. I. H. Cameron (Toronto) : I have listened with great pleasure to the remarks of Dr. Bryce. I might say that quarantine of the old-fashioned kind is an exploded idea ; the old-fashioned idea of putting people away for twenty or thirty days until the disease dies out will not meet the idea of life in the nineteenth century. The quarantine such as Dr. Bryce has outlined will be all-sufficient. Proof of that exists in the circumstance that, although the British ports had been exposed for some time to cholera, very few cases have occurred in the United Kingdom. By the prompt destruction of the germ in the way Dr. Bryce has suggested, the spread of cholera will be greatly prevented.

Dr. J. W. Milne [Vancouver] : I am health officer of the city of Vancouver. You must discuss quarantine not only of the individual himself, but disinfection in every particular. To illustrate, although I do not wish to condemn anyone at this time, either the Government or its officers, I will show how we were unprepared for smallpox in British Columbia. During the first week of June the "Empress of India" arrived at Vancouver. She is one of the finest ships of the C.P.R. line. She brought over large numbers of immigrants, chiefly Chinese, and some Japanese and other passengers. A Chinaman was found ill with the disease. He was quarantined at the station, eight or nine miles from Victoria, and the ship was disinfected. Only the Chinamen were detained. The Japanese and other passengers were allowed to go to Vancouver and everywhere. When that vessel left Japan, smallpox was epidemic there. Now, the Japanese passengers should have been quarantined. The Japanese passengers went out through the country, and we have had smallpox there to a great degree ; and to show you that our apparatus at that time was inoperative and not sufficient for the case, in the city of Victoria we had only one case for six weeks after the arrival of the ship, and within ten days afterwards we had forty cases in the city of Victoria. You can understand what a panic it caused. Although I have never made it known there, and though I have never asked for a commission to see how the disease came to spread so rapidly, I will show you one point that I believe was the cause of that disease spreading. Within three days there were, I think, six grocers all taken down with smallpox. Two or three of these grocers died, so you can understand the feelings of the people on that occasion. I believe the Japanese teas were one mode of infecting the people of the city of Victoria. If we had had the proper apparatus to disinfect the cargo at the time, I do not believe we would have had one-half the number of the cases that we had there. Forewarned is forearmed. The Government have since taken proper steps to have a proper disinfecting apparatus there, which should be, and I hope will be, sufficient.

Dr. Bergin [Cornwall] : I think it is unfair to the Minister, and unfair to the country, that we should conceal anything that we think is absolutely necessary to be done to secure immunity in this country from cholera. Dr. Bryce has pointed out that he is merely outlining the general features of what he thinks necessary to be done at Grosse Isle, for all these things must be done. None of them can we afford to overlook if we would secure this country from cholera. Now, I would like to ask Dr. Bryce, who has lately visited Grosse Isle, what provision has been made for disinfecting the buildings there after the immigrants leave them, and before the passengers are introduced into the new buildings ? I am asking this in the interest of the Government and in the interest of the country. I am asking this more than all in the interest of the Minister, who, not being a specialist, has asked us to give him the fullest and freest information to-day. I am asking him whether we are provided with the best and most thorough material for disinfecting the ships—whether we have it for disinfecting the cargoes as well as for disinfecting the clothing ? I ask what means we have—and Dr. Bryce has incidentally directed attention to it—what means we have of reaching the ship with the necessary material for disinfecting it ? I would ask what means we have for removing the passengers safely and comfortably from the ships to the island ? I would ask what means we have for thoroughly disinfecting the ships before the passengers are returned to them, or whether it would not be better for the Government to provide such a vessel as Dr. Bryce has spoken of as being in use in Philadelphia, and whether it would not be, in the emergency, the better means to take for using the apparatus I have mentioned ?

Hon. Mr. Carling : I can assure you it gives me very great pleasure, indeed, to meet the Canadian Medical Association. This discussion shows that you are fully alive to the interests of the country, and prepared to do everything you can to prevent anything like an epidemic of cholera in this great Dominion of ours. I can assure you that the Government are fully alive to the importance of having everything that can be done [as has been said by my friend, Dr. Bergin] by the Government of the Dominion to prevent cholera appearing in Canada attended to before next spring. [Applause.] We sent to Toronto, and the authorities there at the Isolated Hospital were good enough to let us have a disinfecting steam apparatus that they had constructed for use at Grosse Isle at what they paid

for it, and that they are now having a new one constructed. We are using that to the best advantage for this autumn, but for next spring we have plans and specifications, and are receiving offers for the construction of steam disinfectors to be made this autumn and to be placed in position this autumn, so that there will be appliances to disinfect any vessels that come up the St. Lawrence. I believe the largest vessel that comes up the St. Lawrence can be disinfected inside of 12 or 14 hours with these appliances. [Applause.] No stone will be left unturned to make every quarantine station in Canada as complete as it is in any other country in the world, not excepting the United States.

Dr. Bray: It has afforded me very great pleasure individually, and I am sure it has also every member of the Association, to listen to your lucid explanation of what the Government is doing to prevent the introduction of cholera into this country. The object of inviting you here to-day, before this national association, composed of members from one end of the Dominion to the other, was to strengthen the hands of the Government, and of your department in particular, in the course that you are pursuing. When you have a body of scientific men who have made this subject a special study supporting the Government in the policy they are pursuing, I am sure it will not only strengthen your hands, but also tend to allay the fears of the public. I have very great pleasure in tendering you a vote of thanks from the Association. [Applause.]

Hon. Mr. Carling: I am exceedingly obliged to the Association for their kindness, and I hope this is not the last time that I shall have the pleasure of meeting you. I am sure it is the desire of the citizens of the Capital to make your stay here as pleasant as possible. I concur in your opinion that the discussion to which we have listened to-day will be of advantage to the whole Dominion, and possibly beyond the limits of Canada.

Dr. Henderson (Ottawa): In conversation with Prof. Webster, of Virginia, on the subject of cholera, he asked me to mention to the Association that, during the late epidemic of cholera in the United States, he made inquiry as to the effect of occupation on the disease. He wanted a pointer as to prevention. He found that the mechanics employed in workshops of copper almost entirely escaped the disease. He thought that this fact might be of value, and wished it brought before this Association. His suggestion was that vaporized copper might be used as protection. If the vapor of copper in workshops prevented the comma bacillus from thriving, why should not the same vapor be used for the purpose of protection against cholera?

Dr. W. W. Dickson: I think the meeting should give an expression of opinion as to the disposal of the bodies and clothing of those that die of the disease. I think we should not go on burying the remains of those who die of such diseases as smallpox, cholera and typhus. I think the bodies and the clothing should be destroyed by fire. It has been suggested that a committee should be appointed to prepare resolutions offering suggestions to the department as to the proper means of carrying out the idea which I have just been endeavoring to express.

Dr. J. A. Mullen: I think the committee should deal with the question as a whole.

Dr. Bray: I think this should be referred to a committee who will consider the matter thoroughly and report to the meeting, and the report will then be forwarded to the department.

Dr. J. E. White (Toronto): I think the meeting should consider whether they are not reflecting on the officer of the department, who may be taking steps to do exactly what is now recommended to be done.

Dr. Bray: It would be indorsing his action.

Dr. Cameron moved that a committee be formed for the purpose of drawing up resolutions embodying the suggestions of this meeting on the subject.

The motion was agreed to, the committee appointed, and the meeting adjourned till to-morrow. The committee were: Dr. Bergin, chairman; Dr. Bryce, secretary; Drs. Dickson, Christie, Cameron, Playter, Milne, Lachapelle.

The committee brought in the following report, which was considered clause by clause, and adopted without amendment:—

(1) That in the opinion of the Association the time has come when public health interests demand the appointment of a permanent executive officer to supervise all matters relating to public health, such as quarantine and vital statistics, which are by law in charge of the Federal Government.

(2) That quarantine regulations should be made applicable to the protection of all the internal borders of the country, and that houses of observation and detention of suspects and hospitals for the treatment of the sick be supplied and equipped at Niagara and similar border points.

(3) That in view of the constant danger from clothing and baggage of immigrants, drying chambers should be constructed on every passenger ship, and their use enforced after the clothing and baggage are placed in the disinfecting solutions.

(4) That isolation rooms be supplied on the decks of all passenger ships for the treatment of those sick of suspected contagious diseases.

(5) That all passenger vessels be required to supply themselves with sterilizing apparatus for water for drinking purposes, such as that of West, used at the Philadelphia quarantine.

(6) That at quarantine stations all personal

clothing, bedclothes, towels, etc., from the sick should be immediately placed in the disinfecting solutions, and that mattresses, pillows, etc., be burned immediately after use, unless steam disinfecting appliances are at hand.

(7) That at whatever ports immigrants are to be permitted to land it is absolutely necessary: (1) that facilities exist for housing and proper accommodation of suspects both from steerage and cabin, as well as for hospital accommodation, and extra tent accommodations should be always available; (2) that proper and sufficient bathrooms be supplied at every station where suspects can safely and comfortably wash; (3) that a safe and adequate supply of wholesome water be always on hand; (4) that modern latrines, with proper conveniences for the observation of the dejecta of the subjects, be supplied; that after disinfection the sewage from the latrines be disposed of in a manner that will insure perfect safety; (5) that furnaces and fans be fitted up either on the wharf or on the quarantine steamer, whereby holds and cargoes of ships can be rapidly and thoroughly disinfected; (6) that at every station where there is no deepwater wharf, safe and commodious steamers be provided for landing passengers, and for patrol observation and other quarantine purposes; (7) that ample bedding and clothing be provided at every station to supply the necessities of persons landed from the ships; (8) that the means for the safe and speedy disposal of the dead at quarantine stations have been given careful consideration by your committee, and it is of opinion that the ordinary practice of burial employed in the past at such stations as Grosse Isle may, if continued, be attended with danger, and would hence tend to render these stations unfit for continued use as such, and under these circumstances it is believed that cremation of the dead is the best way of securing the safety of the living; (9) that, in view of the imminent danger of cholera reaching America in 1893, the Association is of opinion that the Government may very properly consider the expediency of preventing immigration to Canada from infected countries; (10) that, in the opinion of the Association, it is a matter for regret that, though it is twenty-five years since Confederation, no Government executive officer has yet been appointed to the charge of quarantine and other Federal health matters, and the Association urgently presses the immediate appointment of such an officer, in order that the foregoing recommendations be carried out with the greatest possible rapidity, and that such officer should be a man of the highest scientific attainments, a well-known sanitarian, and one devoted to the work.

THURSDAY MORNING,

September 22nd, 1892.

The President, Dr. Bray, in the chair.

Dr. J. E. Graham, of Toronto, opened the discussion in medicine by reading a paper on "Treatment of Pulmonary Tuberculosis." This paper was an exhaustive *résumé* of the treatment of phthisis as understood and taught to-day. D. Graham has fortunately spent the whole of last summer in Switzerland, and while there gave a great amount of attention to the prophylactic treatment of this disease, and he gave the Asso-ation the full benefit of his investigations. He concluded by saying that we ought to be encouraged by at least two circumstances: (1) The great number of cases of healed tuberculosis, as demonstrated by the *post mortem* room. Osler found evidence of such present in 7.5 per cent. of those persons who died of diseases other than phthisis. Bouchard makes the statement that in 75 per cent. of the sections at the Paris morgue, some signs of previous disease had been found. In many cases, too, there had been a complete cure, as no cultivation nor successful inoculation could be made from the nodules. It is also a curious fact that in some instances where baccilli have been found, they will neither grow nor produce the disease in animals. (2) Many physicians of long experience can point to cases of complete cure. These facts ought to impress us with the importance of making an early diagnosis, so as to place the patient under the most favorable conditions possible, and at the same time ought to stimulate us in the discovery of new and better methods, so as to still further reduce the number of unsuccessful cases. "By intelligent and persistent efforts to destroy the baccilli, or to prevent their entrance into the body; by general sanitation; by the careful management of individuals who have a hereditary predisposition; and by the open-air treatment, if possible, in special hospitals, for incipient as well as advanced cases, the ravages of the disease would, in my opinion, be diminished by one-half, and perhaps to a much greater extent."

Dr. L. Bulkley, of New York, read a paper on "Lupus Erythematosis." The paper was discussed by Drs. J. E. Graham, F. Shepherd and F. Strange, who all agreed that if the results claimed for the treatment should continue, a troublesome complaint was about to be conquered, but that sufficient time had not elapsed to pass judgment.

Dr. T. Johnston Alloway, of Montreal, then read his paper on "The Dependence of Abnormal Eye Conditions upon Uterine Disease." The discussion was brief. Dr. Dupuis remarked that in almost every case reported the round ligament had been shortened, and asked Dr. Alloway to describe his operation, which was done.

The next paper on the programme was the discussion in surgery, which was opened by Dr. D. MacLean, of Detroit, in a very elaborate paper.

Dr. H. V. Moore continued the discussion, and referred kindly to the fact that he had been a pupil of Dr. MacLean's when he was professor in Queen's College, Kingston, that Ann Arbor had taken him away from us, and that which was our loss was their gain.

Drs. R. A. Reeve, Dupuis, and Hon. M. Sullivan paid eulogies to Dr. MacLean and his work.

Dr. Hingston took exception to some of the remarks that Dr. MacLean had made about lithotomy and lithotrity, also about the relative advantages of internal and external urethrotomy, which brought Dr. MacLean again to his feet to defend his position. A vote of thanks was tendered for the interesting and scientific paper.

Dr. J. G. Balfour, of London, read a paper on "Administration of Chloroform and the Dangers Incident Thereto." Dr. James Grant, the acting chairman, in opening the discussion, referred to the uses of chloroform in the final stage of labor, and extolled it greatly. The discussion was continued by Drs. MacLean of Detroit, Hill, MacLaren, and others.

Dr. F. Shepherd, of Montreal, presented a unique case of nerve suture, in which the brachial plexus had been severed, and the different branches united after some months having elapsed since the accident. The condition had very materially benefited by the operation. It elicited remarks from Drs. Dewart and Hill of Ottawa, who had seen the case prior to the operation.

Dr. F. Shepherd also read a paper on "Intussusception, and its Treatment by Operation," in the discussion of which Drs. Hill, Bergin, Christie, and others took part.

Dr. Harrison, of Selkirk, presented a report of a case of "Gunshot Wound of the Abdomen," which was discussed by Drs. Jas. Bell and I. H. Cameron.

Dr. Harrison, of Selkirk, opened the discussion in obstetrics, in the absence of Dr. J. Chalmers Cameron, of Montreal (who was to have opened the discussion), and apologized for the fact that as he was supposed to follow Dr. Cameron's lead, and that he had not known what line would be followed, he had not prepared his remarks; but even in the impromptu remarks that he made, a wonderful amount of good, sound advice, plain statement of facts, as well as a review of obstetric operations since his early professional life, were embodied, and it was one of the most enjoyable half hours of the meeting.

Dr. Machell, of Toronto, presented a specimen of bowel from a case that he had invaginated some days previously in Toronto.

The meeting was then adjourned—the next meeting to be held at London in September, 1893.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Annual Meeting, October 14th, 1892.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

The annual meeting for the session 1892-93 was held in the rooms of the Society, 14 Phillips Square, on the above date. There were present: Drs. F. W. Campbell, A. Lapthorn Smith, Lachapelle, J. C. Cameron, Alloway, James Bell, J. A. MacDonald, A. D. Blackader, Shepherd, Guèrin, Gurd, G. T. Ross, Wesley Mills, Reed, J. J. Gardner, James Stewart, Lafleur, E. H. Blackader, Kirkpatrick, Springle, Williams, G. G. Campbell, E. A. McGannon, McCarthy, Foley, Shanks, Thompson, Vipond, Bruère, McBain, J. Elsdale Molson, Evans, Hamilton and Kenneth Cameron.

After the minutes of the preceding regular meeting had been read and confirmed, Dr. C. W. Wilson, Dr. A. G. Morphy, Dr. D. J. Evans, and Dr. R. K. Pattee, of Vankleek Hill, were elected ordinary members of the Society.

A Case of Pyelo-nephrosis simulating Psoas Abscess.—DR. E. A. MCGANNON, Brockville, read the following report and exhibited the specimens:

W. B., aged 34, bookkeeper. About five years ago, in the course of an examination for life insurance, a small amount of albumen was discoved in his urine. The microscope showed pus cells, but no casts. A second examination, at an interval of a week, gave the same results. The pus was thought to arise from the bladder, and under a bland diet and the use of Lithiated Hydrangea for several weeks the albumen entirely disappeared from the urine. At this time he had no symptoms, and expressed himself as feeling perfectly well. He continued to obtain good health until two and a half years ago, when I was called to see him, and found him suffering with pain in his right side, which extended down into the groin and right testicle. The pain was constant and kept increasing in severity; soon the right thigh became drawn up; later, signs of an abscess were found in the right groin, it pointing first, above, and later, below Poupart's ligament. Not being able to satisfy myself that I had a psoas abscess to deal with, and wishing to give the patient and his friends the benefit of other advice, Dr. Bell of Montreal was called in consultation. He gave it as his opinion that we had a psoas abscess to deal with. It was accordingly incised, pus evacuated, and a long drainage tube inserted. Pus continued to drain through this tube, the patient gradually getting stronger until he was able to resume work; and at the end of a year or more was in good health, except for the annoyance of the tube, which he continued to wear. Last spring he began to have swollen legs and feet. On examining the urine, it showed

about 50 per cent. albumen and (microscopically) pus cells and casts. He then suffered severely with irritative dyspepsia. Since that time he has had several attacks of acute nephritis, followed by general dropsy. During the last attack, acute pleuritic and pericardial effusion supervening, death took place in less than twenty-four hours. A partial autopsy only was allowed. The abdomen was opened, and on following up the sinus from its opening in the right groin, it was found to pass beneath the sheath of the psoas muscle, terminating on the posterior surface of the right kidney. The walls of the tract were firm and smooth, and at no place did it communicate with carious bone. On removing the right kidney it was found to be small and surrounded by a mass of firm adhesions, which could be broken down only with great difficulty. The left kidney was large and easily enucleated. Bladder normal; vertebræ and intervertebral discs normal. The right kidney was small and firm; the capsule was much thickened and firmly adherent. On the posterior surface was a small sinus leading down to the pelvis of the kidney. On section, the kidney substance was found to be destroyed, its place being taken by firm fibrous tissue. The pelvis was found filled with pus, and in its sacculations small calcareous particles were found. The right ureter was much thickened. The left kidney was much enlarged and congested, the capsule easily removed. On section, the cortex was seen to be thickened and its blood-vessels engorged.

DR. BELL said that when he saw the patient with Dr. McGannon there was an abscess pointing in the iliac fossa which presented all the appearances of a psoas abscess. He was surprised to hear of the result of the autopsy.

DR. SHEPHERD mentioned a case of empyema, which, at the autopsy, was found to be due to a nephritic abscess bursting into the pleural cavity. The case will be reported in full at a later date.

Scirrhus of the Breast.—DR. LAFLEUR exhibited a breast removed by Dr. Bell, from which the nipple had entirely disappeared, its place being taken by a large ulcer, one inch in diameter, with pigmented raised edges and a yellow firm base three-quarters of an inch below the surface. On section it was seen that very little of the gland tissue was left, its place being taken by a new growth of a light pinkish color, which was easily scraped with a knife, but at the edges it was almost cartilaginous; there were some glands in the axilla enlarged. Histologically it is an ordinay scirrhus, plentiful stroma, with cells of an epithelial type in the alveoli. The peculiarity of the case is the predominance of the ulceration over the new growth, which condition is rather uncommon.

DR. BELL said that the patient from whom the breast had been removed was 64 years of age. She was not very intelligent; so a satisfactory history could not be obtained. Three years ago a small sore appeared at the edge of the nipple; two months ago it became as large as the end of the finger, when it turned black and sore, apparently a gangrenous process; no caustics had been used.

Two Cases of Septic Peritonitis.—DR. LAFLEUR exhibited the intestine from a man who had died of a septic peritonitis, set up by the perforation of a typhoid ulcer. Clinically the case was one of the ambulatory type, the man had been ailing for about a month. The ulceration was of about three weeks standing, and was not very extensive, the ulcers being few in number, small and scattered, none being confluent, most of them had cleared off, but some still had the slough adherent. About two feet from the ileo-cæcal valve there were some recent patches, with swelling of the whole or portion of the Peyer's patches. The perforation was situated two and a half inches above the valve, ulceration had taken place down to the serous coat, and the perforation was a tear one millimetre broad and three long, extending in the longitudinal axis of the bowel, which is rather uncommon. There are three varieties of perforation—the pin-hole perforations, the linear slit in the floor of the ulcer, often due to the tearing of the œdematous coat of the bowel during active peristalsis. He (Dr. Lafleur) had never seen a case in which the whole floor of the ulcer gives way as described by some authors.

The second specimen was from a case of septic peritonitis due to a sloughing appendix. The abdomen was distended, and exhibited a fibro-purulent peritonitis, the whole visible cavity was filled up with coils of small intestines much distended. There had been no escape of intestinal contents, so it was a case of purely septic peritonitis. The character of the peritonitis varies with whether there are fæces in the peritoneal cavity or not. When a perforation of a typhoid ulcer occurs, it not infrequently happens that the patient dies from collapse before any very marked inflammatory action takes place in the peritoneum. The most typical fibrino purulent peritonitis occurs in disease of the appendix, in which there is no escape of fæces into the peritoneal cavity.

DR. BELL said that the patient had first complained on Saturday last of heart-burn, but no fever occurred until Monday, when he was brought to the hospital and the operation was performed at ten at night. The appendix was three inches long, and about its middle there was situated a sloughing area through which was oozing a stinking serous fluid; at the site of the ulceration was found a concretion about the size of a white bean. Patient lived thirty-six hours after the operation; there seemed to

be paralytic intestinal obstruction, as no flatus was passed.

DR. SHEPHERD thought that this was one of those fulminating cases which seem to be fatal from the onset, and in which operation gives no relief. He recalled a similar case which he had reported last year. Both were rapid, were unrelieved by operation, and had dark vomit. He thought that such cases should not be classified with those of simple abscess.

Laparotomy for Intestinal Perforation in Typhoid Fever; Death. — DR. JAS. BELL reported this case, as follows :—

Lilly S., aged 18, was admitted to the Montreal General Hospital, under the care of Dr. Stewart, on the 2nd of October. Diagnosis : typhoid fever, tenth day. Temperature range, 100° to 104°F. No special symptoms, but decided tenderness in the right iliac fossa. On the night of the 4th (about midnight) she complained of great pain in the abdomen, and had four diarrhœa tools. This pain continued increasing in severity during the day of the 5th, and at 8 P.M. vomiting set in. From that time she retained nothing in the stomach. The temperature, which had varied from 101° to 103° during the day, fell at the same time (8 P.M.) to 98°. She had a very bad night, and when I saw her next day (6th), at 3 P.M., at Dr. Stewart's request, she was evidently in great distress. The abdomen was considerably distended, excessively tender all over, and tense and hard to the touch. There could then be no doubt of the existence of a general peritonitis. I immediately decided upon operation, but did not feel justified in proceeding without the consent of her friends. Having obtained this consent, I proceeded to operate at 10 P.M., twenty-six hours after vomiting had set in with fall of temperature, and about forty six hours after the first sudden onset of pain and diarrhœa. Assisted by Drs. Roddick and Shepherd, I opened the abdomen in the right iliac region along the outer border of the rectus muscle. There was a copious flow of putrid, sero-purulent fluid, containing white flocculi,—in all, I should judge, between one and two pints. This was washed out thoroughly with warm boiled water, when the appendix vermiformis was brought out and examined. It seemed healthy, and was returned, and the ileum carefully withdrawn, beginning at the cæcum. The intestines, as far as they were examined, were all congested, livid, and adherent with recent lymph. About ten inches from the cæcum, in a thick, firmly adherent layer of lymph, a round opening, about two mm. in diameter, was found on the free border of the bowel, from which liquid fæces exuded. This portion of the bowel was brought outside the abdomen, the lymph stripped off, carefully washed, and sponged over with sublimate-solution (1–2000). It was then closed by a continuous Lembert suture of fine silk (double row), running transversely across two-thirds of the circumference of the bowel. The bowel was then returned, and the abdominal cavity in the neighborhood, especially the pelvis, was again flushed with several quarts of warm boiled water, a large rubber drainage tube inserted well down into Douglas' fossa and the abdomen closed. The patient stood the operation well, and rallied promptly. She passed wind by the rectum several times during the night, and there was no more vomiting. Next day she was very restless and delirious, and died at 6.40 P. M., twenty hours after operation. Dr. Hamilton, who made the autopsy, reports having found the perforation completely closed and with no evidence of subsequent leakage, and a very extensive general peritonitis, with much lymph and sero-purulent fluid.

Dr. Bell stated that the statistics of this operation, as given by Van Hook in an article published in the *Philadelphia Med. News*, Nov. 21st, 1891, shows that up to that time nineteen cases had been operated upon with four recoveries. Of these, however, the diagnosis is said to have been doubtful in the first three cases of recovery—those of Mikulicz, 1884 ; Escher, 1886 ; and Taylor, 1891 ; leaving only one undoubted case (that of Van Hook) of recovery after operation for typhoid perforation. Of course the operation, to be successful, must be done early, hence the necessity for close observation and early diagnosis, as operation offers practically the only hope of saving life in these cases. Median incision is generally recommended and suture in the long axis of the bowel.

The minutes of the last annual meeting were now read, and the President called upon the officers for their reports.

The TREASURER (Dr. J. A. McDonald) reported that the receipts were $1,019.18, the expenditure $855.40, leaving a balance of $163 78 in the funds of the Society.

The SECRETARY (Dr. Kenneth Cameron) stated that at the beginning of the session there were 98 ordinary members and 6 temporary members ; 10 new members were elected, and one member died during the year, — thus making a total membership of 113. Eighteen regular and two extraordinary meetings had been held, the average attendance being 30, a greater number than in any previous year — the maximum attendance at any meeting being 40, and the minimum 20. Four important deputations were appointed during the year ; the first met the City Council for the purpose of recommending the appointment of a sanitary engineer for the city ; the second met the members of the Local Government at Quebec to urge the appointment of a coroner's physician for the city and district of Montreal ;

the third met the members of the Federal Government, to impress upon them the necessity of a thoroughly equipped quarantine service as a means of preventing the introduction of Asiatic cholera into the country, and the fourth met the members of the Board of Health of the city to point out many defects in the sanitary condition of the city and to recommend steps to be taken to overcome them.

The LIBRARIAN (Dr. Reed) submitted the following report: I have the pleasure to report that a marked increase in the use of the reading-room and library has been noted during the year 1891-92. It is much to be desired that superior accommodation for readers should be provided in the new rooms which the Society will be obliged to obtain. It is also evident that more journals and works of reference would greatly add to the attractiveness of the department. The journals have been maintained as before, and the valuable series of London, Philadelphia, New York and Montreal publications have been kept up by binding. The promise of additional reading matter has been made by an esteemed ex-president of the Society.

The address of the retiring president was announced for the next meeting.

The reports were adopted, and votes of thanks to the retiring officers were carried.

The PRESIDENT then called for nominations for office-bearers for the ensuing year, and the following were elected :—

President—Dr. James Stewart.

1st Vice-President—Dr. E. P. Lachapelle.

2nd Vice-President—Dr. James Bell.

Secretary — Dr. Kenneth Cameron (re-elected).

Treasurer—Dr. J. A. MacDonald (re elected).

Librarian—Dr. T. D. Reed (re-elected).

Council—Drs. F. Buller, F. W. Campbell and T. G. Roddick.

SIXTH ANNUAL MEETING OF THE AMERICAN ORTHOPÆDIC ASSOCIATION.

SYNOPSIS OF PROCEEDINGS.

The Association met at the New York Academy of Medicine, Sept. 20, 21 and 22, 1892. Dr. Benjamin Lee of Philadelphia, President, in the chair.

After the address of the President, a lengthy programme of nearly forty papers was taken up. Necessarily many papers were read simply by title, and will appear in the *Transactions*.

The hip-joint received a large share of attention, there being presented a paper by Dr. A. M. Phelps of New York: *Experiments Demonstrating the Etiology of the various Deformities in Hip-joint Disease.* A large number of dissections had been made and were shown. It was claimed—(1) That in early hip disease *flexion* and *abduction* occur because the fibres of the joint capsule run in a direction downward and inward, so that in the position assumed the fibres are relaxed and the inflamed joint is thus put at ease. (2) That when flexion to the extent of 20 degrees has occurred, the external rotators represented by the gemelli and obturator group and the glutens maximus do not continue to act as external rotators but as abductors, and that the anterior portions of the glutei and the tensor vaginæ femoris now act as flexors and internal rotators. (3) There being now but little opposition to the adductors and internal rotators, the limb assumes the position of adduction and flexion in which it is found in the advanced stage of hip disease.

There was but little exception taken to the propositions laid down by Dr. Phelps, and it was uniformly conceded that the paper was a most valuable contribution to the anatomy and surgery of the hip-joint.

Other contributions on this subject were:

Adduction following Fracture of the Neck of the Thigh Bone, by Dr. Hodgen, St. Louis; and

Report of a Case of Spontaneous Dislocation of the Hip joint, by Dr. B. E. McKenzie, Toronto. A woman, 21 years of age, in rather poor general health after the birth of her first child, suffered from subacute rheumatism, and was confined to bed two months. During that time she sat up much, keeping the right knee drawn up nearly to the chin and the hands clasped over it. Three months after her first confinement to bed, examination revealed a dislocation of the head of the femur upon the dorsum ilii. The dislocation was easily reduced under chloroform and kept in position by the wearing of a Thomas' hip splint. A year and a half afterwards there is found to be anchylosis, no shortening or other deformity, and no atrophy.

A paper presented by Dr. Royal Whitman of New York proved to be one of great interest: *Observations on the ultimate Deformity of Potts' Disease.* Dr. Whitman showed a case in which he is employing the Taylor spinal brace with modifications. Proceeding upon the proposition that in the normal erect attitude a perpendicular line passing through the tarsus should pass through the acetabulum and the mastoid process, he aims at keeping the spine from curving forward (when disease is in the middle spinal region) in the dorso-lumbar and high dorsal and cervical regions by the employment of pads in front of the points of the shoulders, sufficiently wide to prevent the arms from being raised up in front, by two pads which keep the shoulder blades closely in contact with the posterior part of the thorax, and by a chin-piece, not intended to carry the weight of the head, but to throw the head suffi-

ciently backward to bring the mastoid processes into the perpendicular line passing through the acetabula. Several of the members had seen this case on different occasions during the last year, and claimed that Dr. Whitman was succeeding in a very unusual degree in preventing deformity.

Dr. Nicholas Grattan of Cork, Ireland, was present, and read a paper on *Osteoclasia*, demonstrating the use of his osteoclast by operating upon three cases of knock-knee and two of bow-legs. To those who admit that there is a place for osteoclasia, Dr. Grattan's instrument must commend itself as the most simple, safe and certain of those given to the profession. The general feeling, however, was that the cases must be few where osteoclasis should be preferred to osteotomy.

Two unusual cases of knee dislocation were reported: *Lateral Dislocation of the Knee-joint due to Local Disease or Paralysis*, by Dr. T. Halsted Meyers, New York; and *A Case of Complete Lateral Dislocation at the Knee due to Traumatism*, by Dr. McKenzie, Toronto.

Dr. A. J. Steele of St. Louis presented a paper which covered much ground and called out a lengthy discussion, viz., *Plaster of Paris in Orthopædias*. For spinal cases Dr. Steele preferred leather, wet, and applied so as to fit accurately and then heated to a temperature of 210°F. Dr. Phelps claimed that there was no fixation equal to that obtained by the proper use of plaster-of-Paris. There are many who use it, but do not get the good results that might be obtained because they do not know how to employ it. As a retentive dressing in the treatment of club-foot, Drs. Steele, Phelps, McKenzie, Gillette and others considered it superior to all other means. Drs. Ketch, Judson, Taylor and Schaffer prefer to use various forms of steel club foot shoes, on the ground that they are more readily removed so as to employ massage to the foot.

Dr. Bradford of Boston presented a most exhaustive and lucid statement of the question of the *Treatment of Resistant Club foot*. At all ages there are cases where, under an anæsthetic, the foot may be replaced in the corrected position by force alone, without any cutting, employed simply by the hand or various forms of leverage. The next class of cases is found where there are resisting tendons or bands of fascia which may be cut subcutaneously before torsion is applied. Next there comes a class of cases where it is necessary to make an open incision in order to divide the resisting structures more completely, and because the skin is too short to permit correction to be made. Then in some cases correction cannot be fully made, even when all the resisting soft structures have been cut. Under these circumstances Dr. Bradford prefers to remove a cuneiform section from the outer border of the os calcis. Various bone operations, however, have been recommended. Dr. Morton had presented some good cases operated on by removal of the astragalus, and Dr. Bradford had followed his lead, but had concluded that its removal was not justifiable except as a last resort. The cuneiform section taken from the outside of the foot should never be done as a primary operation, and least of all the removal of the astragalus.

Dr. Phelps followed, reviewing the ground most thoroughly, and claiming that there was nothing in Dr. Bradford's paper which had not been taught and published by him (Dr. Phelps) several years ago.

Dr. Grattan and Dr. McKenzie pointed out that there were cases that could not be restored by any of the foregoing methods, cases where, in spite of the fact that the foot *per se* was fully restored to its normal shape, the patient toed inward, there being evidently a twist in the limb in some part. Dr. L. A. Sayre, Dr. Hetch and Dr. Vance recommended carrying a brace upward to the thigh, and even to the body, in order to turn the foot outward. Dr. McKenzie, in reply, claimed that such treatment must be ineffectual, inasmuch as apparatus applied about the thigh would turn inward as the foot turned, and if applied about the pelvis would turn the foot outward, by causing external rotation at the hip, and would not make correction where the deformity existed. Dr. Grattan recommended osteoclasis of the tibia and fibula, and then placing the foot in the position desired. Dr. Phelps recommended an apparatus devised by Beely of Berlin for children, by which the leg was kept flexed upon the thigh, so that the tendency of the foot to turn inward could not rotate the thigh portion of the appliance, and in older persons osteotomy of any part in which the twist was found most marked. Dr. McKenzie took exception to Dr. Phelps' method of operation in which he makes his first step the cutting of the Achilles tendon, on the ground that it is now much more difficult to correct the varus — always the difficult thing to accomplish successfully. He was sustained in this criticism by Dr. Steele of St. Louis and Dr. Goldthwaite of Boston. Dr. Phelps assigned as his reason for so proceeding, because in one case in every ten there was a very strong, deep ligament connecting the posterior part of the tibia to the os calcis, and as this could not be cut without great danger of wounding the posterior tibial artery, it had to be ruptured, and must be done while the plantar surface of the foot remains intact.

Dr. Moore of Minneapolis presented a *Report of Six Cases of Excision at the Knee Joint*, recommending a careful selection of suitable cases and the high incision, four inches above the patella. Dr. Griffiths of Kansas

criticized some of the cases as being too radical, an arthrectomy being the operation that was indicated. Dr. Phelps said that arthrectomy had been introduced with a hope of curing the disease, and at the same time getting a more able joint. The best surgeons were now agreed that it was better never to try to get movement after operation at the knee, and when operation in the adult was indicated, excision should be performed after Fenwick's method, rounding the femoral segment and hollowing out the tibial so as to get accurate coaptation, avoiding the insertion of nails, if possible, as a means of securing fixation. Under ten years, excision should be performed. If operation is demanded, better amputate.

Progress of Science.

TAX ON QUACKS.

The recent suggestion of the Secretary of the Treasury, that the tax on alcohol be increased fifty cents per gallon, in order to raise more money for the increasing expenses of the Government, seems to have met with a favorable response in some quarters, and the question of tariff and taxation will no doubt be considerably discussed by Congress in the near future.

In this connection the wisdom of putting a heavy and permanent tax on all forms of nostrums and quackery will at once commend itself to all wise legislators who are working for the public good. A stamp tax of this kind, say twenty-five per cent., on every form of secret or proprietary medicinal preparation of any kind, whether sold by the retailer, proprietor, manufacturer, or by advertising quack specialists, would be no hardship to the public, as it would in no wise affect the retail price of these articles. All such manufacturers could easily afford to give the Government twenty-five per cent. of the retail price and still have a very handsome profit left, as their net profit is rarely less than five hundred per cent., and often very much more.

Legitimate preparations of the Pharmacopœia and other standard preparations where the complete working formula is public property should be exempt. But as the success of quackery depends on secrecy and mystery, and as these two conditions enable unscrupulous persons to get a dollar for a few cents' worth of a simple remedy, it will be seen that there would be no injustice to anyone if a good fair tax were put on the business.

If the Government went still further and required all nostrum and secret medicine manufacturers to pay a big license, and place on record open to public inspection a sworn statement of the exact composition, together with a complete working formula of each preparation, much good would result. And if, like insurance companies, they were also required to furnish heavy bonds or make a special deposit, which could be forfeited under proper restrictions, provided their medicine did not do all that was claimed for it, the public would be still better protected both in health and pocket, and no injustice would be done to the honest manufacturer of articles of real merit.

There is no good reason why the Government should not place the nostrum business on the same basis in its Internal Revenue Department as the manufacture of whiskey and tobacco. Analyses of these preparations should be made from time to time, and heavy penalties imposed if they vary from the sworn formula on record; or if any dangerous drug like morphine is being used.

England, which is said to be a free trade country, taxes the nostrum business heavily, and derives a large and growing revenue from that source.

EPISTAXIS, AN EASY AND EFFECTUAL METHOD OF PLUGGING.

Undoubtedly plugging the nares by aid of Bellocq's cannula is an excellent method; but occasionally, especially in country practice, a Bellocq's cannula is not at hand, and some method easy, effectual and effected by material always within reach must be resorted to. Such a method I have found in the following: A piece of old, soft thin cotton or silk, or oiled silk, about six inches square (a piece of an old handkerchief will answer), is taken, and, by means of a probe, metal thermometer case, or penholder, or anything handy, is pushed centre first, "umbrella fashion" into the nostril, the direction of pressure when the patient is sitting erect being backward and slightly downward. It is pushed on in this fashion until it is felt that the point of the "umbrella" is well into the cavity of the naso-pharynx. The thermometer case or probe, or whatever has been employed, is now pushed on in an upward direction and then towards the sides, so as to pull more of the "umbrella" into the naso-pharynx. The thermometer case is now withdrawn. We have now a sac lying in the nares, its closed end protruding well into the pharynx behind, and its open end protruding at the anterior opening of the nares. If it be thought necessary, and is convenient, the inside of the sac may be brushed with some household astringent, such as alum solution, turpentine, etc. A considerable quantity of cotton-wool is now, by means of the thermometer case, pushed well back to the bottom of the sack. Then the thermometer case being

held firmly against the packed wool, the mouth of the sac is pulled upon, and thus its bottom with the wool packed in it is pulled forward, and forms a firm, hard plug wedged in into the posterior nares. We may now pack the sac full of cotton-wool, dry or soaked in some astringent solution. The mouth of the sac may now be closed by tying it just outside the nostril with a piece of strong thread; it is then trimmed by scissors and the ends of the thread secured outside.

The above method is easier than any I know when both nostrils have to be plugged. It might be suggested to oil the cotton or silk in order to render its introduction easy and to prevent it adhering to the mucous membrane, and to render it easy of removal; but I have never found any difficulty without the oil, as the blood renders the material wet and easy of introduction, while the oil does not facilitate removal, and may modify the effect of the astringents that may be used. The plug may remain in situ as long as any other nose plug. In removing the plug, open the mouth of the sac, and with small dressing forceps remove the cotton-wool bit by bit; if there is bleeding, simply syringe the sac with weak carbolic lotion or Condy's fluid, and repack with clean cotton-wool, or wool impregnated with some antiseptic. If there is no bleeding when the wool is picked out, gently pull out the sac; or if it be adhering to the mucous membrane, syringe in a little warm water, and it may then easily be removed. This method has many advantages: (*a*) It is easy, quickly accomplished and effectual, and the materials are to be found in every house, and, indeed, about everybody's person (I have plugged in this manner, simply using a handkerchief, one part of which was used for the sac, and the other torn into narrow strips, in place of the cotton-wool); (*b*) no damage is done to the floor of the nose or back of the soft plate by strings, etc.; (*c*) no disagreeable hawking, coughing or vomiting takes place while the plug is introduced; (*d*) there are no disagreeable strings left hanging down the throat, causing coughing or sickness while the plug is in; (*e*) the plug can be removed gently without any force, so that no damage is done to the mucous membrane and no return of hemorrhage caused. I employed this method frequently when in country practice, and do so now in bleeding after operation on the nares, and have always found it to be satisfactory. As the method has been of great use to me, and as I am not aware that anyone has spoken of it before, I take the opportunity of mentioning it, in the hope that it may be of some use to some brother practitioner when confronted by an urgent case of epistaxis, and other means of plugging are not at hand.—Philip, in *The Lancet*.

ENURESIS.

418. R. F. (*Das Rothe Kreuz*, No. 19, 1892) warns against punishing children for bed-wetting. He suggests that the cause usually is hardened smegma under the prepuce or a malformation of the prepuce calling for circumcision.

He also attributes it to intestinal worms, which may be removed by giving on two successive evenings santonine 2 or 3 grammes (30 to 45 grains) with sugar, and castor oil on the following mornings.—(A dangerous dose. Ed. REC.)

Stone in the bladder may also produce enuresis.

When the cause of bed-wetting is not ascertainable, he recommends reducing all fluids to a minimum and giving the child nothing to drink after 4 or 5 P. M. He urges that the child be encouraged to void its bladder immediately before going to sleep and in the early morning.

To render the dorsal decubitus impossible, he advises enveloping the child's waist in a towel and adjusting therewith a hard substance over the spine. Light bed-clothing must be employed.

Exercise in the open air is recommended, attention being given to keeping the feet warm. Flannels should be worn next to the skin. Cold spongings morning and evening render good service, especially if a little table-salt is added to the water used. Then friction with a coarse towel, applied especially to the spine, is advised.

Little or no meat is to be allowed.

Belladonna is recommended on account of its tendency to paralyze the vesical muscles. He gives 3 or 4 drops of the tincture in lemon-juice, morning, noon and night for a considerable time.—(*Condensed Extracts.*)

QUININE IN DISEASES OF THE RESPIRATORY ORGANS.

429. Iglesia (*Der Kinde-Arzt*, October, 1892) says that quinine proves useful:—

1. In all cases of larvated asthmatic affections of a pernicious character;

2. In broncho-pneumonia, quinine in combination with preparations of ammonia, alcoholic remedies, etc., is indicated;

3. In whooping-cough quinine frequently yields good results;

4. In pulmonary hæmorrhages and pulmonary congestions the salts of quinine act as hæmostatics.—(*Condensed Extracts.*)

SYRUPS (PRESERVATION OF).

440. The *Drogisten Zeitung* (Leipzig, September 16, 1892) recommends the following methods for the preservation of syrups:

1. Pour hot syrup into bottles, filling them to the top without leaving space for corks.

Cut a disc of very thick filtering paper larger than the circumference of the mouth of the bottle, and cover it therewith. The disc becomes saturated with the syrup, and as the syrup is reduced in volume by cooling, the discs are forced into the necks of the bottles by atmospheric pressure. The syrup taken up by the filtering paper soon evaporates, leaving a crust of sugar which hermetically stops the bottle, preventing admission of germs and rendering fermentation impossible. When the syrup is to be used, the sugar and filter-paper disc may be cut out with a knife.

2. Fruit juices may also be preserved by filling the cleared juices into long-necked, dried bottles, then heating them to 70 (158 F.), pouring a little alcohol on top and corking quickly. The alcohol evaporates and drives the air out of the neck.

3. To each 4½ litre (1 gallon) of juice, add a teaspoonful of the following mixture :

Boric acid... 6 parts.
Borax..... 3 "
Sugar..... 3 "
Glycerine..... 2 "

—(*Condensed Extracts*).

UTERINE MYOMA.

447. ELECTRICITY. — Schaeffer (*Therapeutische Monatshefte*, September, 1892) reports the results of treating 48 cases of uterine myoma by the electrical method, which the author thinks is singularly proper to be relegated to the general practitioner, as it requires neither special technical nor theoretical acquirements. The only difficulty presented is in the diagnosis.

In employing electricity the author adheres to the essentials of Apostoli's method. He considers them as follows :

a. The highest possible current strength, *i.e.*, as strong as the patient can bear without decided pain. Schaeffer employs at least 70 milliamperes, and often increases them to 230 m. a.

b. The abdominal electrode must be as large as possible (600 square centimetres), as thereby the pain to the skin is reduced.

c. The treatment must be continued persistently. Apostoli has shown that the seances necessarily must be very many (up to 50), therefore it is unjust to speak of negative results after 3 or 4 ineffectual sittings. 20 sittings are a moderate number, and often suffice.

d. The active electrode must be employed as an intra-uterine sound. Even when its introduction is difficult, Schaeffer reprobates vaginal puncture, as it is not free from danger.

Schaeffer deems the following as non-essentials in Apostoli's method:—

a. The selection of the metal of the intra-uterine sounds. He uses aluminium.

b. The material of which the abdominal electrode is made, as it may consist of Potter's clay or a moss-pillow covered with linen. The author uses the latter.

c. Painfully exact antisepsis of the cervix, so strongly urged by Apostoli, is not essential. The author deems it not only unnecessary, but liable to produce recurrence of perimetric processes, as a consequence of the mechanical traction stringent antisepsis implies.

Concerning the results, the author says that he never observed reduction in the size of the myoma. If, however, Apostoli's method cannot be deemed a means of radical cure, it possesses excellent palliative value, and, as uterine myoma itself requires no treatment except for the sufferings it produces, palliative and symptomatic results fully suffice.

Schaeffer excludes 12 of his 48 cases from conclusions, as they are not available for statistical purposes. In one of these the diagnosis was erroneous (ovarian tumor) ; in seven, electricity had been applied twice to four times, and in four, six to nine times. The reasons for premature desistence from the treatment were partly extraneous, partly due to impatience of the patients or alleged excessive painfulness. Schaeffer groups the remaining 36 cases thus :

Twenty cases of symptomatic cure. The symptoms of disease disappeared entirely. The periods of observation after cure vary between 5 months and 3½ years.

Six cases of decided improvement. The most striking results in these were cessation of hæmorrhages Some discomforts remained, hence the author does not deem himself justified to speak of them as cured.

Three cases of slight success.

Two cases of negative results.

Five cases grew worse under treatment. These five were sub-mucous myomata. The longer they were electrized the stronger the bleedings became. They were subsequently enucleated, after dilating the os with laminaria. The author consequently asserts as a principle, that the electric current is contra-indicated in intra-uterine tumors.—(*Condensed Extracts.*)

ARSENIC ; SPONTANEOUS COMBUSTION.

Hirschsohn (*Der Pharmaceut*, October 16, 1892) reports a quantity of freshly pulverized metallic arsenic placed in two paper bags and packed into a chip basket with straw. On account of pressure of other work, the package was left until the following morning.

The peculiar garlic-like burning odor observed on entering the room caused a search to be made, which yielded that the bags containing the arsenic were entirely carbonized, the arsenic converted into firm, glowing hot balls, and a second paper covering, in which the

bags had been placed, also partly charred and sublimed with beautiful crystals of arsenious acid. A part of the straw was also deeply browned: bottles in the basket had burst, and the escaped contents were also partly carbonized.

Hirschsohn urges that care be exercised in packing freshly powdered arsenic, lest moisture produce spontaneous combustion.

He suggests that the spontaneous combustion in the above instance may have been furthered by the slight moistening employed when the arsenic was pulverized, to prevent its dissemination, and also that the day was very humid.—*Condensed Extracts.*

BLOOD IN URINE.

DIFFERENTIATION BETWEEN VESICAL AND RENAL HÆMORRHAGE.—Ultsmann (*Deutsche medicinische Wochenschrift*, No. 32, 1892) uses the following method to distinguish vesical from renal hæmorrhage:

He washes out the bladder, then injects 50 grammes (fʒ XIIss) of a 1½ % solution of iodide of potassium. Fifteen minutes later he examines the saliva for iodine. If it is found, there must be epithelial defects in the bladder, *i.e.*, the hæmorrhage as well as the absorption must have taken place in the bladder, as intact vesical mucous membrane is not capable of absorption.—*Canadensea Extracts.*

BURNS.

THIOL.—Bidder (*Der Pharmaceut*, October 23, 1892) recommends pure liquid thiol upon burns. He also obtained most satisfactory results from dry thiol strewn upon the burns, as he likewise did from a 10% ointment.

TREATMENT OF BURNS IN CHILDREN.—Wertheimer (*Münchener medicinische Wochenschift*, No. 31, 1892) says that while the danger from burns is in proportion to their extent, the patient's individuality is the next important consideration. The younger the patient the greater is the sensibility, irritability and reflex excitability, and with these the greater the danger of vastly increased painful nerve-irritation producing reflex reduction of vascular tonicity and cardiac paralysis. Death results most frequently from the absorption of products (a muscarin-like ptomaine, according to Lustgarten) which act as poisons.

The main indications for treatment are:

1. To modify pain with the closest possible covering of the burned region by means of sedative and antiseptic dressings; and,

2. To calm the excessive excitement of the nervous system and at the same time counteract its paralyzing influence upon the organs of circulation.

The author treated a large number of cases upon the above principles; some of his cases were very severe.

He immediately bathes the burned part with luke-warm boric water and then covers it with several layers of gauze, cut into broad strips, and soaked in.

℞ Aq. calc.
Ol. lin . . ââ. 50.0 (fʒ XIIss)
Thymol . 0.05 to 0.10 (gr. 5/6 to gr. 1⅔)

He covers the strips with compresses, and fastens all by means of a gauze bandage. This dressing is renewed daily.

In the course of the second week the following ointment is applied in the same manner:

℞ Bismuth. sub.-nit . . 9.0 (ʒ IIss)
Ac. boric . . . . . 4.5 (gr. LXVIIss)
Lanolin . . . . . 70.0 (ʒ XVIIss)
Ol. olivar . . . . . 20.0 (ʒV)

407. As regards *internal treatment*, he advises abstinence from sedatives in children under two years of age; children above two years may take 0.002 to 0.004 (gr. 1/30 to gr. 1/15) of morphia at night. The author occasionally uses hydrate of chloral as follows:

℞ Chloral hydrat . . 1.0 (gr. XV)
Aq. destillat . . . . 50.0 (fʒ XIIss)
Syr. cort. aurant . . . 15.0 (fʒ IV)

M.d.s. A dessertspoonful to a tablespoonful twice daily.

This solution he employs when, despite the small extent of the burn, general restlessness, frequent interruption of sleep and convulsive motions appear.

When the patient is quiet and apathetic, and lies with eyes closed, and shows a tendency to somnolence or other threatening evidence of collapse, morphine and chloral must be withheld.

Excitants are more important and more frequently indicated than sedatives; in severe cases their use is imperative. Aside from the sudden collapses which in adults call for rapid, energetic treatment (injections of camphor, etc.), alcoholic stimulants are required for children. They may be given as brandy with tea, Tokay wine, and in older children, Champagne.

CHLORO-ANÆMIA.

HOT AIR BATHS.—Traugott (*Wiener Medicinische Presse*, August 14, 1892) obtained excellent results in 15 cases of chloro-anæmia, with hot air baths, for whose application he directs:

"Surround the bed with barrel hoops, hang an oiled cloth over them, over these several blankets, leaving only the head exposed. Then place a wooden box lined with zinc upon the foot-end of the mattress and into the box several alcohol lamps. One or more thermometers

inserted into openings, made into the tent, give control of the heat produced which, at the first séance, is allowed to rise to 55° (139 F.); at subsequent séances it is permited to rise 62° (143.5 F.), or even 67° (152.5 F.). During the bath, cold applications or an ice-bag are placed upon the patient's head."

After 19 to 42 such baths, the patients were well. The hæmoglobin, the specific gravity of the blood, the number of red corpuscles and the weight of the patients had successively increased; cardiac irritability, anæmic bruits, febrile attacks and neuralgic pains had diminished or disappeared. Disturbances of menstruation and other ailments dependent upon chloro-anæmia also disappeared.

[*Editorial Note.*—I have employed what seems a simpler way of administering hot-air baths. Place a large alcohol lamp upon a cane-bottom chair, cover it with one part of the elbow of a common stove-pipe, introduce the other open end under the bed-clothes, and very soon the patient will be enveloped by an atmosphere heated to 150 degrees.—F. C. V.]

CASTRATION FOR MELANCHOLIA.

The operation of castrating males for nervous and mental disorders is at last put upon a firm clinical basis. Oöphorectomy came from the South, and thence diffused its genial and unsexualizing influence over the East and North; but testectomy, if we may coin a word on so great an occasion, comes from the West. It was in 1892 that the Eastern Michigan Asylum published an annual report containing the history of a case in which the operation of castration was done for the relief of a "sickening neuralgia" of the testicles. The patient had not only neuralgia but melancholia. One of the testicles was removed, and the testicle was found diseased, but not, as we understand the description, cystic or suppurating. The patient improved, but was not cured, and so, later, the second testicle was removed. The medical superintendent, Dr. Burr, now reports that the cure is complete. It is interesting to notice that both testicles had to be removed, just as, in the opposite sex, we are told that both ovaries ought to go in order to get the best results.

Here we have a case of chronic neuralgia and melancholia in a man of fifty-seven, cured by castration. Neuralgia is very common, and so is depression of spirits. There is a fruitful field, therefore, in which ambitious andrologists may work. Shall we not soon begin to get reports of "my second series of one thousand castrations, with hints on technique?"—*N. Y. Medical Record.*

CHILDREN, AND THE WORLD'S FAIR.

The Board of Lady Managers of the Columbia Exposition has undertaken to build and equip a structure devoted to children and their interests. A series of manikins will be so dressed as to represent the manner of clothing infants in the different countries of the world, and a demonstration will be made of the most healthful, comfortable, and rational system of dressing and caring for children according to modern scientific theories; while their sleeping accommodations, and everything touching their physical interests, will be discussed. Lectures will also be given upon the development of the child's mental and moral nature by improved methods of home training. There will be a crèche for babies and a play-ground for children.—*N. Y. Medical Record.*

ACCOUCHEMENT FORCÉ IN CERTAIN OBSTETRICAL COMPLICATIONS, WITH REMARKS ON THE TREATMENT OF POST-PARTUM HEMORRHAGE.

Dr. Egbert H. Grandin, of New York, read a paper with this title (N. Y. *Med. Jour.*). Under the advance of aseptic surgery great strides had been made in all operative procedures in midwifery, he said, and then went on to describe methods adopted by himself in cases calling for operative interference. In detailing a case of placenta previa with hemorrhage, he said that where the cervix was slightly dilated the finger was introduced, and complete dilatation effected in thirty minutes. Version was then performed, the child extracted, and the placenta removed. Gauze was then introduced up to the fundus of the uterus, thus sparing the patient all further loss of blood. Recovery was prompt. Among other cases in which a similar procedure was carried out were cases of uræmia and also slight pelvic contraction with previous labors, in which the fœtus had not been born alive. The results that had attended this treatment were in contrast with those that not infrequently followed the temporizing and slower methods commonly practised. The day had come when the life of the child should no longer be needlessly sacrificed in the apparent interests of the mother; two lives could be saved by modern methods, where at least one would have been sacrificed by the older and slower procedures. The author pointed out the advantage of dilatation with the sensitive hand. The objections that had been made to accouchement forcé were theoretical rather than practical. It had been suggested that it was likely to be followed by uterine atony and serious hemorrhage. This objection would not apply in cases of placenta previa, where the object was to check existing hemorrhage. In uræmia, bleeding was useful, whether from the arm or the uterus. The author had never seen any evil result from the introduction of gauze, and he would always advise it where

the uterus failed to respond to hot injections after delivery.

In regard to danger to the cervix, he had not observed any; but, granting that it might exist, it was equally great with other methods, and taking the risk was justifiable in an attempt to save the child.—*Medical Review.*

THE EFFECT OF ERGOT ON THE INVOLUTION OF THE UTERUS DURING THE LYING-IN PERIOD.

Mr. G. Ernest Herman writes as follows to the London *Lancet:* In the Transactions of the Obstetrical Society of London, vol. xxx, for 1888, will be found a paper by Dr. C. Owen Fowler and myself, in which observations are detailed pointing to this general conclusion: "That the administration of an ergot mixture during the first fortnight of the lying-in period appreciably increases the rapidity with which the diminution in size of the uterus goes on." This conclusion was reached by comparing the average rate of involution (*a*) in a number of cases, taken without selection, in which ergot was given, with (*b*) the average rate of involution in an equivalent number of cases, also taken without selection, in which ergot was not given. In the *Annales de Gynecologie*, vol. xxix., for 1888, p. 175, is published an investigation by Dr. Emile Blanc of Lyons, conducted in a very similar way, but which led him to the conclusion that "ergotine administered during the first five or ten days of the lying-in period exerts no favorable influence on uterine involution." Dr. Blanc's research was quoted at the time in several English journals. These two investigations seem to contradict one another. I desire to point out that they do not, but that, on the contrary, they confirm one another and show the real value of ergot in the lying-in period. The reason that Dr. Blanc's conclusion differs from that of Dr. Fowler and myself is this, that he chose the cases in which to test the effect of ergot. He took only cases of "normal delivery at full term, excluding premature labors, cases with febrile disturbance, and all cases needing any intervention" (p. 177). These cases excluded are just those in which the causes known to hinder involution are present. Dr. Fowler and I took cases without any selection, and therefore among ours were included cases in which the causes of subinvolution were present. Dr. Blanc's research shows that in a normal lying-in the uterus completes its involution as well without ergot as with it. The paper by Dr. Fowler and myself shows the beneficial effect of ergot in counteracting the causes which retard involution. Dr. Blanc's paper contains nothing in opposition to this view; on the contrary, he expressly says: "Against secondary hemorrhage the drug maintains its position. Its action is more efficacious the nearer the delivery." The practical conclusion is, that while in a perfectly normal lying in ergot, is not required, yet when any case of imperfect involution is present, or suspected to be present, ergot given throughout the lying-in period will counteract its influence, will promote involution, and should be given. —*Medical Review.*

MERCURIAL POISONING.

Prof. Albert reported a case where the patient had evidently succumbed from the disinfection practised at the operation, which had been done with sublimate.

Prof. Ludwig had made an analysis of the urine twenty four hours before death, and found a large quantity of mercury in this secretion. The symptons were dyspepsia, the nails were pale and tender, and three formerly good teeth had fallen out. He thought such an example should warn surgeons of the danger associated with this disinfectant.

CARCINOMA.

Schnitzler showed a case of this refractory disease on the upper jaw of a patient who had come to Prof. Albert's clinic. Two years ago a periostitis commenced, forming a swelling on the gum; it burst and discharged, leaving an irregular opening; and the tissue was found to be composed of flat epithelial and carcinomatous cells.

Prof. Kundrat said this was a peculiar form of substitution and shrinking that did not occur in epithelioma, although often seen in endothelioma.

NEWS ITEM.

The "American Text Book of Surgery," edited by Professors Keen and White of Philadelphia, which has only been issued a few months, is already a phenomenal success. It has been adopted as a "Text Book" by forty-nine of our leading Medical Colleges and Universities. Nearly five thousand copies have been placed in physicians' libraries, and every indication points to a sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text-Book of Surgery," which will be a valuable aid to all who have this great book.

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MONTREAL, JANUARY, 1893.

PATHOLOGY IN MONTREAL.

By the addition of Dr. Bruere to Bishop's College Faculty of Medicine, and of Dr. Adami to that of McGill College, the scientific department of the teaching staff in Montreal has been greatly strengthened. Dr. Bruere was for some time assistant to Prof. Rutherford of Edinburgh University, while Dr. Adami held a similar position in the University of Cambridge. In a young country like this, owing to lack of endowment, it is difficult to induce young men of talent to make the sacrifice which the devotion of their life to pure science entails, so that we are obliged to obtain such talent from the wealthier institutions of the Old World. It is greatly to be desired that some wealthy friend of science in general and of Bishop's College in particular would place this branch on a sound basis by means of a liberal endowment, so that its professor could devote his whole time to teaching and original research.

TUBERCULAR PERITONITIS.

During a recent discussion on this disease at the Medical Society of Montreal, some facts of great interest to the general practitioner were elicited. The disease is exceedingly insidious in its onset, being sometimes mistaken for ovarian or other abdominal tumor and sometimes for typhoid fever. It is not at all hereditary, but is almost always acquired by food infection. Of the different kinds of food in which the bacilli are introduced into the digestive tract, milk is by far the most usual one. This accounts for the great requency of the disease in young children who are fed to a great extent on milk. The more highly bred the cows the more readily may they become infected by a tuberculous milkmaid or milkman during the process of milking. Contrary to what has generally been supposed, it is not the animals which have diseased lungs which are the most dangerous, but those which have infected teats, in which situation it is difficult to detect the disease. From the milk of such an infected cow it is now easy to obtain a sufficient number of bacilli by means of the centrifugal machine to detect the germs readily with the microscope. Although Winkel thinks that the disease is frequently introduced by the genital tract, this was not borne out by the facts, this channel being rarely the one through which they gain admittance. In view of the danger of infecting the teats of cows, consumptive attendants should not be allowed to touch them, certainly not without the utmost antiseptic precautions. Indeed, every person with pulmonary tuberculosis is acting as a centre for the spread of the disease, and it is to be hoped that before long measures may be taken to isolate them as much as possible, or at least to destroy their sputum.

BOOK NOTICES.

A TREATISE ON SURGERY :—Moullin's Text-Book on Surgery was first published in April, 1891. So favorable was its reception by the medical profession and press, that in a little over twelve months it was recommended at more than twenty medical schools, and the large edition that had been prepared was exhausted. So much for past history.

Early last summer we were fortunate in securing the services of Dr. John B. Hamilton, formerly Surgeon-General of the Marine Hospital Service, now Professor of Surgery at Rush Medical College, Chicago, as editor for a new edition. He has now almost completed his work, and within a short time we expect to place before you the book generally revised so as to represent Surgery as it is to-day, with a number of new and beautifully colored illustrations printed in with the text.

Our claim that Moullin's Surgery is the best text-book for the student and general work of reference for the practitioner is based upon the reviews of a large number of journals that have pronounced it eminently practical, and upon the fact that so many teachers have seen fit to recommend it. But beyond this we may say that broad principles are stated in a clear, authoritative manner, that the relative value of the different subjects has been carefully considered, and that about the whole there is an air of responsibility that renders plain the fact that the author knows whereof he speaks, not only from his own experience, but from an acquaintance with American and foreign literature. There is also a uniformity of style, an elegance of diction, that attracts and interests the reader, while it makes plain the subject under discussion.

P. BLAKISTON, SON & CO.,
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PRELIMINARY ANNOUNCEMENT

Of the Special Programme of the Sixth Annual Meeting of the National Association of Railway Surgeons, embracing the United States of America, the Dominion of Canada, The Republic of Mexico, to be held at Omaha, Neb., the last Wednesday, Thursday and Friday of May, 1893.

GENERAL SUBJECT :—*Injuries of the Cord and its Envelopes without Fracture of the Spine.*

1st. History, by Dr. Geo. Ross, Chief Surgeon Richmond & Danville R.R., Richmond, Va.

2nd. Anatomical Landmarks, by Dr. Jabez N. Jackson, Surgeon Wabash R.R., Kansas City, Mo.

3rd. Physiology of the Spinal Cord, by Dr. A. P. Grinnell, Chief Surgeon Central Vermont R.R., Burlington, Vt.

4th. Experimental Research, by Dr. B. A. Watson, Surgeon Pennsylvania R.R., Jersey City, N.J.

5th. An Experimental Study of Spinal Myelitis and Meningitis, by Dr. Geo. A. Baxter, Div. Surg. Chattanooga Southern R.R., Chattanooga, Tenn.

6th. The Clinical Aspects of Spinal Localization, by Dr. Nicholas Senn, Surgeon Chicago, St. Paul & Kansas City R.R., Chicago, Ill.

7th. Diagnosis from the standpoint of the Neurologist, by Dr. C. H. Hughes, Consulting Surgeon Missouri Pacific R.R., St. Louis, Mo.

8th. Pathology and Pathological Anatomy, by Dr. Samuel C. Benedict, Surgeon Richmond & Danville R.R., Athens, Ga.

9th. Prognosis, by Dr. Samuel S. Thorn, Chief Surgeon Toledo, St. Louis & Kansas City R.R., Toledo, Ohio.

10th. Treatment, by Dr. W. B. Outten, Chief Surgeon Missouri Pacific R.R., St. Louis, Mo.

11th. Medico-Legal Aspects, by Judge J. H. Collins, Chief Counsel Balto. & Ohio R.R., West of the Ohio River, Columbus, Ohio.

12th. Statistics of the Amount of Money paid by the Railroads of the United States during the last ten years, for alleged Injuries of the Spine, by Dr. F. K. Ainsworth, Surgeon Southern Pacific R.R., Los Angeles, California.

13th. Clinical Report—1st, From a Medical Aspect—(a) Permanent Injuries—(b) Alleged Injuries. 2nd, From a Legal Aspect—(a) Settled with Suit—(b) Settled Without Suit—(c) Miscellaneous, by Dr. Geo. Chaffee, Surgeon Long Island R.R., Brooklyn, N.Y.

C. W. P. BROCK, M.D., Pres't.,
Richmond, Va
E. R. LEWIS, M.D., Sec'y.,
Kansas City, Mo.

THE COMFORT OF PHYSICIANS.

At intervals during the coming year it is proposed to issue supplements to the *Medical Record*, devoted to everyday phases of professional life which do not come within the strictly scientific sphere of the journal. Although the hardest-worked class among educated men, physicians give too little attention to securing comfort, rest and relaxation, and an effort will be made at least to suggest methods of alleviating the hardships of the daily routine, and of using every advantage of modern civilization.

From time to time the subjects to be treated of in the succeeding supplements will be announced, and our subscribers are cordially invited promptly to send us any communications which their knowledge or personal experiences may suggest.

The first supplement of this series will appear early in 1893, and will be devoted to methods of conveyance, embracing every form of vehicle used by physicians, horses, clothing for man and beast, creature comforts, medicine-chests, saddle-bags and office furniture.—*N. Y. Medical Record.*