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ELECTROLYSIS IN PRACTICE.*

BY CHARLES R. DICKSON, M.D.,

Electro-Therapist to Toronto General Hospital and Victoria
Hospital for Sick Children, Toronto.

This is a subject which is claiming much attention from the medical profession at the present time. Heretofore we have been rather slow to accord proper recognition to electricity as a remedial agent, and there have been many good reasons for this; among others, the haphazard fashion in which it has been employed by regular practitioners, on the one hand, and the mysticism with which charlatans have sought to surround it, on the other hand; but, happily, all this is rapidly being changed, and now that we possess instruments of precision to regulate the dosage, and understand the laws that govern this force, much good work is being done, and yet we are only upon the threshold.

It will be impossible, in the time at our disposal, to consider the early history of electricity, or discuss the various theories that have been propounded from time to time to explain its manifestations in nature, or in its applied forms in the arts, science, or medicine. It will likewise be impossible to enumerate all the diseases in which it may be used with more or less benefit. The object of this paper is to take up a few of the applications of electrolysis which are of interest to the general practitioner.

In an article written a few years ago, I said: "Electricity is not the simple, harmless panacea that many of its advocates would have us believe, but, on the contrary, requires in its successful application rare tact, judgment, and skill, combined with a mature acquaintance with all its fundamental laws, such as is to be gained only by plodding, earnest, patient study of it in all its forms, and by experiment in which common sense and physiology have a hearing"; and I have seen no reason since to modify my views. I can very readily understand why electricity is almost invariably successful when employed by some, while in the hands of otherwise skilful men it proves a most lamentable failure, frequently doing great damage.

Electricity is one of the forces of nature, a form of motion among the molecules of matter, choosing for its path the best conductor and most direct course available. When this course is organic tissue, and the force sufficient, decomposition of the salts of the tissue takes place. Tissue thus acted upon is termed an "electrolyte," and the process "electrolysis." Around the positive pole, at which the current enters the tissue, oxygen gas and the acid portion of the salts collect, while at the negative pole, by which the current leaves the tissue, hydrogen and the base or alkaline portion of the salts are found; thus, in electrolysis of muscle, sulphuric, nitric, phosphoric, and hydrochloric acids develop at the positive, while soda, potassa, and ammonia gather at the negative pole. This is a crude and very incomplete description of what

*Read before the Huron Medical Association at Seaforth, July 19th, 1892.

takes place, but it will serve the purpose of helping to a better understanding of the different actions of the two poles.

And now as to instruments required. First, a good galvanic battery. The ordinary 24-cell zinc and carbon element portable battery, if well constructed, will prove adequate to the treatment of the general run of cases, and if well taken care of will not disappoint one. It should be provided with means of gradually increasing and decreasing the strength of the current without interrupting it. Next we require a current measure or milliamperemeter, which should have divisions of one-fifth of a milliampere, and should record up to at least two hundred and fifty. This instrument has revolutionized electrical practice by systematizing it. From it we tell if the current is passing at all, whether it is passing steadily, in which direction it is passing, and how strong it is. Flexible conducting wires, covered with some insulating material, are necessary; with them a pole of the battery is connected with the meter, and this in its turn to an electrode, while a third connects the other pole to a second electrode. The armamentarium is completed by electrodes of various sizes, shapes, and materials, a couple of insulated handles into which some of the electrodes fasten, a few binding screws, and some insulated copper wire, such as magnet wire, for emergencies. For electrodes for general use we require a small circular and a larger oblong one of brass, zinc, aluminum, or other metal, or of carbon. Convenient sizes are an inch and a half in diameter for the former, and five and a half by eight inches for the latter, which should be flexible also. They are generally covered with sponge, or absorbent cotton, which should always be thoroughly moistened with hot water before applying. To increase the conductivity a little ordinary salt may be added to the water; but when the electrode is to play the part of the positive pole, the substitution of carbonate of soda will prove more acceptable to the patient. These electrodes are used to complete the circuit; the active electrodes will be described as the occasion for their use arises.

Having collected our apparatus, the battery being charged with the proper bichromate fluid, the first step should be to ascertain if all is in good working order; there are several ways of

testing this, the simplest being to make the connections as described, immerse the elements in the fluid, but, instead of attaching the wires to the electrodes, dip the ends in a bowl of water to which a little salt has been added, keeping them three or four inches apart, turn on the current gradually, and note if the meter shows a gradual and steady increase. To determine the polarity, the quickest way, and one that is always at hand, is to dip the ends of the wires in the water as before, and turn on the current; the pole at which the bubbles of gas collect most freely is the negative.

A simple experiment, from which we may learn much, is quite in place here. Plunge two platinum wires, connected with the respective poles of a galvanic battery, into a piece of fresh pork, allow the current to pass for a couple of minutes, and note the result. At one pole bubbles collect in much smaller numbers, for the water of the tissue contains only half as much oxygen as hydrogen, and it is the former we note. Apply a piece of litmus paper to the seat of puncture and it is at once reddened, showing the presence of acid. We have here oxygen and acid, hence it is the positive pole. At the other pole hydrogen is given off quite freely, and on applying the reddened litmus to this puncture its color is restored, showing the alkaline reaction at the negative pole. At each puncture is plainly visible an areola showing the zone of decomposition. Both wires are removed without difficulty. Repeat the experiment, using steel needles. At the positive pole no bubbles are given off at first, for the oxygen has combined with the metal to form an oxide of iron, which pigments the surrounding tissue; later on, when the needle is well encrusted with the oxide, bubbles of oxygen are visible. This needle is withdrawn with some difficulty on account of the encrustation and coagulation which has taken place about it, while the negative needle is withdrawn without trouble.

The same process takes place to a more marked extent in living tissue. The clot at a positive puncture is firm, and due to coagulation by the acids; the clot at the negative is soft, and due to the froth of the hydrogen bubbles. The tissue surrounding the positive puncture is drier than that at the negative, due partly to electro-osmosis, or transportation of fluids from

the positive towards the negative pole. The resultant cicatrices also differ, that at the positive puncture being firm, hard, retracted, leaving often a permanent deformity; it also shows much fibrous tissue and amorphous matter, while the negative is soft, pliable, non-adherent to subjacent tissue, not retracted, and will gradually become pale and generally fade away entirely.

In practice, the process of electrolysis is not always carried to the extent of causing destruction of tissue. With mild currents absorption is promoted by electro-osmosis, with stronger we decompose, while with still stronger destruction, and even sloughing, may take place.

With this rather imperfect description of the process before us, we will be in a better position to understand its application in practice.

Dr. Robert Newman has said that "the art in applying electrolysis successfully in surgery consists in:

- (1) "Using the correct strength of the electric current.
- (2) "Applying the respective poles in the right place.
- (3) "Selecting the size, shape, and material of the electrode.
- (4) "Regulating the duration and intervals of seances." To which we may add:
- (5) The selection of suitable cases.

When electrolysis is mentioned nowadays, one's thoughts are very apt to turn to the gynecological field, for in this have its successes—and failures—been most marked recently.

In *uterine fibroids*, I have confined myself to the use of various intra-uterine sounds, for I have been rather too conservative to try galvanopuncture in these cases yet; but even in this way good results have been met with, notably, diminution of hemorrhage, lessening of pain, and the disagreeable pressure symptoms, reduction in the size of the tumor, or retarding of its growth. This treatment is most applicable to the small interstitial variety, though it is frequently of benefit in quite large tumors. The positive electrode is usually a large flexible metal plate covered with sponge well wet with a solution of carbonate of soda in hot water, and placed low down over the abdomen. When the tumor is situated in the posterior portion of the uterus this electrode may with advantage

be placed low down on the back, first protecting the spinal column by a strip of oiled silk or gutta percha tissue. Apostoli and others use an electrode of potter's clay covering a metal plate and contained in a porous cloth; when wet it is moulded to the shape of the abdomen, but it is dirty in application. The smaller the size of the external electrode, the greater the pain and burning from concentration of current; hence with the stronger currents our indifferent electrode must be large, or we shall blister the skin below it. The negative pole in these cases is a flexible metallic sound insulated to within an inch or an inch and a half from its tip, and this latter portion nickel-plated. It is introduced through the os, as high up into the uterine canal as it is possible to go, the current is slowly turned on till the meter shows about ten milliamperes; this is kept up for ten or fifteen minutes, the current then gradually turned off, the sound withdrawn, and the patient kept quiet for an hour or two. It is better to begin with low currents, for the susceptibility of patients varies very much, and the skin under the positive electrode can stand more at subsequent seances when this is done. In a couple of days, if the patient is none the worse for the treatment, a stronger current may be used, fifteen to twenty milliamperes for ten to fifteen minutes. At each seance the sound is introduced from an inch to an inch and a half lower down than at the previous seance, till all the endometrium has been acted on; then you start from the upper portion again. I prefer the milder currents at short intervals instead of the currents of two hundred to two hundred and fifty milliamperes so often mentioned, though I do not hesitate to use the latter when I consider it necessary. I rarely go above one hundred milliamperes. Treatment should be continued for several months before giving up a case as hopeless.

In *stenosis of the cervix* the same or a smaller negative electrode may be used with the greatest benefit, commencing with five milliamperes for fifteen or twenty minutes, and gradually using stronger currents till the condition yields.

In *menorrhagia* and *metrorrhagia* the polarity is reversed, the positive being internal; hence the former active electrode will not do, as we must have a non-oxidizable one. For this

reason platinum is generally chosen, but it is rather expensive, and the copper cores insulated and wound with platinum wire for a short distance from the tip have proved treacherous in my hands; hence I have had an aluminium one constructed with a hard rubber tip, then an acting portion of about two and a quarter inches, and the shank insulated with hard rubber tubing and fitted into a short brass rod, this screwing into the ordinary handle. It is not very readily oxidized, and can be kept clean without trouble. It is introduced to its full extent, and from ten to thirty milliamperes passed for ten to twenty minutes, always remembering to commence with low doses.

In *chronic cervical catarrh* this same method is often successful.

Passing from the genital organs of woman to those of man, *stricture of the urethra* has proved a most fertile field. The best results are from the treatment laid down by Newman, the positive electrode being used on the surface of the thigh, and the negative in the urethra. The latter are urethral sounds insulated up to the tip, which is an egg-shaped metallic bulb in the curved, and acorn-shaped in the straight set, and of various sizes. Having located the stricture and determined its calibre, an electrode three sizes larger (French scale) is introduced up to the stricture, pressed gently against it, and a current of two and a half to five milliamperes gradually turned on. In ten to twenty minutes the stricture will gradually yield and the bulbous tip pass through; the current is then turned off and the sound withdrawn. There should be no pain, no hemorrhage. In about ten days the patient is ready for another seance. A sound about two sizes larger is used, and so on till all the cicatricial tissue is removed by absorption. For tortuous strictures a filiform guide is first passed, then a tunnelled electrode threaded on to it and passed as before; in this way the formation of false passages is avoided. There are many rules to be observed, but they would be out of place in a paper intended for the general practitioner, and I earnestly advise all such to avoid trying experiments with this treatment. When a celebrated genito-urinary surgeon in New York admits his failure with this method, you can see it is not half as simple as it looks.

In *prostatitis*, very mild currents, with the negative inside, while the positive is on the perineum, one to three milliamperes for five to ten minutes may hasten resolution; but a safer plan is to use a negative ball electrode covered with absorbent in the rectum, with the positive over the perineum half the time, and above the symphysis pubis for the balance. Ten, fifteen, twenty, or twenty-five milliamperes passed for ten to twenty minutes have given good results.

Stricture of rectum and of *oesophagus* have derived benefit, but I have had very little experience with them.

Many affectionous of the skin and its appendages are in our field.

Hypertrichosis is a source of much annoyance with ladies. In this case the positive electrode is held in the hand of the patient, while the negative is a fine needle called by watchmakers a pivot broche; this is fastened in a handle which has a spring for making and breaking the circuit. There is little pain, but the parts may be smeared with a five per cent. oleate of cocaine. The hair to be acted on is seized by a pair of epilation forceps; the current from two to six cells or one to four milliamperes being previously turned on, the needle is thrust into the hair follicle, and to the bottom of it; contact is made, the bubbles of hydrogen escape around the needle, and in a very short time the hair is loosened and removed by the forceps after the needle is withdrawn. It is a mistake to attempt to remove too many hairs at one seance, or take them out closer than one-eighth of an inch apart at the same seance. The follicle should come away with the hair bulb. The parts may be bathed with boracic solution, and dry boracic dusted over lightly. If there is much irritation, warm bathing, followed by vaseline or cold cream, will soon allay it. Treatment should not be repeated till all inflammation has subsided. If carefully done there should be no pitting.

Nevus, when superficial, may often be removed at one seance by insertion of the negative needle in the base, and transfixing the growth in every direction, one to three milliamperes usually being sufficient. With adults anæsthesia is not necessary, and they may hold the small positive electrode in their hand. With small children it is better to anæsthetize,

and the large electrode may be placed over the shoulders and the child allowed to lie on it. The larger and more deeply-seated nævi will require stronger currents and several treatments. The smaller nævi may be allowed to dry up and fall off after operation. An excellent dressing is flexible collodion, which may be tinted with carmine so as to form an almost imperceptible coating if the nævus is on the face.

Subcutaneous erectile tumors and *sebaceous cysts* yield readily to the negative puncture also. In all these cases the small gold needles are to be preferred, and should be insulated to within a short distance of the tip. In this way their action is not spread through the surrounding skin. Gold is chosen on account of its greater conductivity and flexibility.

In *malignant tumors* much may be expected of electrolysis, but here again the greatest care is required. In *epithelioma*, especially of the face, it possesses marked advantages over removal with the knife; namely, less tissue required to be removed, no hemorrhage, no stitches required, the surface left after the operation is in the best possible condition to prevent absorption of cancerous or septic material, and there is little resultant deformity, or none at all. I prefer to use a positive needle thrust into the tumor, and one or two negative through the sound tissue at its base and parallel to the positive, and a current of twenty or thirty milliamperes, the position of the negative needles being changed frequently till the growth comes away *en masse*. A simple carbolated dressing is all that is required.

Indurated glands require the negative puncture.

Goitre has been a rather prolific field with me. In all cases the oblong electrode is positive and placed behind the shoulders. At the site of puncture a hypodermic injection of from five to ten minims of a mixture of 5 per cent. cocaine and 6 per cent. antipyrin in distilled water is made. The growth is then steadied with the left hand and the patient directed to swallow several times, to aid in mapping out the boundaries. A steel needle negative, insulated to within a couple of inches, or less, of its tip, is introduced through the isthmus into the lobe which is most enlarged, and the current turned slowly on. We can start with ten milliamperes for ten minutes, and at future

seances may go up to fifty or more, but this is rarely necessary. Subsequent punctures, as a rule, may be made through the first opening, the needle being thrust into different parts of the lobe, or into the other lobe when it is enlarged. Seances may be once a week, though when pressed for time they may be three times a week in some cases, but the former is preferable. The wound may be dressed with iodoform and boracic on alembroth gauze, retained by a narrow adhesive strip.

Cystic goitres are the most amenable to treatment. Use an aspirating needle insulated to within an inch of its tip, evacuate contents of cyst, reinject a solution of chloride of sodium to distension, connect needle with negative wire, and use a current of about thirty milliamperes for fifteen to twenty minutes; turn off current, empty sac, apply iodoform and boracic dressing, and compress with broad adhesive strip. Two or three applications will sometimes effect a cure.

In *hydrocele* a similar treatment has been successful.

I have not alluded to the use of electrolysis in the removal of exudations by absorption, the treatment of fistula in ano, or of fistulous tracts in other places, or of ulcers, yet in all these it is of the greatest value; and there are a great number of other disorders that it may be relied on to cure, if cure is possible. I should also like to have given the treatment more in detail, and introduce cases of cures, but the object is to instruct, not to weary.

In conclusion, let me say that our greatest successes with electrolysis will be found when we work along the lines of trying to assist nature, not to combat her. Watch her reactions carefully, then, and be guided by them as to what strength of current, and how long, and how often to use, and when not to use at all. In electricity we possess a most powerful agent for weal or for woe. That we have ignored it so long is not greatly to our credit as a progressive profession. The commercial world has not been so slow to recognize its value, and see what results! It has revolutionized, and is still revolutionizing. Let us, then, make amends for the past. Who knows but that it may revolutionize many of our own fields, and perchance remove some of the reproaches that rest on the noblest profession in this fair world?

CONSTIPATION.*

BY J. C. MITCHELL, M.D., ENNISKILLEN, ONT.

Mr. President and Gentlemen: Constipation is a subject with which we are all more or less familiar, and may be defined to be that condition in which there is a prolonged retention of the fæces, or in which they are habitually expelled with difficulty, or in insufficient quantity. While there are individual peculiarities due to habit or nature, the custom with most persons of having one movement in twenty-four hours would cause any longer retention of bowel contents to be considered constipation. There is no sharp line separating constipation from health. The habit of having one movement in each day is usually considered necessary for the continuance of good health, although both the number and the hours of evacuating are fixed to a great extent by education. The habit once established, the desire recurs at the same hour and entirely without any effort of the will. If the desire be resisted, as that moment may be urgent for some other direction of energy, it will not likely return until the same hour in the next day. By so much every time as this happens is the habit of defecation with ease lessened. Habits of life are as much formed by neglect as by practice. Children of both sexes, even at the present day, are not commonly taught that the most important hygienic duty of the day is to void the bowels. Men and women of the lower classes have no fixed rule of conduct in this respect. Habits come upon them—they do not seek to form them. It is only when we come to the really educated in any community that we find a due appreciation of the importance of a daily and copious defecation. Constipation is generally an acquired habit, and Shoemaker, of Philadelphia, says, "it is an inherited defect of civilization." He says: "This is readily seen if one goes from civilization to a life of mountains and woods, with plenty of mental and bodily employment, ravenous appetite and constant opportunity for immediate relief of the bowels. He will find that he will often have a natural passage twice in twenty-four hours instead of the single one which civilization has decreed as best for that space of time. There are not generally any re-

straining influences among the wilds. Time and place are propitious. Nature asserts herself without restraint and reverts to her ancient promptings and ways."

Constipation occurs most frequently in advanced life from the loss of peristaltic force, diminution of sensibility in lower bowel, general functional inactivity, with muscular degeneration and obesity. Infants are more subject to it than children over one year, especially those who have been brought up by hand. In those cases it is usually due to improper diet or unsuitable clothing, or both. Jacobi has drawn attention to the fact that in infants it is sometimes caused by a disproportionate length of the sigmoid flexure. If the infant is badly nourished the muscular contraction will soon begin to flag, and will be attended by actual weakness of the muscular walls, and in this condition the bowel is apt to be over-distended by the fæcal contents as the expulsive force is seriously impaired. A baby soon will know the suffering caused by a motion, and by its own efforts will delay relief. Very often, too, in infants the torpor of bowels is induced by some of the preparations of opium formerly so much in vogue, but happily going out of fashion to a certain extent.

Women are more prone to constipation than men. Avoidance of exercise, their habits of indoor life, ignorance of the necessity of regularity or wilful neglect, false modesty, which so often imposes restraint, together with their anatomical structure and physical life are the chief causes of this.

Habits of life and the occupation of the individual have much to do with the causation of constipation. Both persons of sedentary habits and overworked people are peculiarly subject to this trouble. Luxurious and enervating habits of life, bad ventilation, overheating of rooms, want of cleanliness, indigestible food, imperfect mastication, irregular meals, excessive tea-drinking, and tight-lacing all tend to bring it about. Neglect to establish a regular habit, as the continued contact of fæcal matter with the mucous membrane wears out its susceptibility, and over-distension enfeebles the muscular walls of the bowel; various diseases of the brain, lungs, heart, liver, and the disorders of the digestive system, abundant diaphoresis and diuresis, food

*Read before the Ontario Medical Association.

in concentrated form with too little waste to be gotten rid of, change from an active to a sedentary life are among common causes. Painful affections of rectum and anus, such as fissure and hemorrhoids, although commonly caused by constipation, greatly aggravate the trouble, as they deter from yielding to the desire for defecation.

The use of cathartics and aperients has always been and is now one of the most important factors in developing the constipated habit. The idea that a daily movement is a necessity, and that an occasional purgative is useful in relieving the system of morbid material which would otherwise induce disease, is the chief source of this hurtful custom. The term biliousness implied the resort to cathartics for its relief. We cannot but heartily accord with Dr. Johnson, in "Pepper's System of Medicine," that it was time that we as physicians discarded the term of biliousness, as more ignorant and erroneous treatment has hung upon that theory than upon any other doctrine of medicine of recent date. The amount of pills, cathartic nostrums, mineral waters, etc., consumed by the general public in self-medication is something enormous. At first the evil effects are not apparent, but in time the reflex function is not brought into activity except by the aid of either aperients, cathartics, or enemas.

Sometimes cumulative constipation is masked by a regularity of small stools or by diarrhoea, and great care is necessary in making a diagnosis, so that the patient should not be put on an astringent treatment. From whatever cause our constipation may come, we will have various degrees of atony right up to paralysis of the peripheral nerve-endings in intestines, and of centres in the cord. Atony may not only be in the unstriped muscles, but may affect the voluntary muscles as well.

Much of the importance attached to constipation depends upon the effects it produces. Undoubtedly a great many diseases are occasioned by the absorption of poisonous material from retained faecal matter. The co-existence of constipation with mental irritability and melancholy is often remarked. Neighboring viscera suffer from overloaded bowels, and many of the uterine difficulties may be traced to this as a cause.

Although not agreeing with Wilfrid Hall, of New York, that all diseases are caused or aggravated by the absorption into the circulation of effete and poisonous material from retained faeces, and that, in order to maintain perfect health, we must at least every third day make the toilet of our colon and rectum by an internal application of at least three quarts of hot water, we do think this absorption a fruitful source of disease. Many anaemias, fevers, headaches, sore throats, neuralgias, chest, stomach and intestinal difficulties, hemorrhoids, fissures of the anus, etc., are often caused by this affection.

The physician can render great service by giving the patients advice which will prevent constipation in children. He should insist upon the importance of regularity in defecation; this is, if possible, even of greater moment in girls. The failure to teach and insist upon good habits in children in this respect is the cause of much of the trouble of after life. To persons leading sedentary lives, the importance of exercise should be pointed out. Comfortable water-closets should be provided. In the country this is one of our great difficulties, as the privies there are very of en unsheltered, cold, exposed, and full of draughts, and a fertile source of constipation to delicate females. In fact, it is a rare thing to meet a lady patient in the winter season in the country who is not constipated. This is to be attributed in very many cases to the cold and uncomfortable privies. In the city, with your admirable system of waterworks, it is very different. We should be very glad if some ingenious mind could devise something as comfortable and cleanly for the country. After a stool occurs a few moments should be allowed to see if a further amount of faecal matter finds its way into the rectum, as it should never be allowed to remain there to further blunt the sensibility of the mucous membrane, and so delay cure. Daily exercise, frequent sponging, and friction of surface of body, especially over abdomen, will be of much service. Active business men, especially young men, need emphatic teaching, as they are liable to disregard the simplest rules of health. Indigestion, as a precursor to constipation, should be carefully looked after and treated. Acute constipation in a previously healthy person does not call for very active treatment, and usually does best

with but little interference. If the bowels do not move in three days, a warm water enemata should be used, or, this failing, a compound aloe pill, a small dose of sal rochelle, or other similar mild laxatives.

In chronic constipation the physician should remember that it is not the symptoms, but the cause, to which he should direct his attention. It is often a symptom of some other disease. Its causes are so peculiar to the individual and depend upon so many variable habits of life that each case calls for special study. When we find the cause to be the habit of neglect, hurried eating, use of aperients, or whatever it may be, then we may consider the cure. The digestion is of great importance. If there is deficient secretion in either small or large bowels, it is apt to be associated with hepatic disturbance, and is marked by dull headache, bad taste, viscid secretions from buccal glands, etc. This condition is usually aggravated by cathartics, for although there is temporary improvement following temporary increase in secretions, there is corresponding decrease, and the patient is worse than before. Fruit, such as contain citric acid, as much as can be properly assimilated, serves a good purpose. An orange the first thing in the morning is often an excellent thing. Water is also a good remedy if taken freely in the morning. A slight saline may be added, as it increases its capability for absorption. A single grain of quinine will greatly add to its effect. If drugs are given, it should be those which aid intestinal digestion. The mineral waters are best suited to those cases dependent upon intestinal catarrh.

Deficient enervation, as found in old people and those of sedentary habits, is generally attended by deficient action of the skin and sallow complexion. In such cases water will be found to weaken digestive powers unless it can be combined with a different mode of life and an abundance of outdoor exercise. Cold bathing, plenty of exercise in the open air, electricity, massage, nux vomica, and belladonna will be helpful in keeping the rectum empty. Massage, for women, children, and feeble persons, will to some extent take the place of exercise.

The best diet for cases of atony of colon and rectum is one which is easily digested and contains a moderate amount of water. Porridge

of oatmeal or cracked wheat, with coarse bread, should be part of the daily diet. Too much vegetable matter is harmful, as the bowel is filled with an excess of water. In addition to the drugs mentioned, iron, quinine, and strychnia are useful.

Very often we must resort to aperients, and then good results may be obtained from aloes, cascara sagrada, sulphur, pulv. glycyrrhizæ co., podophyllin, and salines in doses just sufficient to produce the result desired and no more. These drugs used in rotation will be of much greater service than the continued use of any one. The continued use of water enemas has not in my practice been very servicable in the treatment of this affection, as after a time the bowel fails to respond. Glycerine, owing to its hygroscopic action, has given me much better results, and I have used it quite freely either in enemata or in 90 per cent. suppositories. In many cases it has effected a cure. Like all the other remedies, it is difficult to get the patients to attend to it faithfully and to carry out the treatment thoroughly.

Cumulative constipation occurs more frequently than is commonly supposed, as the true condition is so often masked by deceptive symptoms. Many cases of diarrhœa are from an accumulation of fœcal matter in the colon, and for this reason do not yield to the usual remedies applied. All this class of cases, either in children or adults, can be readily treated by flushing the colon by injecting from one-half to a gallon of hot water. It acts promptly, and has less reaction than purgatives. It cannot do any great harm where the bowel has been so much distended with its load of filth. The colon must be thoroughly flushed by using a large quantity of water to make the treatment efficacious. Dr. Fields, in an article on this phase of constipation in the *Boston Medical and Surgical Journal* of November, 1889, advises in all cases twenty freshly prepared compound rhubarb pills, one to be taken every hour. He says: "In very bad cases this has made complete cures in twenty-four hours without any injurious reaction." Of course, whatever plan of treatment may be adopted at first, the after treatment must be carefully looked after.

Surgical treatment has been tried with good results in very obstinate cases of constipation.

Dr. Cleveland, in the *Medical Record* of March 9th, 1889, states that from observation of a number of cases where the sphincter ani has been stretched for fissure of the anus that the accompanying constipation had at the same time been cured. He gives a record of some ten intractable cases that resisted all ordinary treatment, but were entirely cured by a thorough stretching of the sphincter and careful attention afterwards. The theory of the effect of the operation is as follows: When fecal matter passes from the colon into the rectum, there is aroused the conjoined muscular action to expel it. The action of the sphincter muscle is twofold: that of a barrier to involuntary movement, and an aid to expulsion of the feces. The internal sphincter is merely an aggregation of intestinal muscular fibres, and the joint action of both sphincters in aiding the expulsion of the feces is the same as the peristaltic movement of the bowels, only much more powerful. Where obstinate constipation of long standing exists the general condition is usually debilitated, and the rectum distended by hard, dry feces. The sensibility of its nerves is blunted, and the contractile power of muscles so enfeebled that even with the aid of expiratory muscles it is unable to overcome the resistance of the sphincter to the passage of large fecal masses. The sphincter here is merely a barrier. It is stimulated to excessive action by the hard masses packed against it, and cannot grasp and aid in its downward movement. Where the operation of stretching has been done the sphincter, no longer able to contract forcibly, offers but a passive resistance to the passage of the feces. It can check the effect of the involuntary action of the intestines, but not when the expulsive force of the expiratory muscles are brought into play. This plan is certainly worthy of trial in intractable cases. Since reading Dr. Cleveland's article, three cases have come under my notice where the sphincter ani has been stretched for painful affections of the rectum. All were cases of chronic constipation previous to operation, and all were cured of that trouble, and by regular habits since have had no further difficulty in that respect.

In infantile constipation strict attention must be paid to diet, clothing, and regularity, and in this way many cases will speedily recover. In

most cases, however, some treatment will be required until the digestion, circulation, and habits return to a normal condition. Frequently very simple means will suffice, such as soap or glycerine suppositories, and placing the child in position at regular intervals. If these fail, small doses of cascara sagrada with suitable carminatives are an excellent remedy. My experience has been that with due attention to hygienic measures combined with suitable medication by mouth cases recover more rapidly and surely than where we resort to the continuous use of enemata. Many good authorities favor the use of the syringe for children, and many others think it produces evil results. Like all our remedies it has its place, and is very useful in suitable cases, but its use can be abused.

DISCUSSION—THERAPEUTICS OF CONSTIPATION.*

BY A. M'KINNON, GUELPH.

The part allotted to me in this discussion, viz., "The Hygienic Treatment of Constipation," has been briefly considered by Dr. Mitchell in the able paper to which we have just now listened. In view of the importance to the public health of the community that the subject of constipation should receive every attention from our profession, I feel that I owe no apology for impressing on the mind of every member of our profession a few simple things relating to its hygienic management. Let me ask, What furnishes the quack medicine man his harvest? Not the acute diseases, but the slight, more or less chronic, ailments that arise from constipation. Almost all quack medicines are aperient in action, and when any benefit arises from their use the result is due to the removal of constipation. Is it not because, as a profession, we pay too little attention to these minor ills that many people seek relief from the hands of the quack?

It is undoubtedly true that, when serious disease arises, we rouse ourselves to action and fight for the lives of our patients as we would for our own. But why should we neglect these more trivial ailments? To the patients they are not trivial. No doubt it wearies us to listen to the minute

*Read before the Ontario Medical Association.

details they give, because we hear the same tale many times a day. To maintain our proper position with these people we should hear them with all patience, and give them to understand not only that they must avoid active purgatives, but also that to reach a cure of chronic constipation more than medicine is required. They must be prepared to follow advice as to diet, as to personal habits, as to exercise and bathing, not for a few days, but for many months.

From a hygienic standpoint, in the management of constipation, it is necessary that there should be great improvement in the closets of the masses of the people. True, the more wealthy have closets both convenient and comfortable; but among the poorer classes in towns and cities, and almost all classes in the country, the closets are simply disgraceful. In the summer they are usually so foul that no one can remain long enough to attend to the evacuation of the bowels. In the winter, with the thermometer down to 20° or 30° below zero, the delicate patient delays going as long as possible, and will surely hasten the action on account of the cold. The rectum should be emptied, but the patient should remain longer, so that anything that passes down into it from the colon shall also be voided. The habit of delaying the emptying of the bowel when the desire occurs is perhaps the surest way to bring about chronic constipation. It gradually induces in the rectum a tolerance for the presence of feces, so that eventually the bowel ceases to advise the individual as to the necessity of action. From this view, then, the present uncomfortable and unhealthy closets in use among the masses of the people tend to produce constipation perhaps in a higher degree than any other single agency.

When constipation occurs, as it very often does in persons of sedentary habits, we must insist upon sufficient outdoor exercise. Walking is always available, but horseback riding, when practicable, is much more beneficial. To be useful, exercise must be regular and daily. As to diet, the physician will require to use his own judgment in each individual case. So often is indigestion, in varying degrees of severity, associated with constipation that it will not always do to insist upon a diet of porridge, brown bread, and large quantities of vegetables

to give residue, in the hope in this way to cause daily action of the bowels. Such a diet may make the patient a great deal more miserable than he was before advice was given.

THERAPEUTICS OF CONSTIPATION— NEW REMEDIES.*

BY GEO. ACHESON, M.A., M.B., TORONTO.

In continuing this discussion, it falls to my lot to consider the newer remedies; and if with the older therapeutic resources it is necessary to inquire into the causation of every individual case, so also before making use of any of the newer methods of treatment should we make careful investigation of each patient's case to discover the exact pathological condition present, so as to be able to apply a rational therapy. There is no, at least there should not be, routine treatment for constipation. It is a symptom of many pathological states, and its treatment is as complex as its causation. These pathological states we may group as follows:

(1) Conditions where there is deficient glandular secretion—as in various lesions of the liver, pancreas, and mucous coat of the alimentary canal.

(2) Conditions where there is deficient intestinal peristalsis—as in central or peripheral nervous diseases, and atony or degenerative changes in the muscular coat of the bowel.

(3) Conditions where there is congenital or acquired mechanical obstruction, due either to structural modifications of the intestine itself, or to pressure resulting from some cause external to the intestine.

I take it for granted that the present discussion is concerned only with cases of constipation belonging to the first two groups, and so my remarks refer only to chronic constipation caused by some pathological condition of the functional, rather than structural, nature in the intestinal canal itself, or in some part of its nervous mechanism.

The treatment of constipation, as thus defined, by the newer remedies may be considered under the four heads of (1) mechano-therapy, (2) electro-therapy, (3) enemata, and (4) drugs by the mouth.

(1) *Mechano-therapy.* Under this head is in-

*Read before the Ontario Medical Association.

cluded general exercise, Swedish movements, and massage. I shall refer only to massage. As I have said already, there should be no routine treatment of constipation, and so with massage there should be no routine practice in all cases without discrimination; but the employment of this therapeutic agent in any form and the particular procedure to be adopted must be settled by the careful study of each particular case. In general terms, we may say that massage is applicable to the second pathological group already referred to, and especially for women with lax abdominal walls, the result of frequent pregnancies, in constipation associated with obesity, and in that form which is found frequently in those who do not take enough exercise. In short, it is indicated in cases due to atony of the intestine from whatever cause, but the particular kind of massage to be employed differs in different cases, and must be determined by the particular pathological condition present. Into this department of the subject, however, we have no time at present to enter, and I can only just indicate in a general way the physiological effect of massage in the treatment of constipation.

(a) It increases intestinal and other secretions.

(b) It stimulates intestinal peristalsis.

(c) It acts mechanically by pressing accumulated feces towards the rectum.

It is undoubtedly the best method of treating constipation which has resisted the other ordinary remedial measures. It should be employed daily, and for not longer than 20 minutes at a time, by a competent operator; for abdominal massage is one of the most difficult parts of the masseur's art, and must be performed skilfully, and with intelligent discrimination in order to obtain good results.

(2) *Electro-therapy.* Electricity in the treatment of constipation is indicated in cases due to general nervous disease, such as neurasthenia and chronic diseases of the cord, also in cases where the stools are hard and dry after cathartics. It excites intestinal secretion, and stimulates contraction of the muscular coat. Different authorities advocate different methods. Millican advises strong faradisation of the abdomen with a powerful coil, one pole being placed over the lower dorsal vertebrae, the other passed in the

direction of the colon and generally over the whole abdomen, or a rectal electrode may be inserted and a large pad over the abdomen. Kollner advises electricity and massage combined, and prefers a weak current, as being less likely to paralyze nerves. Again, others prefer the galvanic current. The strength of the current should never be great enough to cause pain, and its application should not last for more than 15 minutes at a sitting. Evacuation of the bowels generally follows in from one to three hours after the use of the current. In some instances, after a longer or shorter course of electrical treatment the constipation is permanently cured; but in most cases it returns after the cessation of the treatment.

In ordinary practice it will seldom be convenient to employ either massage or electricity for the relief of this very common condition, so we must make use of some other means, and fortunately our resources are not limited.

(3) *Enemata.* In this class of remedies there have been one or two brought prominently forward comparatively recently, and the principal one is *glycerine*. This a most valuable agent both for children and adults. Like enemata in general it acts mainly on the lower bowel, and so is not indicated when it is the small intestine that is at fault, but rather in cases of fecal accumulation due to torpor of the colon, and especially to atony of the rectum. The more fecal accumulation there is, the more effective is this remedy. It acts by withdrawing water from the mucous membrane, causing an active hyperæmia, and thus setting up peristalsis, and it is usually very prompt in its effects. One of its great advantages is the small amount necessary, one-half to one drachm for an adult. Thus it is so applicable in the constipation of pregnancy where bulky enemata cannot well be administered. Only chemically pure glycerine, such as Price's, should be used, and may be injected by a small piston syringe just within the internal sphincter. It sometimes produces an unpleasant burning sensation, which may be obviated by adding to it one-third water. In infants 5 to 20 drops is all that is necessary, and this may be administered either with a small syringe, or by, what is perhaps a preferable method, saturating a small pledget of absorbent cotton with a string attached and inserting this within the sphincter.

Glycerine may also be used in the form of suppositories, various kinds of which are now manufactured, but these will generally be found to be inferior to the glycerine itself.

Other enemata that have been recently recommended are *yeast* in small quantities, and an infusion of *lobacco*, one drachm to the pint, half of this quantity being injected at once. I do not know that they possess any advantage over glycerine or soap and water.

Another drug has been lately recommended by Flatau which I may notice here, though it is not used in the form of enema; this is *boracic acid* in powder, applied by insufflation to the mucous membrane of the rectum in doses of 45 grains. It is serviceable in torpor of the colon, and causes strong peristalsis in from one to three hours.

(4) *Drugs by mouth.* Turning now to the administration of drugs by the mouth, we find a goodly number of so called eclectic remedies which have been more or less thoroughly investigated and made use of by the regular profession for the last few years. These are vegetable preparations which act principally as hepatic and intestinal stimulants, and include *enonymin*, *juglandin*, *iridin*, *leptandrin*, and *baptisia*, which are somewhat similar in their action to the better known podophyllin and rhubarb.

Hydrastis in 5-drop doses of the tincture given in water night and morning is recommended for chronic cases; and *collinsonia canadensis* as fluid extract in doses of 2 to 10 minims, or as tincture in doses of 5 to 30 minims, is said to be useful in constipation due to hemorrhoids. Another drug that has lately come into use, of which we may expect to hear further good accounts, is *damiana*. It is similar in many of its actions to strychnine, stimulating the spinal centres and sympathetic system. It has proved very effective in overcoming the habitual constipation of certain classes of neurotics. It may be given in fluid extract in doses of one-half to four drachms in milk or glycerine three times a day.

By far the most useful drug, however, that has been introduced of late years for the treatment of constipation is *cascara sagrada*. It is especially beneficial in chronic cases where the digestive powers are weak, and one great advantage it has is that there are no secondary constipat-

ing effects. It is usually employed as the fluid extract, in doses of 5 to 30 drops from 2 to 4 times a day. The one objection to its use in this form is its nauseating, bitter taste, but this may be masked to a certain extent by giving it combined with glycerine and extract glycyrrhizæ fluid, or the cordial orelixir in drachm doses may be substituted. There is no better treatment for the constipation of gouty patients than *cascara*, and in general terms we may say that it is useful in all cases of deficient glandular secretion.

In reviewing thus imperfectly these additions to our resources in the treatment of constipation, personal experience leads me to place a high value on glycerine and *cascara sagrada*, and to say that while we cannot afford to do without some of the older and well-tried remedies, yet we will not be doing our patients justice if we neglect the employment of these newer methods.

June, 1892.

Selections.

IMPRESSIONS OF SOME OF THE NEWER DRUGS IN DERMA- TOLOGICAL PRACTICE.

BY CHARLES W. ALLEN, M.D., NEW YORK,
Surgeon to the City Hospital, Genito-Urinary Division, etc.

Ichthyol has had so much written about its value that I will refer to it only with a word. I have no hesitancy in stating my belief that in this preparation we have the best known application for erysipelas. I also believe it to be valuable in many cutaneous affections, not only as a reducing agent, but also as an antiseptic. In lichen, acne varioliformis, impetigo, eczema too much has been claimed for it by over-enthusiastic observers, but no doubt can longer remain that ichthyol is to have something more than the popularity of a day. I gave my views on ichthyol in erysipelas in the *American Journal of the Medical Sciences*, July, 1891, and I can only add that in about a dozen cases treated since then ichthyol has given uniformly good results.

Resorcin is another of the many new remedies which has weathered the storm. Articles unfavorable to this as well as ichthyol deterred me, in the early days of their introduction, from giving them the extended trial I otherwise would;

but more recently the value of resorcin in epithelioma, sycosis, various forms of eczema, intertrigo, ringworm, acne, rosacea, pityriasis rosea, and various other conditions, has been so manifest that for several years I have been employing it more and more. In several cases of pityriasis rosea cure was effected in a much shorter time than is usually required. It furnishes one of the best known means of cure in seborrhœal eczema, and seborrhœa in its several forms: and is of value in the parasitic diseases, especially trichophytosis and sycosis. In strong application it acts as a caustic, and may be employed as such in the treatment of epithelioma. I have had no successes to report. In pruritus the effect of resorcin is often very marked, and the relief afforded lasts for a number of hours. Unna includes it in his reducing agents. Ravogli has reported a case of dermatitis from its use. Care should be taken that the crystals are dissolved before being rubbed up with the ointment base.

Hydrogen Dioxide has of late attracted considerable attention as a microbe destroyer and disinfectant. For a long time it was sold more particularly as a bleaching agent, and one of its first uses in skin practice was on account of its power to remove pigmentary stains, etc. I have employed it for a number of years in removing from the skin and nails such discolorations as were produced by chrysarobin, pyrogallol, permanganate of potash, sulphur, and more recently the aniline dyes which have begun to play a rôle in dermatological practice. One day, at Richfield Springs, I was called to see a gentleman who had "turned black" after a sulphur bath, and by no amount of scrubbing had he succeeded in making himself presentable. He had been using a metallic ointment on the face and hands, and the sulphuretted hydrogen of the bath had done the rest. A little peroxide of hydrogen soon removed all discoloration and permitted the young man to rejoin the ladies. In another instance, an actress who had entered the bath without first removing the cosmetic from her face was forced to call upon me before she could leave her room. A solution of the peroxide soon removed the stains. Wherever there is pus to be destroyed, and especially subcutaneous collections of purulent fluid, we have in this preparation probably the best means of

accomplishing our purpose. I have found peroxide of great service in paronychia and other affections of the nails. Even in a case of psoriasis of the nail-bed this remedy did more good than any previously tried, softening the thickened epithelium and causing the psoriatic spots to disappear. As a microbe destroyer, it is of decided benefit wherever the seat of the disease can be reached. Unfortunately, in such affections as sycoses, trichophytoses capitis, favus, etc., the microbe has its seat so deeply in the tissues that before the fluid can penetrate to it the more external tissues are swelled up by the fluid and offer a decided obstacle to further benefit. I have employed the fifteen-volume solution as a local application in comedones with some benefit. The black head is bleached in a measure, and there appears to be aside from this effect, a decided diminution in the inflammatory condition, and where pus and secretions are present they are oxidized and destroyed. If there is much inflammation of the parts or open lesions are present, the strength of the application may have to be decreased by diluting with water. For the application of the peroxide in ointment, it is better to use the ozonic ether instead of the watery solution, as Richardson has pointed out, because of its mixing more readily with fatty substances. Unna has given the following formula for acne:

R. Lanoline . . .	10.
Vaseline . . .	20.
Hydrogen peroxide . .	20-40.

I have recently used an ointment made by adding one part of the ten per cent. ethereal solution now on the market to five parts of vaseline. Such an ointment makes an excellent disinfectant to apply to the surface in scarlet fever. On ulcerations the action of the usually employed "fifteen-volume" solution—*i.e.*, such a solution of dioxide in water as will give off when decomposed fifteen times its own volume of oxygen—has seemed to me very beneficial, not only because it destroys by oxidation the pus present, but because it appears to have a direct stimulating effect upon the tissues themselves, an effect which can be increased up to the point of cautery by increasing the strength of the solution. In boils, abscesses, superficial and deep suppurating ulcers, moist secreting syphilitic patches, ulcers in the throat, and in various other

conditions, the peroxide has given excellent results.

Pyrozone is the name given to a fifty per cent. solution of hydrogen dioxide in ether (the fifteen-volume solution containing about four per cent.). This, when applied to the healthy cutaneous surface, produces an immediate whitening of the skin which remains for a considerable time, and is attended at first by a slight tingling and occasional sharp twinge of pain, and usually some subsequent itching. If the application is repeated on the same or following day, vesiculation will take place, and this sometimes happens after the first application. I have made use of this new preparation in several instances of chloasma, flat pigmented naevi, and flat warts, with gratifying results. In one case where it was brushed over the surface of a congenital pigment mark the size of a silver dollar, on a lady's neck, the pain was much complained of for fifteen minutes, and from the amount of surrounding erythematous redness it could be seen that a pronounced effect was produced, though blistering did not occur.

Dermatol is the name given to one of the most recently introduced substitutes for iodoform. It occurs as a fine yellow, non-hygroscopic powder, odorless, non-poisonous, and non-irritating. It is formed by a combination of gallic acid and bismuth, and possesses marked cicatrizing and antiseptic properties, while its non-soluble nature in all ordinary media renders it free from toxicity.

As an antiseptic the gallate of bismuth has not been found equal to iodoform, but its lack of odor is a point in its favor. Applied to the healthy skin, in powder of solution, no effect is produced, it causes no irritation, and when applied to ulcerating surfaces or open wounds it produces no pain. Experiments have shown that it prevents the growth and development of micro-organisms. Clinically, it is found to be a valuable cicatrizing agent, and wounds heal up favorably under its use. So far as having any particularly prominent or pronounced action upon the skin or upon skin diseases is concerned dermatol is a misnomer. I have used it more as a dressing for wounds and after operations, instead of iodoform, more than I have in skin diseases, as already mentioned; in the few skin affections in which it has been tried it seems

inferior to aristol, though an improvement on europhen. A burn of the foot and several burns of the second degree in children healed nicely under a two per cent. ointment.

In several cases of varicella I covered the individual lesions on the face with dermatol in plaster, with the view of preventing pitting. No pitting took place. I have used it in collodion as a wound dressing and in slight lesions of the skin with good effect, in ointment with lanolin and vaseline, and at the hospital in vaseline alone in ten per cent. strength. It can be mixed with starch or talcum, or both, for dusting-powder purposes in intertrigo, eczema, etc., and for hyperidrosis pedum. In ulcers it is inferior to the other powders as far as stimulation of a flabby or indolent base is concerned. It can be combined with zinc oxide and starch to make a paste.—*Medical Record*.

FRacture OF THE PATELLA.—To the general practitioner there is probably no form of disease that will bring our reputation and skill more into question more than that of a bad result after a fracture. If you do not know your anatomy and remember it, you need never expect to have success as a surgeon or a bone-setter. To reduce a fracture and keep it in position is simply all that is required. Fracture of the patella is not an exception to this rule. Fracture of the patella is generally the result of muscular action, and hence it is almost always transverse; however, the fracture may be stellate compound or comminuted. Most of the fractures that are not transverse are due to direct violence, the most common cause of compound being a kick from a horse. In this paper it is my intention to deal with simple transverse fracture of the patella, as there seems to be no two opinions as to the procedure in compound fracture of the patella. Transverse fracture is, as I said before, generally due to muscular action, and this is quite plain if we remember the anatomical relations of the parts. To explain this I can do no better than to quote from Moullin: "Where the knee is flexed, the lower part of the patella rests upon the prominent portion of the condyles of the femur, and the upper is entirely unsupported, and the plane of the bone is almost at right angles to the direction of the quadriceps. If

this muscle suddenly contracts the whole strain falls upon one spot, and the bone gives way just as when a stick is snapped across the knee." Now we have our patella fractured, what occurs next? Displacement of the fragments; and upon the amount of displacement depends our treatment. Displacement of the fragments is due to four things: First, to contraction of the quadriceps extensor femoris muscle; secondly, to contraction of the ligamentum patellæ; thirdly, to distension of the knee-joint by blood and serum; and, lastly, the amount of separation of the fragments is due to the amount of pre-patellar aponeurosis and fascia torn. If the fascia is not torn or very slightly torn, we will have little or no displacement of the fragments, and bony union the result. Delayed union, non-union, and ligamentous union may in many fractures be due to constitutional or local conditions, but in no fracture do the same local conditions so uniformly interfere with the union of bone as in fracture of the patella. When the patellar fascia is not torn the diagnosis is not so easy, but not difficult. The effusion is not so great and not so rapidly absorbed as when the displacement of the fragments is greater. This is owing to the fact that the contraction of the muscle is not so continuous and is followed by a state of rest, and the effusion is rapidly absorbed. The amount of displacement and effusion is not an important factor in cases of non-union. McEwan, of Glasgow, was the first to point out this most important feature in non-union in fracture of this bone. He demonstrated the fact that you cannot have bony union on account of the aponeurotic structure interposing between the fragments, and here I may state that there is little use in wiring a patella if this interposition of fragments is not thoroughly picked and cleaned out. I hope I may not be considered bold or aggressive when I say that all ordinarily treated fractures of the patella when the fascia is ruptured, and where it is attended with any degree of displacement, cannot be considered at this day to be successfully or scientifically treated unless you have osseous union as a result; and to get osseous union must be our object in the future. Ligamentous union does not insure a limb as perfect functionally as before the fracture. How often do we hear of the same person having his patella

fractured once or twice, and many cases are recorded where the same patella has been wired in two or three different places at different times, the surgeon in cutting down finding the old fracture as strong as any part of the bone, and the bone fractured in another place. I saw a case of this kind in Sir Joseph Lister's wards, King's College Hospital, last year. After seeing the wonderful results of this operation, I must say I became impressed with the idea that in all cases where we cannot get the fragments in direct apposition we should cut down and wire the bones. Most writers, especially the older ones, consider this operation unnecessary and unwarrantable. I cannot see it in that light, as, if we believe in antiseptic surgery and practise it to the letter of the law, the danger should be no greater than that of any other ordinary operation. In making your incision, make it long enough to give you plenty of room. It should at least be two and a half inches long. Open the joint freely. All effused material should be squeezed out; the joint thoroughly irrigated with carbolic solution; the holes drilled obliquely from the cutaneous to the fractured surface, so as to avoid the cartilage. After the joint has been thoroughly irrigated, the bones are brought together with soft strong silver wire, taking care that every bit of tissue is from between the fragments. Then carefully sew the aponeurotic structures together with catgut or silkworm gut. Lister does not pay much attention to this, but McEwan lays great stress upon it. Lister buries his large silver wire suture, while McEwan brings his out, and removes it in five or six weeks' time. Lister does not remove the wire suture at all, unless it causes irritation or becomes troublesome. McEwan dresses his wound with iodoform and rubs it freely into every crevice with his finger. In five or six weeks' time he begins passive motion, and it is truly wonderful the results he has. Lister, of course, uses his double cyanide gauze, and puts his leg up in Gouche splinting, and does not begin passive motion nearly so early. Most text-books will tell you to use drainage tubes, but unless you are not very particular about your antiseptics it is better not to use them. I noticed this more particularly in Mr. Watson Cheyne's wards, he having almost entirely dispensed with drainage tubes in all operations.

I know I will be freely criticized, as there are many dissenters from antiseptic surgery, and many who think the risk of converting a simple fracture into a compound too great; but with the strictest antiseptic precautions and aseptic procedures that mode is the ideal of surgery in fracture of the patella, for it restores the functions of the limb and joint perfectly.—*W. S. Muir, M.D., in Maritime Medical News.*

THE TREATMENT OF CHOREA IN THE HOSPITALS OF PARIS.—Marcel Beaudoin (*Revue de Therapeutique Medico-Chirurgicale*, April 1st, 1892), after consulting the physicians of the hospitals of Paris, publishes the different opinions expressed regarding the treatment of chorea.

In ordinary cases See recommends antipyrin and arsenic as the best remedies. In rheumatic cases, the salicylate of sodium, according to this author, should be associated with the antipyrin and sulphur baths. In cardiac choreas, to the heart remedies should be added the administration of iodide of potassium, and especially the iodide of calcium.

Gilbert Ballet believes that common chorea tends to a spontaneous cure, and that, therefore, all disturbing medication should be withheld. He condemns antipyrin, but recommends arsenic (Fowler's solution in small doses, that is, from six to twelve drops a day, according to the age of the patient), tonics, and iron in anæmic cases. In serious cases he advocates the local application of ether to the vertebral column, and the bromides in patients laboring under psychical troubles. Above all, the author advises hygiene, a good alimentation, and walking in the open air, avoiding fatigue.

According to Dejerine all special medication in infantile chorea is useless. He recommends tonics, massage, gymnastic exercises, dry frictions, salt baths, and particularly insists in the application of good hygienic measures.

In mild cases, Joffroy attaches particular importance to allowing children to sleep as long as possible; in such instances he is wont to employ daily doses of from 1 to 1.75 grammes of chloral, according to the age of the patient. Fatigue, as well as all physical and mental excitement, should be avoided. In serious cases he believes that antipyrin is useless, and he then

resorts to the application twice a day of wet cloths.

Antipyrin has given the best results in the hands of Albert Robin. He combines this drug with bicarbonate of sodium, and gives it in as high a dose as two grammes a day. After fifteen days' use, the antipyrin is substituted by the arseniate of sodium in doses of two teaspoonfuls a day of a solution of five centigrammes to 300 grammes of water. This solution finished, it is followed by the readministration of the antipyrin.

Raymond thinks that only two remedies are to be relied upon in the treatment of chorea: chloral and antipyrin; he has seen acetanilid do good in some cases.

Sevestre believes in the use of both antipyrin and arsenic. The first medicament is administered in doses of from one to two grammes, and even three and four grammes, a day. He employs, at the same time, Fowler's solution in daily amounts of from six to twelve drops, or a solution of the arseniate of sodium (five centigrammes in 250 grammes of water) in doses of two to three dessertspoonfuls a day.

Massage, according to Ollivier, has given satisfaction in the treatment of choreic patients. This author also prescribes, as a general medication, iron, arsenic, and hydrotherapy.

D'Heilly recommends hygienic measures, tonics, and prolonged sleep. In slight cases he thinks that such remedies as arsenic, iron, bitters, and baths are sufficient. In more serious cases he resorts to antipyrin and chloral as the best drugs.

Antipyrin is likewise highly recommended by Legroux in doses of four grammes per day. In hysterical cases the bromides and cold douches have given him the best results.

Comby insists in the application, *firstly*, of a moral and physical hygiene; *secondly*, in the sedation of the system by bromide of potassium, in daily doses of from two to four grammes, and the use of cold douches. If no amelioration follows this treatment, antipyrin, in daily amounts of from two to three grammes, should be resorted to.

Jules Simon gives the following points: (1) During the first fifteen days the child is to lie in bed, and revulsion applied over the upper part of the back, by warm frictions, mustard

plasters, or dry cupping, and the use of aconite and hemlock. (2) After this time, the child is made to get up, and then antipyrin should be administered in progressive doses of one, two, three, four, and five grammes in the course of the twenty four hours; this medicament to be continued for several weeks. (3) This period, especially when the movements are sluggish, should be followed by rhythmical gymnastics. The same author prescribes, at the same time, the least exciting tonics, such as salt-baths, dry frictions, etc.; but a stay at the seaside is condemned.—*Univ. Med. Mag.*

THE OATH OF HIPPOCRATES.—Although the complete works of Hippocrates are to be found on the shelves of nearly every medical library, in order to save our hearers trouble, and partly because the oath itself forms the most attractive portion of this short paper, we have given here in full the translation by Adams. "The oath: I swear by Apollo the physician, and Æsculapius and Health and All-Heal and all the gods and goddesses that according to my ability and judgment I will keep this oath and stipulation; to reckon him who taught me this art equally dear as my parents; to share my substance with him, and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach them this art if they shall wish to learn it, without fee or stipulation; and by precept, lecture, and every other mode of instruction I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples, bound by a stipulation and oath according to the laws of medicine, but to none others. I will follow that system of regimen which, according to my ability, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practise my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of

mischievous and corruption; and, further, from the seduction of females or males, of freedmen or slaves. Whatever in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, I will not divulge, as reckoning that all should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practise of the art respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!" After all the controversy that has raged with respect to the genuineness of this document, the weight of evidence seems to favor the opinion that the "oath" was written either by Hippocrates or one or other of his immediate disciples, despite the important fact that Galen does not include it in his list. There is nothing in the internal evidence which would give us a definite date. The appeal in the opening to special gods as patrons of medicine would show that it did not come from prehistoric times, in which all the gods were equally powerful in the healing art, while again the assertion of Sprengel that this invocation shows that the work issued from the Alexandrian school cannot be held to be more than a supposition. Beyond this, as we read it we are convinced that it is the work of doctors and of gentlemen—of men educated, as far as the times would allow, in the mysteries of the healing art, but who at the same time understood the proper position of the doctor in society, and who thought it right to insist upon the responsibility of all who dared to undertake such duties, and the necessity of not disgracing one of the noblest professions. . . . —*F. R. Smith, A.M., M.D., in Johns Hopkins Hosp. Bulletin.*

SATISFACTORY TREATMENT OF THE TYMPANITES IN TYPHOID FEVER.—I have always considered tympanites as a dangerous element in typhoid fever; for I have seen several patients die apparently from the distention due to the accumulated gases, a condition which I was unable to relieve satisfactorily. The bowels often fill up with alarming rapidity, this being probably the cause of perforation in many cases. I saw a case in consultation last year which was undoubtedly intelligently treated. The distention was in the extreme. So far as I was able

to determine the case was uncomplicated with perforation, and it seemed as though the man would live if relieved of the accumulation of gas. All of the usual methods had been applied—injections, aspiration, and rectal intubation—but with negative results. A similar case occurred in my own practice during the last year. A boy, 9 years of age, during third week of fever, suddenly developed an alarming tympanites. The abdomen was fearfully distended, lower part of chest wall was widely forced out, stomach collapsed and unable to retain drugs, food, or stimulants. Respiration was labored and rapid. This was a case that I had been holding up under heroic doses of stimulants, and without them he began to sink rapidly. I considered the end certain and close unless relieved of this condition. I tried all of the usual methods without giving the needed relief. I then used the injection which I commonly use in abdominal section: one ounce of salts, two ounces of glycerin, three ounces of warm water, and thirty drops of turpentine. In thirty minutes the child began passing liquid stools, accompanied with an immense quantity of gas, with very decided relief of alarming symptoms. The injection was repeated in a few hours for another rapid accumulation of gas, and with the same results. The child made a perfect recovery, although it was one of the worst cases I have ever seen. I have repeatedly used this injection since in milder cases for constipation and accumulation of feces and gas, and it has seemed to be all that one could desire in its effects.—*E. T. Nealey, M.D., in Univ. Med. Mag.*

GUM-LANCING.—Dr. H. C. Wook, in the *University Medical Magazine*, speaks as follows: "I desire to express my hearty concurrence with a recent editorial in the *Dental Cosmos*, in which the editor, Dr. E. C. Kirk, criticizes the condemnation of gum-lancing, by Forchheimer, in his book on "Diseases of the Mouth in Children," as a therapeutic measure for the relief of various conditions. Clinically, I am absolutely sure that I have seen convulsions, sick stomach, great restlessness, fever, and various other functional disturbances in young children immediately cured by the use of the gum-lancet after the failure of various other well-directed meas-

ures for relief. Theoretically, I am in accord with Dr. Kirk in believing that Dr. Forchheimer absolutely misses the point of the matter by his failure to understand that the good achieved is not due to the local blood-letting or to the relief of the inflammation of the gum, but to the removal of the backward pressure upon an extraordinarily sensitive and, at such times, congested nerve-pulp. As was long ago pointed out by Dr. J. W. White, at the period of eruption the roots of the teeth are yet incomplete. 'Instead of the conical termination and minute foramen, which characterize a perfected tooth, the aperture is nearly as large as the root itself, and thus when the sensitive pulp, composed of connective tissue, blood-vessels, and nerves is in a condition of irritation because of the morbid activity of the process of dentition—augmented vascular and nervous action—there may be produced a hyperæmia sufficient, possibly, to cause the protrusion of a part of the mass from the incomplete aperture of the root, giving abundant cause for extreme constitutional disturbance.' I have myself seen a seemingly incurable epilepsy in an adult permanently cured by the removal of a persistent milk or first dentition tooth. Anæstrosis and various other conditions in the adult are well-known to be the result of irritation of the trigeminal nerve by faulty teeth. How much more evil is to be expected from teeth irritation in the child. In conclusion, I reaffirm that whatever the theory in the matter may be, I am positive that gum-lancing is a most important therapeutic measure. It is essential, however, that it should be thorough, and with the object of dividing the dense tissues that bind down the teeth."

MERCURIALS IN INFLUENZA.—In a paper on influenza read at the recent meeting of the American Medical Association, Dr. Hemenway stated that he rarely had occasion to see a patient twice if he had given a large dose of calomel at the start. This was also the experience of Dr. F. Peyre Porcher, of Charleston, who wrote in an article in this journal that he never visited a patient more than four days after having given a mercurial and rhubarb purge at the beginning, as in yellow fever.—*Med. Rec.*

THE
Canadian Practitioner

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

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

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TORONTO, AUGUST 16, 1892.

THE ONTARIO MEDICAL COUNCIL.

We quite agree with the *Canada Lancet*, that Dr. Bray's motion about the appointment of a committee to confer with members of the profession was wise and temperate; but must adhere to the opinion formerly expressed, that it came far short of what was expected. When Dr. Meacham's bill came before the Legislature, THE PRACTITIONER opposed it for reasons already given. One of our strongest arguments was that an appeal should first be made to the Council, and others were duly impressed with the same idea. The proposed amendments received a strong support among the members. It is said the bill was "strangled in committee." We don't approve of the expression, but we have no doubt that its opponents showed more skillful generalship than its supporters. It has been openly stated, and we have every reason to believe that the statement is correct, that the proposed bill would have received the majority of the votes of the members present. We believe the passage of the bill would have been a serious mistake; but we must not on that account underrate the strength that lies behind it.

The meeting of the Council was awaited with considerable interest. We must congratulate the retiring president, Dr. Williams, on the great ability he showed on various occasions during the year in his defence of the Council's actions. His address at the opening of the meeting was a very able one; but it was simply an effort to justify every action of the Council which referred in any way with Dr. Meacham's bill, and showed no disposition to grant any one of the demands which have been made, and are now being made, by the Medical Defence Associa-

tion. We are told by the *Lancet* that the address was "endorsed by each member of the Council present." We had scarcely understood that this address was to be considered as the ultimatum, and that the unanimous desire of the Council is to totally ignore all the demands of a large section of the profession in Ontario. However, we hope, we have reason to think that such a view of the situation is not correct; but that many members of the Council, if not the majority, will show a disposition to be reconciliatory, and that the proposed conference will be productive of good.

It is only just to insist upon the fact that the Council has done much to raise the standard of medical education in Ontario. It contains a large number of able and conscientious men, who have probably worked much harder in the interests of the profession than its opponents have any idea of. We think its destruction would be a serious disaster. We cordially agree with everything said by Dr. Williams in that direction, and think many of the adverse criticisms recently indulged in have been harsh, if not unfair. We must recognize the fact, however, that it is confronted with a serious crisis, that delicate handling is required, and that wise counsels should prevail.

MEDICAL EDUCATION IN THE
UNITED STATES.

There is in the United States a medical organization called "The Association of American Medical Colleges," formed for the laudable purpose of raising and governing the standard of medical education in that country. According to the *N. Y. Medical Record*, it has had a somewhat checkered history. It was organized originally in Philadelphia during the centennial year, and made but little progress for several years. In 1890 its strength developed somewhat rapidly, and at the annual meeting held this summer in Chicago the attendance was large, including a representation of over two-thirds of the medical colleges in the American Republic.

The representation from the South was small, and one of its few medical colleges in the association formally withdrew from membership. The reason for this step was purely commercial

in character—the standard of the association was too high for the schools of the “Sunny South.” From one point of view this is a sad confession to make, as the standard referred to is far from high as the word is understood in nearly all other countries. However, the association is working in the right direction, and is likely to advance the character of medical teaching in all parts of the United States.

Clinical Notes.

A CASE OF INTUSSUSCEPTION.

BY JOHN R. STONE, M.B., PARRY SOUND.

Baby H., female, æt. 7 months, was brought to me from the country the 7th of March last, with the following history: Had been more or less constipated since birth. A few days before her illness had had diarrhoea, the stools being of a greenish color. On the afternoon of the 6th, being seated on the floor at the time, she suddenly gave a scream, and seemed in much distress. After this she was unable to retain anything on her stomach, and passed at times a little mucus and blood. She was given a purgative, which was at once rejected. During the night she would doze for a few minutes, and then, waking up, commence to cry. Seen twenty-four hours after the beginning of the illness she was well nourished, but pale, the extremities cold, and fretting most of the time, though not having great pain. She could retain no nourishment, and passed a little mucus and blood with tenesmus. Upon making a rectal examination, an invaginated mass of bowel could be easily detected. No tumor could be felt externally, perhaps because she would cry upon any attempt at palpation, thus rendering the abdominal walls tense. When making the examination the tenesmus was severe, and the bowel descended nearly to the anus. At the same time mucus and blood were passed. The child was placed at an angle of about 60°, and lukewarm water injected into the bowel with a Davidson syringe, the pipe being of the kind used in vaginal injection. It being very inconvenient, no anæsthetic was administered. The water was returned as fast as injected, and the straining was severe. The pipe was, however,

kept tight to the side of the bowel, and after a time the tenesmus became less, and the child seemed much easier. After pumping for about an hour and a half, I was hastily summoned to another urgent case in town.

Upon my return the child was asleep, and I was told that although she had not yet had a normal motion, the vomiting had ceased and she had taken some food. I decided not to disturb her, and left word for the parents to call me if the symptoms should return on her waking. I was informed early in the morning that the child was vomiting blood. Upon making an examination, the mass was still where it had been. An œsophageal tube was tried, but the tenesmus was too great to admit of its presence. The pipe used in the first place was again resorted to, the child placed in the same position, and after pumping for about an hour she suddenly straightened out, turned pale and cold, and her eyeballs rolled up. She was given a little brandy, placed in bed, and wrapped up warm. She soon came around all right, and upon making an examination the invagination had disappeared. Her whole appearance was now changed. She was soon asleep, and a couple of hours after had two small but natural motions. She continued to improve, and was taken home the next day.

Book Reviews.

Annual of the Universal Medical Sciences.
 Edited by Chas. E. Sajous, M.D. Vol. IV.,
 1892. The F. A. Davis Company, publishers,
 Philadelphia, New York, Chicago, and London.

Vol. IV. deals again mainly with specialties, as did the corresponding volume of last year—diseases of the skin; ophthalmology; otology; diseases of the anterior and accessory nasal cavities; diseases of the naso-pharynx, pharynx, tonsils, and soft palate; diseases of the larynx, trachea, and œsophagus; and so on, not to copy the entire table of contents. Perhaps the most interesting chapter is one upon “Intubation of the Larynx,” by the veteran J. O’Dwyer, of New York. The chapter on “Legal Medicine and Toxicology,” by Professor Draper, of Harvard, has an interesting dissertation and collation of cases upon spontaneous combustion.

Birdsall, of New York, writes a chapter on "Intebriety, Morphinism, and Kindred Diseases," and shortly discusses the bearing of morphinism upon life insurance.

Correspondence.

Editor of THE CANADIAN PRACTITIONER :

DEAR SIR,—I am very glad you made such an amusing conjunction as appears on page 360 of THE PRACTITIONER of August 1st, 1892. Such lets us see ourselves as others see us. But, dear sir, permit me to say: (1) I did not know such a notice was in the Kingston *British Whig* until I learned it from the article in your journal, page 360. (2) As I know nothing of the matter, I have the editor's permission to say that the office alone is responsible for it. (3) After all, it is not an "advertisement," but merely the simple statement of a fact, not, perhaps, in very good taste. With the propriety or impropriety of such notices I shall not now trouble myself more than to say that I do not believe they do any surgeon any good whatever.

Yours truly,

THOS. R. DUPUIS.

Kingston, Aug. 8th, 1892.

Obituary.

DR. A. A. B. WILLIAMS.—It is with deep regret that we announce the death of Dr. Williams, who graduated this year in the University of Toronto. He was a son of Dr. N. W. Williams, Brampton, and a grandson of the late Rev. John Williams, D.D. He began practice in Belgrave, where he had succeeded Dr. Godfrey. Although only a few weeks engaged in active work he was doing well, and it seemed as if unusual success were ensured. On the 26th of July he first complained of abdominal pain; this proved to be due to peritonitis, grave symptoms developed, and death ensued five days after the first appearance of his trouble. Dr. Williams had many friends in Toronto, particularly among his class fellows and teachers in the University. He was a general favorite, and was known to be an industrious and enthusiastic worker, attaining a high standard of success in his classes. The death of a young man

whose life seemed full of so much promise is extremely sad, and we extend our heartfelt sympathy to his relatives.

Therapeutic Notes.

THE TREATMENT OF DIABETES.—Dr. Charles H. Ralfe believes that in protracted cases of diabetes there should be no relaxation of the restricted dietary; whilst the extreme sensitiveness to the minutest particle of starch and saccharine food exhibited when the glycosuria is still controlled by absolute restriction of the diet tells equally against its resumption. The next consideration is whether the advantages gained by a strict adherence to an absolute diet of proteid substances by diminishing the amount of sugar in the blood, and so checking the tendency to further lowering of the assimilative processes in the body and controlling the extreme diuresis, may not be gained at a too great expense to the patient's well-being, and that some benefit may be derived by permitting a slight relaxation from a too rigid proteid dietary, and whether its too long continuance is not in itself a danger by causing the formation in excess of bodies such as the morbid products of proteid metabolism. In diabetes with a flesh diet there is a positive entrance of an increased amount of acid salts into the body which at an early period of the disease are eliminated by the kidneys, but when the bodily powers begin to fail they accumulate to a dangerous extent. Added to this is the fact that with increased feebleness the power of digesting proteid material is lessened, and consequently the risk of the formation of toxic bodies in the intestines is increased. Admitting the risks attendant upon a proteid diet, it is not believed that any relaxation from it can obviate them. Two measures will be found to be of benefit, namely, in diminishing the amount of proteid material as the patient's powers of digestion fail, and in prescribing general and abdominal massage. So far as the opium treatment is concerned, so long as the glycosuria can be removed by diet it is unnecessary. When used it should be administered by the mouth, about an hour after the meal; the preparation to be used should be a combination of liquor opii with acetate of morphia in solution,

and the dose should be one sufficient to entirely control the glycosuria, remembering, however, that diabetics are singularly tolerant of this remedy. So long as opium effects a reduction in the amount of sugar, we may safely increase the dose. If, however, the sugar excretion gains ground in spite of diet and opium, it is not wise to increase the dose.—*London Lancet*.

A REMEDY FOR CHRONIC RHEUMATIC ARTHRITIS.—Mr. Hugh Lane, in his recent work on Rheumatic Diseases, again emphasizes the value of the old recipe commonly known as the "Chelsea Pensioner." Lord Anson is said to have given three hundred pounds for the liberty to make it public.

R—Honey, ℥xvi;
Sulphur, ℥i;
Cream of tartar, ℥i;
Rhubarb, ℥iv;
Gum guaiacum, ℥i;
Nutmeg, no. i.—Misc.

Sig.—Two tablespoonfuls in a small tumbler of white wine and hot water on going to bed, and the same quantity before rising in the morning; the patient to remain in bed until any perspiration that may be occasioned has subsided.—*International Med. Mag.*

Miscellaneous.

MEDICAL LEGISLATION—PUBLIC HEALTH.

At the recent meeting of the Ontario Medical Association, the report of the committee on legislation which was adopted by the association will be of interest to the general profession. The report read as follows:

Your committee find that several bills amending the Act, or affecting the profession, were brought before the House at the last session. One to repeal the clauses of the Medical Act giving the Council power to tax the profession for its support; giving the registrar the power to remove the names of defaulters from the register a year after having being notified of such default; and to amend other clause of said Act so as to nearly double the territorial representatives, and to make the term of their office three instead of five years.

Another bill to amend section 48 of the Medical Act so that the application of plasters to "draw out cancers" or to heal sores shall not be practising medicine or surgery within the meaning of the Act. And a third bill to make it more difficult or impossible for the medical schools to obtain the unclaimed bodies of those dying in charitable institutions.

The bills so far have failed to become law, and your committee cannot help feeling that they were unwise and uncalled for. Your committee feel that it is unwise to repeal or amend the Medical Act until its working has been fairly tried. They feel it is not in the interest of the profession to appeal too often to the Legislature; and that so long as we are represented in the Council by members of our own choice, and whom we can remove when they cease to represent our views, it would be fitter to bring pressure to bear on them than to call in the aid of the Legislature.

That whatever may be the faults and defects of the Medical Act, it has conferred a great boon upon the profession.

We see the profession in the States looking upon our position with envy, and in some of them attempts are being made in a very tame manner to copy our system. There is scarcely a respectable medical man in the States who would not gladly accept our Act if its expenses to him were double those that we pay.

And your committee cannot help feeling that our too often applying to the Legislature is lowering to the profession and endangering to the Act, but feel, at the same time, that the Council should be in touch with the profession, and should, as far as may be, reflect its opinions. And we feel that is unfortunate when any of the general members of the profession have an opportunity to think they have a grievance against the Council, and would therefore suggest that before asking the Legislature for any important change in the Act, or making any important change in the curriculum or their procedure toward the general profession, the Council should ascertain the opinions of the profession with regard to such changes. This might be done through the local societies, where such exist, by means of circulars issued by their secretary, or by each territorial representative ascertaining the views of his constituents.

We make these suggestions with a great deal of diffidence, and mainly in order to bring them before the association. And we hope they will be fully discussed, as we cannot conceal from ourselves that the question is a very important one, and that perhaps upon our action the future welfare of the profession may largely depend.

We feel that to relieve those who apply caustics to cancers from the penalties of the Act would be in the highest degree unwise. It is notorious that in numberless instances great and unnecessary suffering is daily caused by the application of these caustics to harmless growths, and that in numerous instances death is the result of the application of escharotics by persons ignorant of the first principles of medicine and surgery.

The other bill, if passed, would have greatly reduced the already scanty supply of anatomical material at our medical schools, and would have a tendency to drive our students to countries where the people were more enlightened and subjects easier to be obtained. Dissection cannot harm the subject. It can only be the effect upon living friends; who then so proper for a subject as he who leaves no friends?

We think the public mind needs education with regard to this subject, and that the press and the profession might and should do a great deal toward it. The ordinary layman thinks the medical mind differently constituted from ordinary humanity, and that the anatomist dissects a subject for mere amusement; that, as the old French pathologist has said, to answer the question in the rubric, "What is the chief end of man?" by "To furnish pathological specimens," so the anatomist thinks his chief end is to furnish work for his scalpel.

The report of the Committee on Public Health, which was adopted by the association, should demand the attention of the practitioners and the public. The report read as follows:

Your committee would report that since the last meeting of the association the province has been fortunate in not being visited with any outbreak of smallpox, and that contagious diseases other than diphtheria have not caused any serious mortality in Ontario.

Regarding the latter, your committee would

express its regret that in spite of the efforts made by physicians and boards of health generally many outbreaks have been reported from every part of the province, and that some of these have been of an extended and fatal character. While the cause of the disease is generally understood, it is not so well known to the public or appreciated by the profession that the disease under ordinary conditions is of an intensely contagious and infectious character. This being the case, your committee would urge upon the members of the association, and through them the public, the necessity of making known to the proper authorities by every means in their power the locations where individual cases exist, so that the authorities may not only warn the public to shun contagion where exposure is unnecessary, but in cases where local isolation, through poverty or other cause, is impossible the local health authorities may remove such to houses or hospitals where isolation may be properly carried out.

Especially would your committee direct attention to the danger of the spread of this fatal and prevalent disease through the medium of schools, public and private, Sunday and charity schools. Much attention has been given to sanitary matters by municipalities during the past year in the matter of public water supplies and systems of sewerage. Everywhere the necessity of a pure water supply is making itself apparent in outbreaks of typhoid fever, and the importance of controlling both public and private supplies is being daily better understood by the public.

That an immense impetus has been given to public health work by the establishment of permanent boards of health is fully appreciated by your committee; but it also very fully recognizes that by the great advances made in physical and medical science, but notably in biology and chemistry, has the present improved status of public health legislation and executive control of disease been made possible.

TREATMENT OF THE TZAR'S CONSUMPTIVE SON.—The Grand Duke George, the Tzar's second son, who, ever since his enforced return through illness from his Indian tour, has been under medical treatment for pulmonary disease, has been passing the winter at Abbas-Tuman in

the Caucasus. A private letter from that place states that his Imperial Highness is undergoing a most remarkable course of treatment. The walls in his apartments are bare and unpapered, the furniture is of plain wood or cane, without upholstering or stuff-covering of any kind, and his bed consists only of the thinnest of mattresses. Throughout the winter only a very moderate fire has been kept up, while the windows of the Grand Duke's rooms have been continuously open. His attendants have suffered dreadfully from the cold; but his medical advisers hold that this low temperature is very beneficial to their imperial patient, as it tends to destroy the bacillus and prevent the formation of tubercle. They maintain that the progress of the disease has been arrested, and express hopes that, if the treatment which they prescribe is persevered with, the Grand Duke will in two years' time have completely recovered.—*N. Y. Medical Record.*

THE IDEAL FAMILY PHYSICIAN.—The Hon. Thomas F. Bayard recently addressed the class at one of the medical colleges in Baltimore, having for his theme "The Lawyer and the Doctor." It has been his fortune, he says, to be thrown in contact with not a few medical men who have been "as the salt of the earth" in their respective communities. A man who is already eminent by reason of his natural endowments may be said to double his talent by becoming a physician. "It has been my personal fortune," says Mr. Bayard, "to know such a man. It has been my privilege and delight to accompany him in visits where his only medicines were the personal presence and conversation of the man himself. He had shared and had lessened their anxieties, counselled the wayward, cheered the weak-hearted, had rejoiced with them that rejoiced and wept with the weeping. And I have seen such a man so surrounded by an atmosphere of love and trust, holding, as it were, the heartstrings of a family in his hands, their guide, philosopher, and friend; and then I realized what a moral force in society the profession, properly comprehended and properly followed, was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine."—*New York Med. Journ.*

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday, and Friday, Oct. 12th, 13th, and 14th, 1892, under the presidency of Charles A. L. Reed, M.D., Cincinnati. An address on "Surgery" will be delivered by Dr. Hunter McGuire, of Richmond, Va., President of the American Medical Association. An address on "Medicine" will be made by Dr. Hobart Amory Hare, Professor of Therapeutics and Clinical Medicine, Jefferson Medical College, Philadelphia. The social as well as the scientific part of the meeting will be of the highest order.

N. WATSON protests against too frequent examinations, which produce a dry and congested condition of the passages, against the administration of ergot to precipitate labor, against the use of instruments merely to save the time of the attendant, and against the exaggerated use or misapplication of antiseptic douches upon every slight rise of temperature.—*Amer. Jour. of Obstetrics.*

THE RETIREMENT OF PROFESSOR DA COSTA FROM JEFFERSON MEDICAL COLLEGE.—We are authoritatively informed that Professor Da Costa will not again take part in the clinical lectures at Jefferson Medical College. Dr. Da Costa has now withdrawn from all teaching connection with Jefferson Medical College. He will, however, continue as Visiting Physician to the Pennsylvania Hospital, and in connection therewith will deliver the usual course of clinical lectures.—*Medical News.*

UNIVERSITY OF PENNSYLVANIA.—The compulsory four years' course goes into operation with the session beginning October 2, 1893. Dr. Tyson has resigned the position of Dean and Dr. John Marshall has been chosen to succeed him.

THE annual receipts of the American Medical Association are \$30,468.

A JENNER centennial will be celebrated in Washington in 1896.

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