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THE
Canadian Medical Review.

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VOL. I.]

TORONTO, FEBRUARY, 1895.

[No. 2.

Original Communications.

Tumor of the Middle Lobe of the Cerebellum.*

BY D. C. MEYERS, M.D., TORONTO.

THE history of the case is as follows: The patient, H. W——, aged 26, is unmarried and a dentist by profession. In regard to his family history, his father and mother are alive. He has several brothers and sisters, all of a decidedly nervous temperament. His grandfather died of hemorrhage of the lungs, and there was consumption in his grandmother's family. His father tells me that one of his children by the first wife died of hydrocephalus, and another of consumption. No history of fits or mental disease. The patient's previous health was always good, but he was nervous, and at times was troubled much with headache. He had rheumatism about eight years ago, and some kidney trouble soon after. He has been much confined to his office since he was sixteen.

His present illness began about five years ago after an excess of work from taking his diploma. At this time he had an attack during which he was entirely paralyzed, and was unconscious or partially so for ten days. His temperature was raised to 103° at times during the

* Read at January Meeting of the Toronto Clinical Society.

attack, which kept him in bed for six weeks. His left side, he says, was more affected than the right, and his arms recovered first. Soon after recovering from this attack he went to Picton, where after ten days he had another attack of paralysis, lasting three months. He gradually improved and began practice again until following summer, when he again overworked himself, but after a rest in Muskoka he worked again during the winter. Some stiffness in his legs, however, always continued. During the following summer he suffered much from dysentery, but was again better during the winter. In the spring two years ago he felt badly, and he then did the Salisbury treatment. Since this time his eyesight has been bad. He spent last winter in Nebraska, where he was fairly well. He has not worked for a year and a half, and his walking has been growing steadily worse. His bowels are very constipated, and in the past five years he has scarcely had a natural motion. He has had trouble to pass urine, and he now is often obliged to wait for it to pass, and the propulsion is not good. At times he is very dizzy, so that everything swims, and he can maintain his equilibrium only with difficulty. He does not vomit, but has had a feeling of intense nausea with the dizziness; giddiness much increased when he turns. He complains of a sense of pressure over occiput when the nausea is bad. The patient stands and walks with feet widely separated, and has great difficulty, when standing with his feet together, to maintain his equilibrium. His balance is scarcely more uncertain when he closes his eyes, and he walks with his eyes closed almost as well as when they are open. He fell off the sofa at my office when dressing. His walk resembles that of a drunken man. He has some inco-ordination in legs, and less in arms. He does not stamp feet in walking, and says he can put them where he wants them without trouble, and he does so in walking without marked excursion. He has no tremor of the hands. Dynamometer, R 85, L 67. Strength good in all the muscles of the legs: no wasting of any muscles. Sensibility quite good over entire body: but he says for a light touch he uses right hand. His knee jerks are markedly increased on both sides, and a distinct ankle clonus on both sides is also present. He tells me that at one time knee jerks were lost. Plantar reflex absent. His eyes show a slight nystagmus on lateral rotation. Except this, movements normal. Discs both show a typical grey atrophy. Dr. Ryerson kindly informs me that five years ago the patient had distinct papillitis in both eyes, and that the patient then required assistance in walking, his gait being very unsteady. Respirations are very slow—seven per minute. Pulse 76 and regular; urine normal; appetite good, and he sleeps well. Patient is bright and intelligent. He is

well nourished. The moral habits of the patient are in every respect good. The hands present no tremor, voluntary or otherwise.

The first question which naturally arises is, Where is the seat of the trouble? The increased reflexes, the inco-ordination, the nystagmus, the optic atrophy, would point strongly to an affection of the cord Ataxic Paraplegia. But the age at which the trouble began, the fact that the atrophy (which of itself is rare in Ataxic Paraplegia) was preceded by choked disc, the muscular strength in the legs being unimpaired, the respiratory symptoms, the slight amount of ataxia, etc., would negative this opinion. That protean malady, multiple sclerosis, presents another difficulty in diagnosis; but the entire absence of tremor, the perfectly natural articulation, the presence of distinct papillitis and the peculiar gait of the patient, are opposed to this view of the disease.

On the other hand the marked giddiness, the respiratory trouble, and especially the fact that papillitis preceded the present optic atrophy and the difficulty in maintaining his equilibrium, indicate an affection of the brain, which a consideration of the symptoms compels one to think a tumor. Under these circumstances (unless we suppose the presence of more than one tumor) the growth must be in such a position as to compress both pyramidal tracts, and cause inco-ordination and disturbance of the equilibrium. The most probable situation for such a growth is the cerebellum, particularly the middle lobe, as you are all aware an affection of the semicircular canals of the ear, or of that portion of the auditory nerve connected with the ampullæ, will cause a loss of equilibrium; and in this case I believe the vestibular portion of the auditory nerve in its course to the cerebellum is affected, having a disturbance of equilibrium as a consequence. The cause of the increased reflexes lies in the fact that the pyramidal tracts of the cord are pressed upon and probably degenerated as a result. The loss of co-ordination may be explained by a derangement of those sensory impulses which, passing through the posterior columns of the cord, go thence to the cerebellum. In fact we have here, in regard to the reflexes and the inco-ordination, precisely the same result that we would have from a primary affection of the cord implicating the motor part of the lateral columns and the mesial portion of the posterior columns, the only difference being that these same results are due to an affection in another part, and are consequently secondary. In regard to the nature of the growth, a gumma need scarcely be considered, owing to its position and the history of the patient. The two most likely forms of tumor are tubercle and glioma; and of these the presence of tubercle in the

family, the fact that tubercle is the most common tumor of the cerebellum, leads me to believe this to be most likely the nature of the growth. I therefore consider the case to be a tumor of the middle lobe of the cerebellum, probably tubercular in its nature.

199 Simcoe Street.

Two Cases of Tubal Gestation.

BY A. B. ATHERTON, M.D.,

Surgeon to St. John's Hospital for W. men.

CASE 1.—Mrs. H. T——, aged 25, first seen by me at noon on October 10th, 1894, in consultation with Dr. Sloan, of Parkdale.

History.—Usually has good health; had one child three years ago; not pregnant since; always regular except when pregnant or nursing; menstruated last during the first week in August; has suffered a good deal from morning sickness for three or four weeks.

About three weeks ago, began to have occasional attacks of colicky pain in lower abdomen, lasting from a few minutes to an hour or more, and obliging her to keep still till they passed off. Six days ago had a more severe seizure than any before, which was attended with faintness. A second similar attack occurred yesterday, when, for the first time, Dr. Sloan was called in. During the afternoon the patient had, in addition to the abdominal pain, an acute pain in the top of left shoulder, which, during the night, shifted to the right shoulder. Dr. Sloan had to give several doses of morphine to relieve the patient; and, considering her condition rather alarming, asked me to see her with him.

On examination the lower belly seemed somewhat distended, and was tender, especially on left side. *Per vaginam*—The uterus found somewhat enlarged, and fundus lying to the right side. On the left an irregular, hardish mass felt, which was painful on palpation.

Up to the present there has been no discharge of blood from uterus. P. 96. T. 100°.

Diagnosis.—Ruptured tubal pregnancy. Immediate operation advised.

Removed to St. John's Hospital and abdomen opened at 4 p.m.; assistance rendered by Dr. Sloan, chloroform being given by Dr. Hart.

As soon as the peritoneum was entered, bloody serum, followed by clots of blood, issued forth. The hand was at once passed in and the distended left Fallopian tube withdrawn. Then clamps

were applied and ligatures put on, the tumor being cut away together with left ovary. Abdomen then washed out with hot water and afterwards sponged. Glass drainage tube inserted. Silk-worm gut sutures and iodoform gauze dressing applied.

On examination, the mass removed was found to consist mainly of the distended tube, being about two and a half inches in diameter and four inches long. A perforation three-quarters of an inch in diameter seen at junction of its outer and middle third with pouting edges, filled with protracting clot.

On cutting open tube, the animotic sac was observed, distended with fluid and having a foetus floating in it about two inches in length.

October 11th.—10 a.m. Some vomiting during night; a pretty free discharge of blood. P. 88. T. 99°.

October 12th.—Vomiting ceased at noon yesterday. P. 98. T. 100°.

October 13th.—Had a good night. Bowels well moved by a Seidlitz powder this morning. P. 84. T. 99°.

October 15th.—Doing well. Drainage tube removed.

Has had a free flow from uterus ever since operation.

November 6th.—Left hospital for home in Parkdale to-day. No discharge from uterus for several days.

Case 2.—Mrs. T. McC—, aged 33. *Multipara*—General health always good; has had five children, youngest being six years of age; three abortions since then, the last one year ago. Catamenia always regular except during pregnancy. Were due about the 22nd of November, but did not appear. Never has morning sickness when *eniente*. A week after this date began to have colicky pains in abdomen, for which she took some cathartic medicine once or twice, but without relief. On December 6th the pain became so severe that she was obliged to take to her bed, and in the afternoon sent for her physician, Dr. Cuthbertson, who after examination came to the conclusion that she had an extra-uterine pregnancy. I saw her the same evening, and concurred in the diagnosis.

On the morning of December 7th the patient was removed from her home to St. John's Hospital, and the abdomen opened. Dr. Cuthbertson assisted, and Dr. G. B. Smith administered chloroform. A large quantity of bloody serum and many black clots were found in the peritoneal cavity. The right Fallopian tube and broad ligament distended with blood clots were withdrawn and ligatured, they and the corresponding ovary being then removed. More clots washed out, and a glass drainage-tube inserted. The usual sutures and dressings.

On examining the specimen removed, the Fallopian tube was found distended to nearly an inch in diameter, with firm and apparently partially organized clot. Posteriorly it was perforated at two points, and the blood had doubtless escaped from these openings into the posterior layer of the broad ligament, and thence into the general peritoneal cavity. No fetus nor membranes were seen anywhere.

December 8th, 11 a.m.—No vomiting since immediately after the operation. Had $\frac{1}{2}$ gr. morphine hypodermically during the night, and rested fairly well. Two or three ounces of bloody fluid discharged. P. 74. T. 99.4°.

December 9th.—Had a good night. Has taken some milk and lime-water, and kept it down. P. 74. T. 99°. Drainage-tube removed.

December 10th.—Some bloody discharge yesterday. Very little in night. Slept fairly well. P. 70. T. 98.6°. Bowels well moved this morning after two Seidlitz powders and enema.

December 11th.—Doing well. P. 72. T. normal.

December 13th.—Bowels are moved every other day by a Seidlitz powder. P. 70. T. 98.2°.

December 17.—All sutures have been removed. Doing well in every way. There has not however been any uterine flow, and there is more fluid in breasts than before operation. This leads us to suspect intra-uterine pregnancy also.

December 25th.—Very anxious to go home to-day for Christmas. Has been out of bed for several days; may therefore leave hospital, if carried up and down stairs. Still no metrorrhagia, and breasts are growing larger and contain more and more fluid.

January 9th, 1895.—Dr. Cuthbertson informs me that patient began to flow freely on the fifth inst., and aborted on the seventh, being the fifth week after the operation.

Remarks.—So many cases of tubal gestation having been reported during the last few years, it may seem superfluous to add to their number; but we think that there are one or two points in the history of these which make them deserving of being placed on record. And in the first place the fact that, in both, the diagnosis of ruptured tubal pregnancy was made without the aid of that almost ever-present symptom of uterine hemorrhage is worthy of notice, showing that we should not necessarily wait for it before operating. In the last case the concurrence of an intra-uterine foetation accounts, of course, for its absence; but not so in the other. Besides, if one had placed too much reliance on this very common symptom of rupture of the tube he might have been tempted to try electricity or some other method

of destroying the fœtus, which would not have much improved matters, and might have occasioned a fatal delay before resorting to laparotomy.

As far as I can recall to mind, I do not remember any published record of removal of a tubal foetation while another child was present *in utero*. The latter would probably have been carried on till full time had not my patient acquired the habit of abortion, for it was not expelled for a month subsequent to operation, and was not, therefore, a result of it.

Finally, we direct attention to the severe pain felt in Case 1 in the tops of the shoulders. If this pain, in one or both shoulder-tops, be a symptom of perforation of some abdominal viscus, (as it seems to be,) then it may in some instances of tubal pregnancy aid in determining the question of rupture, and consequently the propriety of immediate laparotomy. The same pain has been noted by others as well as myself in perforation of the stomach from gastric ulcer. Two such cases are reported by me in the *New York Medical Record* of January 5th of the present year, in one of which the diagnosis was verified by successful suture.

Clinical Notes.

A Case of Malingering.

MURRAY M'FARLANE, M.D., TORONTO.

SOME months since I was consulted by a young woman, aged 22 years, who complained of rapidly-failing vision, dating from an attack of meningitis, the result of a sunstroke. Upon examination I found her vision for distance to be $\frac{1}{6}$ th in each eye. The field of vision was but slightly affected, though she gave very contradictory answers to all tests. The pupils were widely dilated and fixed, and she was unable to read ordinary print at the usual distance, except by the aid of a strong convex lens, pointing to a paralysis of accommodation. Upon using the ophthalmoscope no departure from the normal was seen in the disc or retina, the blood vessels being of proper calibre and appearance. There was, however, a considerable amount of photophobia, which interfered with the examination to a certain extent.

Upon inquiry she told me she had not been using any belladonna, or drops of any kind in her eyes, which made me doubt the exact nature of the case. The dimness of vision for the distance looking like retro-bulbar disease, a sequelæ of the meningitis, I put her upon

strychnine, advising absolute rest of the eyes. Coming to report progress in a few days, I found the pupils beginning to respond to light, and found that the use of a solution of eserine contracted the pupil to a marked degree.

She came back and forth for about a month, varying in her condition, one day seeming much better than the next, and giving most contradictory answers to my enquiries, all this time being the object of the sympathy and solicitude of her relatives and employers, who were very much alarmed at her growing blindness. One day she came complaining of great dimness of sight, telling me she had to give up her position, and appeared in a pitiable condition. I found the pupils widely dilated and not responding to the light. I instilled a strong solution of eserine, asking her to see me the following day, when I found the pupils as widely dilated and insensitive as before. I immediately accused her of using belladonna. Upon her vigorous denial, I told her plainly she was not telling the truth, and kept at her until finally she admitted that she had been using a four-grains-to-the-ounce solution of atropia sulphate. She could give no reason for it, except an uncontrollable impulse to excite the sympathy of her friends. It is needless to say that her vision for distance had all along been perfect, her answers to the tests being the result of her intent to deceive.

This brief clinical sketch will serve to indicate the necessity for the practitioner being ever on his guard against the machinations of the victims of hysteria.

Society Reports.

Toronto Clinical Society.

(DECEMBER MEETING.)

President, DR. RYERSON, in the chair.

The Treatment of Colles' Fracture* was the title of a paper read by Dr. Britton.

In discussing the paper, Dr. STRANGE said that he looked upon early movement of the fingers as very important. This was of more importance than the kind of splint used.

Dr. MACFARLANE said the splint recommended was somewhat of the nature of the old pistol splint. Where the great difficulty occurred, often leading to malpractice suits, was in the fact that the dislocation was not completely reduced. If reduction were properly effected the necessity for splints was done away with. This reduction often could not be done without the use of an anæsthetic. For some time back he had not used splints in Colles' fracture; but had adopted Moore's method. He advised movements of the fingers from the first day.

Dr. BRITTON said he was afraid to trust his cases without splints, although many cases, particularly of transverse fracture, might be so treated.

A Peculiar Fracture of the Clavicle* was reported by Dr. Cassidy. There was no discussion on this paper.

Double Inguinal Herniæ.—Dr. BINGHAM then presented a patient and said—The reason I am showing this case is, this little chap is going home to the country in a few days and I would not have the opportunity of showing you the illustration I wished at a future meeting. This is a case that was sent into the Children's Hospital from the country of Double Inguinal Herniæ. They had existed from birth; the herniæ were large. It was impossible to maintain them in a state of reduction by any form of truss, and many forms had been tried, and finally the child was sent down for operation. The operations were done at an interval of about two weeks, one on each side. I used a different form of operation in each of the two cases, on one side doing a modification of the old Barker method, and on the other side doing the more recently introduced Holstead method. The sacs were closely adhering to the testicle and to the cord; the first one

*Published in the January number of the REVIEW.

upon which I operated, I think it was the right side, there was little or no difficulty in separating the sac from the cord. Then I simply tied up the sac as high as possible. The second case was somewhat different. In this case I used the Holstead operation. I found in this case the sac was closely adhering to the cord, and without a very great deal of tearing I was unable to separate it. I cut down on the sac at each side of the cord and left the portion of the wall adhering to the cord; in this case stitching up the upper portion of the sac as far as possible, closing the whole canal by means of tape. For five days the child did remarkably well. At the end of that time suddenly the temperature went up to 102 or 103. Considerable swelling took place over the wound. I immediately opened it up, removed the stitches and drained. The temperature dropped, and a good result has obtained.

Case of Tetanus.—Dr. THISTLE reported a case of Tetanus with the following history:—B. T——, aged 8; sent into Victoria Hospital by Dr. Wilson, October 31st. Illness began October 26th, when he complained at tea-time that the bread was too thick and that he had difficulty in opening his mouth. There was some contraction of the muscles of the jaw on attempting to open the mouth widely. That night he was restless and complained of pain in shoulders and stomach, increased on movement.

October 27th.—Better, but still had painful muscular contractions.

October 28th.—About the same, but pains rather more severe and lasting longer.

October 30th.—Was worse, and the family physician was called in and the following condition found: Temperature, 100°; pulse, 120; respiration, 24. Examination excited intense general spasm, tonic in character. Opisthotonos complete and trismus. During the spasm he could not separate his jaws to the slightest degree.

October 31st.—Seen with Dr. Wilson. Condition about as previous day, but somewhat modified, as chloral had been given. During examination a small black puncture was discovered in right heel. The mother stated that on October 12th he complained that his boot hurt him, and on examining the heel the puncture was discovered, and also a projecting nail on the heel of the boot standing up $\frac{3}{8}$ of an inch. Wound poulticed and probed, but no pus found. At time of examination it was quite healed. In the hospital he was put upon chloral and bromide of potash in full doses, and the wound was excised. We endeavored to secure some Tetanus Antitoxin, sending to Pasteur Institute, New York, to Johns Hopkins, Baltimore, and to McGill, Montreal, but without success.

November 1st.—Temperature, 99 $\frac{1}{2}$; pulse, 126; respiration 32.

During the day he had some twenty spasms, but none of them sufficiently strong to produce opisthotonus.

November 2nd.—Spasms quite frequently, but for the most part light. Temperature, $100\frac{2}{3}$; pulse, 116; respiration, 42. Between spasms is drowsy and sleepy. Urine, per catheter.

November 3rd.—Slightly delirious. Temperature, $102\frac{2}{3}$; pulse, 146; respirations, 48. Muscles become at times quite flaccid. Spasms unfrequent, but severe. 9 a.m.—Temperature, $105\frac{2}{3}$; pulse, 150; respirations, 46. Given cold pack. He cries out at times, but spasms are rare and very slight. 4 p.m.—Temperature, $104\frac{2}{3}$. 6 p.m.—Temperature, $104\frac{2}{3}$; pulse, 160; respiration, 38. Has been unable to swallow all day, and is unconscious; cannot retain enemata. Spasms are about gone. Bowels have been freely acted upon throughout. Spasms controlled by chloral and bromides. Death comatose, with implication of respiratory and cardiac centres. No post-mortem. Urine examined, but nothing abnormal discovered.

Dr. MEYERS related a case of tetanus following confinement, in which the spasms began in the leg, and in the course of half an hour attacked all the muscles of the body. The patient was kept under the influence of chloroform for two or three days until the attacks almost ceased. The sight of one eye was completely lost, and the pupil became dilated and has remained so.

Dr. BAINES asked as to the habitat of the bacillus, and referred to Dr. FOTHERINGHAM, who said that Prof. Ramsay Wright had found the bacillus in earth taken from the ravine near the University building. He related a case: Two men were splitting rails in a swamp. One, while holding a wedge, received a blow on the end of his finger, without, however, breaking the skin. Tetanus supervened and death ensued.

Dr. ATHERTON said that he had seen five cases—one following labor. All the patients died. In the first there was a wound in the heel, the second of the leg, the third of the forehead, the fourth of a crush of the elbow.

Dr. CASSIDY believed tetanus was a rare disease in Canada. It was common in France, especially among veterinary surgeons, blacksmiths, and people whose work brought them in contact with horses.

Dr. STRANGE said the last case of tetanus he had seen was in the keeper of a livery stable. Under the influence of chloroform he was quieted, and recovery followed.

Dr. THISTLE said that tetanus was common in cases of labor. Sometimes the child suffered from inoculation through the cord. The germ has been found in every country in Europe. It is only absent

in ground where there has not been organic matter. One reason it produces so few cases, though so widespread, is that oxygen is inimical to its growth. Punctured wounds are favorable to its production. He believed there were certain poisons manufactured in the system whose effects were similar to tetanus, and were probably improperly called idiopathic tetanus. The speaker gave the history of a case in the Children's Hospital, under the care of Dr. Machell. It ran a course of eight weeks, characterized by spasms and high fever, but recovery followed. Bromide and chloral were administered.

Sarcoma of the Jaw.—Dr. STRANGE presented a specimen of sarcoma of the jaw, taken from a girl aged fourteen. She had suffered from a dull aching pain in the growth; its growth was slow. It showed the deposit of new bone and the work of the periosteum in the formation of new bone. The speaker detailed the steps in the operation. The periosteum had been left with the hope that bony union would take place. He had been disappointed in this, for the union was almost entirely fibrous. The operation was done about three years ago. There is little deformity, and there is no return of the disease.

Tubal Pregnancy.—Dr. ATHERTON presented a specimen obtained in an operation for tubal pregnancy. (See page 38.)

Dr. BAINES moved, seconded by Dr. FOTHERINGHAM, that the Fellows of the Toronto Clinical Society respectfully beg the Ontario Board of Health to notice the success of the use of antitoxine in tetanus; and, therefore, request the Board to procure the same, so that it can be procured immediately when such a case may arise, and that through the journals of medicine the profession may have cognizance of the same.

(JANUARY MEETING.)

President, DR. RYERSON, in the chair.

Dislocation Upward of the Acromial End of the Clavicle.—Dr. LESLIE presented a patient who had suffered from a dislocation upward of the acromial end of the clavicle. The patient had made an excellent recovery, which was attributed to his remaining in bed a longer time than is ordinarily done. Being an hostler, his work necessitated much use of the arms above the head. To maintain its position at rest strapping was first used, but owing to the thinness of the patient it cut through his flesh. The ordinary bandage was then used. In some cases there was loss of power in upward movements.

Dr. GRASSETT said the upward movements were limited only in the bad cases. Perfect movement in every direction would follow good treatment.

Dr. ATHERTON recommended the use of a broad strip of adhesive plaster passed around the elbow, carried up the back and over the shoulder across the displaced bone, so as to exert pressure enough to maintain it in the correct position. The patient could go about; lying in bed was irksome.

Osteo-Enchondroma.—Dr. E. E. KING presented a case of osteo-enchondroma. He had reported on the case two years ago. Over the knuckle of the index finger was a growth of about half the size of an egg. As the extensor tendon of the finger was involved, it was separated as much as possible to allow of the shaving of the growth down to the normal size of the bone. The finger regained a considerable amount of motions. The question was, in view of its slow recurrence, as to the advisability of any surgical interference at the present. Dr. King wished to get the opinion of the Fellows on this point.

Dr. GRASSETT said that as these growths were always slow, and as the patient had good use of his fingers, he would wait and keep the patient under observation.

Displacement of the Liver.—Dr. J. E. GRAHAM presented a patient suffering from some abdominal trouble, in which there appeared to be a displacement of the liver to the left side, probably the result of injury. During the latter part of July the boy slipped off, a wagon-load of stone, the wheel passing across the body from right to left, fracturing several ribs on the left side. The wheel, the patient thought, struck the right side, just below the ribs. He was picked up unconscious. The fractures were duly attended to, the patient receiving medical attendance for three weeks. Since then the patient has suffered more or less pain continually. He commenced learning the tanning business, but was obliged to give up owing to severe pains in the upper abdomen. A physician who saw him said he was suffering from ascites, and advised him to return to the Boys' Home. He was seen by Dr Thorburn and was sent to the hospital.

The abdomen was markedly distended and the limbs dwarfed. There were rickety nodules on the ribs. Under direct and purgative treatment, the ascites disappeared after two weeks' treatment. On cessation of the treatment the fluid collected again. A week's similar treatment relieved the condition, which since two weeks had not reappeared.

On the absorption of the fluid, liver dulness was absent on the right side, but seemed to exist on the left, extending round the body. Inflation of the colon showed the liver to be behind it; the stomach was pushed upward and to the left.

Tumor of the Middle Lobe of the Cerebellum.—Dr. MEYERS presented to the Society a young man where the above diagnosis had been made. (See page 35.)

Dr. GRAHAM said that from what he had learned of the case as presented, he would lean to the diagnosis of ataxic paraplegia. The papillitis and headache might have been due to meningitis.

Dr. ATHERTON asked an explanation of the suddenness of the attack.

Dr. CASSIDY thought the diagnosis of the tumor, as tubercular, was negated by the absence of tubercle in the rest of the body.

Dr. ROSS described a case he had seen of tubercular tumor of the middle lobe of the cerebellum, to which the case reported bore some resemblance. However, he leaned to the diagnosis of ataxic paraplegia in this case.

Dr. MEYERS pointed out that his diagnosis rested mainly on the optic atrophy, the marked decrease in the number of respirations, the limited ataxia, the strength of the leg muscles. The original trouble might have been peripheral neuritis.

Sarcoma of the Ovary.—Dr. ROSS presented a specimen of ovarian tumor from a negress. She had suffered from it five years, when suddenly she experienced a rise in temperature of 105°, and great abdominal pain. It looked perfectly healthy on removal, but upon opening it was seen to be undergoing sarcomatous degeneration.

Toronto Medical Society.

(JANUARY 17TH, 1895.)

President, DR. PETERS, in the chair.

Scleroderma.—Dr. MCPHEDRAN presented a patient suffering from scleroderma. It commenced about nine months ago, a white spot being first noticed in the forehead, which presented something of the appearance of a chalk mark. It extended upward upon the head about two inches within the margin of the hair line. Its width was about half an inch. The patch became completely bald. Thickening of the skin and the tissue has taken place. It is slightly anæsthetic.

Urethral Calculus.—Dr. PETERS showed a urethral calculus which he had removed from a boy seven years of age. The history of its presence lasted from the patient's birth. At the age of four he received a blow in the perineum. Since then he has had frequent passages of bloody urine accompanied by great pain. The urine kept continually running away. On passing a sound the stone could be distinctly felt

at the membranous portion of the urethra. Median incision was made but upon applying the forceps it slipped into the bladder. The opening was enlarged and the stone extracted.

Dr. ATHERTON also presented a large urethral calculus which he had discovered accidentally upon operating on a patient for extravasation of urine resulting from an injury in the perineum, the history of which he had given at a previous meeting of the Society.

Dissecting Aortic Aneurism.—Dr. R. J. WILSON presented a specimen of dissecting aortic aneurism. The patient was forty-two years of age, of good habits and had a good family history. He was called early one morning, when he found the patient suffering great pain in the left groin and in the back, radiating from the region of the left kidney, extending into the left testicle and to the end of the penis. The testicle was retracted. He was treated for renal colic, morphia being given. The patient got up about six o'clock to urinate, but died before he got back to bed. The specimen showed that rupture had taken place at the commencement of the descending aorta. The coats were separated down to the point at which the vessel had been severed upon removal. There was no evidence of kidney disease. Some calcareous deposit was detected on the aorta. No evidence of any cause for renal colic was made out. The pain might have been produced by pressure on the lumbar plexus.

Spina Bifida.—Dr. OLDRIGHT presented a child five weeks old suffering from Spina Bifida. The tumor involves a portion of the sacral, all the lumbar and the lower two dorsal vertebræ. The members examined it by transmitted light, an electric lamp being used for that purpose. Although no portion of the cord could be seen, yet the doctor considered that a portion of the cord was involved because of its large size and its position, and the complete paralysis of the lower extremities. On tapping the lower part of the tumor, distinct twitchings of the legs occurred. As to treatment he had been using pressure. He asked the opinion of the Society as to the wisdom of further interference. The only other child had died, and the parents were much wrapped up in this one, and he felt somewhat loath in resorting to operation. Dr. Peters reported having operated upon a case unsuccessfully. He did not think the involvement of the cord was a contra-indication to operation. He thought he would favor operation on the case.

Dr. ATHERTON said that he would try the injection of Morton's fluid. If this were insufficient to effect a cure, he would state to the parents the possibilities and the probabilities in case of operation, and in case operation were not performed, and would advise operation.

Dr. McMAHON said, from his observations on three cases of Spina Bifida, he had concluded the conservative treatment was best. Dr. WILSON, of Richmond Hill, said that looking from a scientific standpoint at the case he would operate, but from the standpoint of the mother he would leave it alone.

Dr. OLDRIGHT stated that statistics show only about three or four per cent. of recoveries. He seemed rather inclined to the non-operative treatment.

Appendicitis.—Dr. BRYANS gave the history of a case of appendicitis with the ordinary symptoms. The patient had a somewhat similar attack some months before.

Dr. ATHERTON said that a twin-brother had suffered from peritonitis. When called by Dr. Bryans to operate on the case he decided that operation was called for because of the previous attacks of colicky pains, which were growing worse and worse, because the patient's symptoms were increasing in spite of opiates, and because of the successful results which accompany early operation.

On opening, a coil of small intestine was found running beside the cœcum and attached to it. Following this down with the finger to the brim of the true pelvis the appendix was reached, which extended into the pelvis, where it was adherent pretty firmly. Drawing it out its mesentery was torn and the appendix itself was found to be rotten. It was distended to the size of his ring-finger, and its coats were greenish-looking and stinking. A ligature was placed around it close to the cœcum, and the stump touched with pure carbolic acid. An iodoform gauze drain was left in for forty hours, after which the provisional sutures were tightened. The patient is doing well. The members examined the specimen.

Dr. PETERS also presented an appendix which had been removed from a patient who had had recurrent attacks. A tumor was noticed in the pelvis by palpation per rectum. A median incision was made. The appendix was hanging over the brim of the pelvis reaching to the aforesaid mass. It was firmly adherent, very thick, and a foreign body could be felt very distinctly. The muscular and serous coats were dissected back, a ligature thrown around the mucous coat. The stump was touched with carbolic and pocketed by an infolding of the muscular and serous coats, the latter of which were approximated by a row of sutures.

Editorials.

Ureterotomy.

IN the December number of the *Bulletin* of Johns Hopkins Hospital, Dr. Howard Kelly gives some interesting details of three cases of ureterotomy undertaken for diagnostic purposes. Whilst operating for severe pelvic diseases, he noticed in three of his cases such bulging of the ureters as led him to the belief that one of the ureters had been included in some of the ligatures which had been placed to control bleeding. After locating the ureter over the brim of the pelvis, he cut a slit in it, and passed a catheter through the ureter down into the bladder in two of the cases, thereby demonstrating that the ureter was pervious, and concluding that the dilatation was probably due to pressure upon the ureter by the tumor which he had just removed. In one of the cases he found, as he suspected, that one of the ureters was included in a ligature. This he cut, after which he could pass the catheter freely into the bladder. The slit in the ureter he repaired by mattress sutures. In one of the cases there was leakage of urine, which, however, was controlled by superficial sutures. Care has to be taken not to make the sutures pass into the lumen of the ureter. In these cases the operation on the ureter had no untoward effect upon the patients, recovery having been uninterrupted in each case.

Whilst we admire the advance of surgical technique which now renders it possible to do such delicate operations speedily and without harm, we feel sure that in at least some cases harm is done through hurry, and we would warn those of a lesser degree of experience against attempting such delicate procedures, unless the indications are very definite.

The Honorable Dr. Montague.

THE elevation of one of the members of the profession to the honorable position of Privy Counsellor and member of the Government of the day, is an event which must interest all who hold the profession in honor, no matter what may be their political creed. In the case of Dr. Montague, his rise has been so rapid that it seems but yesterday that his eloquent words and far-reaching tones were heard as chairman of the annual dinner of the Toronto School of Medicine. The predictions made then as to his career have been fully realized. We extend our hearty congratulations to the honorable gentleman, and

wish him many years of life wherein to serve his country. The success which has attended Dr. Montague in his public life has occasionally been equaled by that of other members of our craft who have added to the cares of practice the cares of State. That we have among us men of ability, of energy, of sagacity, equal to those of other callings, is undoubted. That a larger number of medical men have not reached high political preferment is due more to the facts that the way is long and beset with great financial difficulties, and that sacrifices greater than most men may bear must be made by aspirants to public honors, than to want of capacity. The public are too apt to think, if a doctor is in public life, that he must necessarily neglect his work, or that his mind is distracted by other things. So far from this being the case, we believe that it greatly enlarges and strengthens a man's mental grasp, and need not interfere with efficiency in his profession. The roll of honor of Canada's public men contains, beside a large number of doctors, members of the Senate, Commons and Legislatures, the names of Honorable Drs. W. W. Baldwin and Widmer, Legislative Councillors; the Honorable Dr. Rolph, the father of medical teaching in Ontario; Honorable Dr. Blanchet, Speaker of the Commons; Sir Charles Tupper, M.D., High Commissioner to England; and Sir Etienne Taché, M.D., Prime Minister of the Canadas in two administrations.

Biliary Lithiasis.

FEW subjects at the present time occupy more of the attention of abdominal surgeons than gall-stones. Though their causes, modes of formation and pathological results following their presence have been studied with care by many observers throughout the world, we are still at a loss on many points.

In 1886, M. Galieppe showed the presence of micro-organisms in biliary calculi. In this microbic age others have endeavored to prove that, because the coli bacillus could be found in some biliary calculi, the cause was found.

Recent experiments, by injecting cultures of bacilli into the gall-bladder of dogs, have given negative results. Cultures of Eberth's bacillus injected into gall-bladder produced, in one dog, suppurating cholecystitis, double pneumonia and death in one month. In another death took place in three months from vegetating endocarditis. Two other dogs were killed three months after injection, but no post-mortem results were discovered.

Age and sex play important parts in the causation of gall-stones. Women are much more often affected than men, and those who are aged thirty and upwards are most often the victims.

Post-mortem examinations show that gall-stones are very frequently found where no clinical evidence of their presence existed.

Though cholesterine forms the greater part of most biliary calculi, it is only sparingly secreted by the liver, but is secreted largely by the epithelium of the bile ducts and gall-bladder. This may account for the fact that the stones are, as a rule, formed in the gall-bladder, obstruction taking place owing to thickening, or peculiarity in the valves, or the opening into the duodenum.

We are also reminded that as the bile leaves the intra-hepatic ducts it is a non-viscid fluid of a slightly alkaline reaction. It does not assume a viscid character until after admixture with the mucoid secretions from the bile ducts and gall-bladder. This viscosity favors calculus formation.

In young people, the greater activity of the individual and the larger amount of muscular structure of the walls of the gall-bladder do not favor the formation of stones; whilst in old people, decreased activity and thinning of the muscular coat render the individuals more liable to calculus formations, though hepatic colic is not so common.

Neither nationality nor diet seems to have much influence on the affection.

Great advance has of recent years been made in the surgery of the gall-bladder. It is but a few years since cholecystotomy was unthought of by the ordinary practitioner, and it is well within the recollection of most of us when it was a common thing for life to be sacrificed on account of cholelithiasis with obstruction, no surgical interference having been mooted as treatment. How careless would be the man now who would allow such a case to slip through his care without an attempt being made by the surgeon to relieve the obstruction!

Diagnosis of biliary colic, in the majority of cases, is made by attention to details. Pain (in the region of the gall-bladder) coming on suddenly of a boring character, radiating upwards, followed by chills, fever, sweating, vomiting, tenderness over gall-bladder and liver, itching and itcheric hue of skin, darkened urine and clay-colored stools—these are the chief symptoms, but they vary with each case. In some there is distention of the gall-bladder, but in the majority of cases of impaction of stones in the cystic duct there is a shrinking of the gall-bladder and no tumor can be felt from without.

Treatment of Acute Attack.—First, relieve the pain. Combined

morphia and atrophica by hypodermic injection is the most efficient remedy, though a host of sedative remedies has been tried. Ferrand's experiments show that glycerine, in doses of $\bar{\text{v}}$. to $\bar{\text{xx}}$., is capable of provoking a free secretion of fluid bile; and also that such doses are prompt in alleviating the pain. Olive oil, in doses of $\bar{\text{vi}}$. to $\bar{\text{viii}}$., given in two portions, quarter of an hour apart, the patient lying upon the right side, is safe and well tolerated by the stomach, and in some cases produces prompt relief. (The inspissated portions of oil which pass after such doses must not be mistaken for gall-stones.)

Prophylaxis.—For this purpose active exercise, massage, cholagogues and gentle saline aperients are useful. Over-eating or the indulgence in rich foods should be avoided. A course at some of the hot sodium or magnesium springs acts efficiently in some cases. Surgical interference gives good results in a large majority of cases. It may be demanded in acute cases with rupture of the ducts or gall bladder.

In Chronic Cases for the Removal of the Cause.—Cholecystotomy and removal of the obstructing stones, though not dangerous with perfect surgical technique, has the disadvantage of leaving a fistula, which may take a length of time to heal. Cholecystoenterostomy by the Murphy button is giving very good results, and very few failures are reported. Crushing of the obstructing stone in the duct is condemned on account of the injury to the duct; cutting the duct open, removing the stone and suturing the duct is to be preferred. The escape of bile into the peritoneal cavity, whilst it obscures the field of vision, does not prevent healing. Cholemia favors bleeding, and has a very unfavorable effect upon the operation.

The most favorable cases for operation are amongst the younger patients, when they are not exhausted by repeated attacks.

Cases of cholelithiasis after operation do not form an extensive part of the literature of the subject.

The Dress Regulations and Medical Officers of the Militia.

IN view of the report which is current, that the medical officers are to be obliged to purchase uniforms as now worn by the Imperial Medical Staff, we desire to urge upon the authorities that such an order be not made retroactive, but that medical officers be allowed to wear the uniform of the corps to which they may now be attached. In the event of the creation of a Departmental List, those officers who signify their desire to serve on such a list may then be so uniformed.

The Dress Regulations for the Army, 1894, section VIII., sub-section II., reads: "Medical officers of Militia Battalions who have not elected to serve on the Departmental List will continue to wear the uniform of their regiments, but with cocked hats, plumes, belts and pouches, as for officers of corresponding rank in the Army Medical Staff." We may remark that, under the new regulations, medical officers above the rank of Brigade Surgeon wear the frock, but those below are to wear patrol jackets. An undress sword knot of black leather is to be worn, as are also black morocco cross belts and waist belts (without gold lace) in undress.

THE GERM THEORY OF DISEASE.—Mr. Lawson Tait (*Buffalo Medical and Surgical Journal*, December, 1894), denounces the germ theory of disease in surgery as a phantasm. He contends in vigorous language for rigid cleanliness in all operations. He holds that the great credit for the introduction of aseptic methods is due to Simpson, and not to Lister. The author contends that all that is needed is thorough cleanliness. He states that he has never had a case of erysipelas following an operation. He urges that the improvement in hospitals is not in the introduction of antiseptics, but in the separation of patients, free ventilation and sufficient cubic space to each.

TREATMENT OF NERVOUS TROUBLES IN THE DYSPEPTICS.—Dr. Cuffer, of Necker Hospital, Paris (*Interat. Med. Mag.*, Nov., 1894), in the course of a lecture on the above subject, calls attention to several nervous phenomena of dyspeptic patients. One of these is a pyloric crises. In two or three hours after eating there is the feeling of a painful constriction in the region of the stomach. It is evidently due to painful spasm of the pylorus. It is met with in neurasthenics. There is sometimes an effusion of fluid with this pain, on the principle of the old adage—*ibi dolor, ibi fluxus*. There is a neuralgia with congestion. Sometimes there is dilatation of the stomach, with neuralgia of the whole spinal column. There may be vertigo, aphasia or paralysis. These attacks may be repeated and become permanent. In the treatment stimulate the nervous system by friction, hydrotherapy, statical electricity and strychnia, washing out the stomach when impregnated with quassia, and if there is gastritis by an alkaline solution. The pyloric spasm can be at once relieved by ether spray over that region. Vesication over the back of the neck sometimes controls the reflex action of the medulla.

MEDULLARY GLYCERIDE IN PAUCITY OF RED BLOOD CORPUSCLES.—Dr. Allan McLane Hamilton, of New York (*N. Y. Med. Jour.*, January 12th), states the results obtained by Fraser and others. The cases selected for treatment presented varying forms of red corpuscle poverty and diminution of hæmo-globin. The use of the medullary extract increases very rapidly the coloring matter of the blood. The improvement is equally wonderful to that which follows the use of thyroid extract in myxœdema. The marrow may be given raw or in the form of glycerin extract. One pound and a half of finely comminuted calves' ribs are macerated for several days in one quart of pure glycerin, being frequently stirred. The glycerin is strained off, and given in doses of one to four teaspoonfuls three times a day. The benefit in the cases thus treated was very encouraging. In two cases of brominized epileptics, the anæmia was greatly relieved by this treatment.

BELLADONNA IN SKIN DISEASES.—Eliza Dunbar, M.D. (in *Woman's Medical Journal*, December, 1894), speaks in high terms of the benefit she has derived from the internal administration of belladonna in all itching skin diseases. She has employed it in pruritus and eczema. Doses of a drachm daily is usually enough. It may be combined with tr. ferri; and in this form is very helpful in pruritus pudendi. In some old and obstinate cases, not only was the itching relieved, but the cases did well and improved under the administration of the drug. Persons vary in their susceptibility to the drug, and this must be kept in mind. When the person flushes and gets headache from small doses, they will derive no benefit. The author noted that in case of failure she had good results when the drug was obtained from another chemist, showing the need for care in selecting the remedy. When the case is not promptly benefited, it is rarely benefited, however persistent the treatment.

HERPES ZOSTER IN CHILDREN.—Dr. J. M. Taylor (*The Phila. Poly-clinic*, December 29th), thinks the disease takes from three to ten days to develop. The pain usually precedes the red spots. These grow rapidly into vesicles, that look like closely-set drops of dew, or they may be scattered about. It is generally confined to one side, but may be on both sides and form a girdle round the body. The pain is often very severe. Some regard it as a descending interstitial neuritis, while some say it may be of cerebral, spinal, ganglionic or peripheral origin. In some cases it seems to come as a special chastisement for no known error. To protect the skin from the air,

and to relieve the burning pain, the following ointment is recommended: Acid carbol., gr. 5; menthol, gr. 5; ung. zinc oxide, \bar{z} ss.; ung. hydrarg. ammoniat-dil, \bar{z} ss. This is made stiff by adding dry zinc oxide. It is spread so thickly that the air is excluded. When this is applied there is relief to the pain, and the child usually goes to sleep.

RHEUMATIC ANÆSTHESIA.—Dr. C. Barlow (*The Cincinnati Lancet Clinic*, January 12th) calls attention to a form of anæsthesia that he has often noticed to occur in the subjects of chronic rheumatism. The persons that are most frequently afflicted are old soldiers. The rheumatic virus may cause chorea in one case, neurasthenia in another, and anæsthesia in a third. The writer claims that there is some anæsthesia in every case of chronic rheumatism of long standing. The patients have soreness and impaired motion in some or all of the large joints. There is in the majority of cases organic disease of the heart. The power to distinguish between heat and cold is entirely lost. Sometimes two or three points are felt from one touch, and in other cases the sensations may be referred to the other side of the body. In some of these cases the symptoms are doubtless due to organic disease, of rheumatic origin, in the spinal cord, or the base of the brain. There are reasons for believing that almost any form, organic or functional, of the nervous system, may arise from chronic rheumatism.

DIARRHŒA FROM POTASSIUM IODIDE.—Dr. D. W. Montgomery, Prof. Skin Diseases, University California (*Med. News*, Dec. 29th), gives an account of a case of diarrhœa caused by the administration of potassium iodide in the treatment of syphilis. The patient was in the twentieth month. He was ordered grs. 16 of the drug, in divided doses per diem. Enough was given to last sixteen days. The patient thought the purgative action was part of the treatment, and, therefore, kept on taking his medicine. When the doctor next saw him he was like a person in the last stage of consumption. From being a fine, robust man, he was reduced to a pale, wan shadow. The patient remarked that on a former occasion he had taken a "blood-purifier" and was seized with an attack of diarrhœa. Most likely this attack was due to the same drug, as it generally finds a place in "blood medicines." The writer mentions similar cases in the practice of Lewin, Koplik and Fournier. He thinks the cause is sometimes due to an impure specimen of the drug, but it will happen when the drug is perfectly pure.

BLOOD-LETTING IN OVER DISTENTION OF THE RIGHT HEART.—Dr. I. E. Atkinson, of Baltimore (*Maryland Medical Journal*, Dec. 29th, 1894), thinks that blood-letting, in this condition, is of the highest, at times, of life-saving usefulness. Mechanical relief is afforded by the abstraction of blood in cases where the right side of the heart becomes engorged or over-distended, in consequence of increased obstruction to the flow of blood through the lungs, or left side of the heart, as may be seen in severe bronchitis, emphysema, pulmonary œdema, incompetency of the mitral valves, or stenosis of the mitral orifice. In some cases where there has been mitral disease, and the hypertrophy is followed by dilatation and degeneration, the heart may be too much diseased to avail itself of the relief coming from venesection. In cases where the right ventricle becomes suddenly distended beyond the power of its systole, in acute bronchitis in an emphysematous lung, marked benefit comes from blood-letting. The feeble action of the right ventricle is rapidly relieved by this means. The balance of the circulation is greatly improved. The veins are emptied, and more blood flows into the arterial system. The systole of the right ventricle again becomes efficient, and the cyanosis disappears. In advanced cases of mitral disease the benefits are often temporary. In pulmonary œdema and engorgement very brilliant results may be obtained. As the blood flows from the arm the patient feels marked relief. *The dyspnœa subsides: the cyanosis lessens: the pulse grows slow and fuller.* The patient usually falls into a quiet sleep. From one to two pints may be taken with safety. The author mentions a case where the patient had ceased breathing. He resorted to artificial respiration and venesection. When half a pint had escaped respiration began. The patient made a good recovery.

THE ETIOLOGY OF TETANUS NEONATORUM.—Dr. J. Lewis Smith, of New York (*Arch. Pediatrics*, December, 1894), treats of this subject. In 1886 Rosenbach produced tetanus in two guinea pigs by injecting into them some matter from a gangrenous ulcer on a tetanic subject. He also proved that the bacillus of Nicolaier was capable of causing tetanus. Then Brieger showed that a culture toxine could be produced that would cause tetanus if injected into the body. The bacillus of tetanus is twice to thrice the length of the tubercular bacillus. It is also thicker, and enlarged at one end. W. H. Welch remarks that the bacilli of malignant œdema and tetanus are among the most widely distributed. They have their natural home in the soil. He had found some garden earth in Baltimore extremely rich in

the tetanus bacilli, so that the inoculation of animals with this soil rarely failed to produce the disease. In one portion of New York where the habits of the people were very dirty, where the houses were bad and insanitary, and where horse and cow stables were numerous, the disease was frequent. It was noticed at one time that the surgical cases coming into Bellevue Hospital, from a certain part of Long Island, were liable to have tetanus. The islands of Hiernasy and St. Kilda, covered with guano, have always been troubled with tetanus. The dirty homes of the negro in the South, Demerara and Bombay, are also favorite places for this disease. After severe battles tetanus is frequently seen among the wounded. In such cases most likely the soil of the battlefield was infected with the bacilli. The author is of the opinion that tetanus is due to the bacilli in all cases. Those cases of puerperal tetanus, and the so-called rheumatic form, or the idiopathic of Gower's, is most likely all due to the bacilli finding their way into the system. The tonic contraction of the muscles, the author thinks, is due to meningitis. Some cases that are called tetanus may be cerebro-spinal meningitis.

CELIOTOMY FOR PERFORATING TYPHOID ULCER.—In the *New York Medical Record*, January 5th, 1895, Dr. Robert Abbe reports a recovery after celiotomy for perforating typhoid ulcer. It was a typical case of typhoid of about three weeks' duration. The patient was suddenly seized with great pain, vomiting and collapse. She was treated by poultices and morphia for two and a half days, at the end of which time, though her mind was clear, her heart and respiration were oppressed by her distended abdomen. Tongue dry and coated; pulse, 140; temperature, 104° F. A median incision below the navel revealed intestine deeply congested and smeared with sticky lymph; pelvis and lower abdomen filled with foul, purulent and fetid intestinal extravasation. Two pints of this fluid were removed, and the abdomen irrigated with 1-20,000 sublimate solution, followed by plain warm-water irrigation. An inflamed Peyer's patch showed gangrenous perforation a quarter of an inch in diameter, from which intestinal contents were seen to pump out. This was closed by interrupted silk sutures, over which two layers of Halsted mattress stitches were placed. A large abdominal tamponade of iodoform gauze was placed within the abdomen and pelvis, and no attempt made to close the wound. Tamponade was removed and re-applied forty-eight hours after operation, and 5 grains of calomel were given. This produced free, loose movements, and a little leakage of feces, which continued at times for two weeks, after which the wound closed by granulation.

The correct statistics of such operations are seventeen cases and three recoveries. The shock of operation on such patients who are almost moribund is severe. This is not a very inviting field for the abdominal surgeon: but when we take into consideration that very few recoveries follow perforation when treated by medicine, it seems that the patient should have the chance—especially is this the case in hospital practice, where every facility exists for surgical treatment.

THE HYGIENE OF THE KIDNEYS.—Dr. J. Henry C. Simes, of Philadelphia (*Dict. and Hyg. Gazette*, Jan., 1895), deals with the care of the kidneys. He calls attention to the relation between the skin and the kidneys, and observes if the skin is not in a healthy condition the kidneys have an extra volume of work to perform. The importance of a healthy action of the kidneys is manifested by the fact that serious trouble may arise in other organs, as heart, lungs, brain and nervous system, when the excretory work of the kidneys is imperfectly done. In watching the action of these organs many factors must be taken into consideration, such as the nature of the diet, the amount of liquids consumed, the nature of the exercise and activity of perspiration. Then again, as the urine varies so much, a correct examination cannot be made unless the entire amount voided in twenty-four hours be collected, and a specimen taken from this. The quantity of urine varies greatly with the amount of liquids holding the solid constituents of the food in solution. When it is remembered that nine hundred and fifty parts of every thousand of the urine are water, the importance of this element in the dietary becomes evident. On this point, the author is strongly of the opinion that the majority of men eat too well and do not drink enough water. As a result of this, there is deposited in the tissues many effete products that should be carried off by the kidneys. The work done by those organs is in this way interfered with; and in time organic diseases often come on. It is owing to the large amount of water that much of the benefit from a milk diet arises. In advocating the use of abundance of water with the solids, the author again calls attention to the danger of washing down the food with it, and taking time to masticate properly. While water is of prime importance, it cannot take the place of the saliva. The benefit derived from a sojourn at a mineral spring is almost entirely due to the flushing out the system gets. Waste products are dissolved and washed away by the kidneys. The opinion is expressed that pure water drunk for a lengthy period would have as good an effect. This of course applies to cases where there is no organic lesion, and the efforts are directed against the ill-effects of a sedentary life

and over-eating. In advocating the use of water, its excessive use must be guarded against. The habit of taking too much water may be indulged in. This is the other extreme, and may result in harm. The effect of water is to make the kidneys act, and by over-drinking these organs may be over-worked. The abuse, therefore, of water may prove the reverse of "in aqua sanitas." In the cold season, warm clothing is of much value, as tending to prevent congestion of the kidneys. Should such happen, it must be relieved by acting upon the skin and bowels. Judicious bathing is useful, as tending to maintain the healthy action of the skin, and thereby avoid congestion of the kidneys. If many people drank more water, and used less solid food, kidney diseases would not be so common as they are at present.

CHLOROSIS.—Dr. Seymour Taylor, of London (*Medical Press and Circular*, December, 1894), reviews the subject of chlorosis. The writer is not of the opinion that this condition is of primary blood origin. The cases are generally met with in young unmarried women. They are suffering from constipation, amenorrhœa and leucorrhœa. There is usually a marked systolic murmur over the pulmonary artery, and venous hums at the root of the neck. These cases almost always occur in unmarried young women at the period when the sexual organs are at their greatest activity. Many chlorotic girls, who are thought too ill to marry, shortly after marriage regain their health and become the mothers of healthy children. In nearly every case of a chlorotic married woman, it will be found that she has never had children. The amenorrhœa is the result of the blood disorder, and not its cause. The catamenia may be very scanty, or colorless, but it is rarely altogether absent. A prominent feature in these cases is a pain in the region of the short ribs. The most thorough examination fails to reveal any disease of heart, lungs, spleen, liver or pleuræ. The cause of the pain is gaseous distention of the colon. This occurs to the greatest extent at the flexures. This pain is removed by a large injection. With regard to the constipation, most of us are familiar with the views of the late Sir A. Clark, that this was really the cause of the trouble: that there was a condition of chronic fœcal-poisoning, a fœcal anæmia or copræmia. The writer is of the opinion that great respect should be paid to this view. In many cases, after a course of Epsom Salts, without other treatment, these patients make good recoveries. A prominent feature of these cases is the strong craving for something sour or tart: vinegar, pickles, an acid apple, are taken with avidity. This craving for acids lasts as long as the disease. It is greatly relieved by giving alkalis. Many

cases of chlorosis suffer from ulcer of the stomach. The author is very positive that this is the result, however, of the chlorosis, and the blood condition induced by it, and not the cause of the anæmia, as contended by some. Altogether, he regards the disease as of nervous origin. The view of Virchow, that the abdominal aorta is too small, is not sustained by experience, as these chlorotic girls recover under proper treatment. With regard to treatment suitable rest is of much value. Where this can be secured, the cases do much better. The diet ought to be of a digestible character. The author does not object to well-made tea or coffee. Hard meats, cheese, pastry, jams, pickles and uncooked vegetables should be avoided. If stimulants are needed, none suit better than good claret or burgundy. Before iron is given, two things must be attended to. The bowels must be freely purged and the dyspeptic symptoms treated. For this latter condition the hospital mixture, containing sod. bicarb., sp. ammon. aromat., acid. hydrocyan. dil., and compound infusion of gentian, is invaluable. When iron is given, the alkaline preparations are best. The author speaks highly of Bland's pills and Griffith's mixture when both are freshly made.

Items.

THE municipal council of Paris has decided to change the name of the street on which the Pasteur Laboratory is, to Rue Pasteur.

FOUR hundred students are enrolled in the Medical Faculty of McGill University, an increase of fifty as compared with the session of 1893-4.

THE New Zealand House of Representatives has passed a bill to exclude from the colony undesirable emigrants, including persons suffering from consumption.

THE Association of Military Surgeons of the United States meets at Buffalo, N.Y., from May 21st to 24th, inclusive. This Association embraces both the surgeons of the National Guard and of the regular army. The membership is about 2,000.

THE pupils of Charcot in Paris are engaged in raising a fund for the erection of a bronze statue of him in the Salpêtrière. The movement is receiving cordial support in Germany, England, Italy and the United States. Canada is also requested to join, and any Canadian physicians who desire to contribute to the success of this undertaking may send their subscriptions to Dr. James Stewart, Montreal.

ACCORDING to an exchange, the number of new books published belonging to the domain of medicine and surgery during 1894 was ninety-seven—nearly the same as for 1893.

THERE are in Russia between 15,000 and 16,000 medical practitioners. A writer in the *Vratch* states that suicides are relatively very frequent among physicians in that country, reaching 8.8 per cent. The cause of this is probably due to the severity of the struggle for existence.

THE Montreal *Medical Journal* expresses the hope, now that the Cabinet has a medical man among the number, that the unjust tax on diphtheritic anti-toxine especially, and on instruments, appliances and apparatus used in the investigation and treatment of disease, will soon be a thing of the past.

THE antitoxine treatment has been used in seven cases (mostly severe in their character) of diphtheria at the Isolation Hospital in Toronto. Recoveries took place in all the cases except one. The patient in this case being in an extremely critical condition, there was little or no hope of any treatment being helpful.

ONTARIO seems to be constantly menaced of late by smallpox. Spanish River, St. Thomas, Colchester, Windsor, Sandwich, Kingston, Chatham, Strathroy, Kokoma, Guelph, and the townships of Logan, Raleigh and Norwich have all been visited. Happily, in most of the places, there have been only one or two cases. One good, at least, comes of its presence—a general vaccination in and for a good circle around the locality visited.

HISTORY OF MEDICINE.—Lectures on the history of medicine are being given in the Medical Department of the University of Buffalo by Dr. Roswell Park. They will appear in the *Medical Age*. The members of the Medical Faculty of Toronto University have instituted a similar course. On Tuesday, January 22nd, Dr. A. H. Wright delivered the third of the series on "Alexandrian Medicine," and on the 29th, Dr. J. E. Graham followed with a lecture on "Roman Medicine." We append the programme for the remainder of the course: February 5th, "The Eclectics" (Galen), by Dr. John Caven; February 12th, "Graeco Arabian Medicine," by Dr. G. A. Peters; February 19th, "Monastic Medicine," by Dr. J. M. MacCallum; February 26th, "Scholastic Medicine," by Dr. William Oldright; March 5th, "The Revival of the Study of Human Anatomy," by Dr. A. Primrose; March 12th, "The Commencement of Modern Medicine" (Paracelsus), by Dr. A. McPhedran.

AT the meeting of the Senate, University of Toronto, held on Friday, January 11th, 1895, the statute granting the retiring allowance to Drs. W. W. Ogden, M. H. Aikins and J. Ferguson was read and passed on a division, for the first time. This is the second time the Senate has declared itself in favor of properly recognizing the claim.

A LONDON physician has asked the Royal College of Physicians to accept the sum of \$12,000 in trust, for the purpose of founding a prize and medals to be given biennially or triennially for the best essay on tuberculous consumption. The gift was accepted, and a committee was appointed to arrange the details of the trust.

THE conclusions arrived at by Dr. A. H. Wright, in his lecture on "Alexandrian Medicine," were that anatomy, both human and comparative, botany and chemistry were well studied: that every assistance was given to those engaged in original research; that disease was subject to natural laws, and necessitated close clinical observation for its cure; that treatment should be made of prime importance: that the physician should recognize a high conception of his status and duty.

WEST TORONTO TERRITORIAL ASSOCIATION. A meeting of the above Association was held on January 12th. There was a good attendance. The officers for the year were elected: President, Dr. H. T. Machell: First Vice-President, Dr. A. A. Macdonald: Second Vice-President, Dr. Alex. Hamilton: Council, Drs. Ferguson, Spence and McPhedran: Secretary, Dr. Carveth. Several committees were appointed to report at the next meeting, in April, on lodge practice, the best method of collecting accounts, and the repeating of prescriptions by druggist. It is confidently expected that the above Association is destined to accomplish some useful reforms in the interests of the profession.

TORONTO has lately had a visit from Dr. Wm. Osler, of the Johns Hopkins University. We are glad to be able to say to his numerous friends in Canada that the doctor is in his usual health and spirits; but it is with regret that we have to announce that he has not been able to see his way to accepting the Principalship of McGill University, Montreal. We congratulate him upon the flattering honor given him in placing the position at his disposal, and we should have gladly welcomed this bright and energetic doctor to his native land again; but his long period of clinical work has, he thinks, unfitted him for executive administration. Besides, his tastes lie in the direction of his present duties.

Book Notices.

Laboratory Guide for the Bacteriologist. By LANGDON FROTHINGHAM, M.D.V., Yale. W. B. Saunders, Publisher, Philadelphia.

The author of this volume has, in a concise way, given the methods employed for making, staining and mounting pathological and bacterial specimens. It will be found very helpful to all students in this department, especially to beginners and those who work alone. The little but important points, without the careful observance of which blunders are made, have received due prominence.

Notes on the Newer Remedies: Their Therapeutic Applications and Modes of Administration. By DAVID CERNA, M.D., Ph.D., Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas. Second edition, enlarged and revised. Philadelphia: W. B. Saunders, 925 Walnut Street. 1895.

This is a handy book of reference, cheap in price, and furnished with a good index. It is with remedies as with books—of the multiplying of them there is no end, therefore all the more necessity of having brief and clear descriptions of them. Dr. Cerna has undertaken the task of supplying the profession with a useful aid in the prescribing of the newer drugs, and his work is a creditable production.

Syllabus of Gynecology. Based on the American Text-Book of Gynecology. By J. W. LONG, M.D., Richmond, Va.: Professor of Gynecology and Pediatrics in the Medical College of Virginia and Philadelphia. W. B. Saunders, 925 Walnut Street. 1895.

The Syllabus of Gynecology, a copy of which we have just received, is a compendium of value to those engaged in teaching the subject and also to the student, or even to the practitioner who wishes to glance quickly over the salient points of a case.

Though the author, Dr. J. W. Long, of Richmond, Va., has done his work with care, we think that in a few instances he might have taken a wider range. Suprapubic cystotomy need hardly have been mentioned (Fol. 124) in the treatment of vesical calculi in women. Rare is the case where the calculus is too large for removal by kolpocystotomy, the preferable route. In diagnosis of tumors of the bladder, digital exploration by way of the urethra, and other methods, should have been mentioned, as well as "symptoms and cystoscopy."

In a few places we might criticise, but on the whole the work is well up to all the author claims.

W. B. Saunders, the publisher, has done his part well. The type is clear, paper good, and the interleaving most convenient for notes.

The Physician's Visiting List (Lindsay & Blakiston) for 1895. Forty-fourth year of its publication. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston), 1012 Walnut Street.

From the time of its first publication until the last issue this Visiting List has been of the utmost service to physicians. The long experience now possessed by the publishers has enabled them to supply an article of great merit, and those who have used the Visiting List for one year invariably require it again.

In addition to its value as a Visiting List, the book contains many excellent tables and remarks upon new remedies, and is in every respect most useful and convenient.

Sexual Neurasthenia (Nervous Exhaustion). Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D. Edited with notes by A. D. Rockwell, A.M., M.D., formerly Professor of Electro-Therapeutics in the New York Post-Graduate School and Hospital, etc., etc. Fourth edition, with formulas. New York: E. B. Treat-5 Cooper Union. 1895. Price, \$2 75.

The making of this book began in 1853, when the author, Dr. Beard, gave some lectures on nervous exhaustion, which were published in the *Boston Medical Journal*. The work has been greatly added to since then. Notwithstanding the fact that Dr. Beard has been dead for a number of years, the accomplished editor keeps it thoroughly up to date.

In the first chapter, dealing with the nature and varieties of neurasthenia, we learn from the authors that their opinion is that sexual neurasthenia is a clinical variety of general nervous exhaustion. The ground here taken is clearly the same as that held by Kraft Ebing in his works, and by Mercier in his "Sanity and Insanity."

In the second chapter the statement is made that the three great centres of reflex irritation are the brain, the stomach and the genital organs. The order in which the main organs of the body are involved is given thus: The heart, brain, eye, ear, nose, mouth and digestive system. The manner in which these organs become disturbed is usually common sensation, special senses and reproductive senses. In

the case of the mind the process of evolution of the disease is that the emotions and moral qualities are first disturbed, and, later, the reason.

Chapter three deals with the relation of his disease to other diseases. Neurasthenics often think they have some form of disease such as malaria. On the other hand, a typical neurasthenic may become the victim of malarial, or afflicted with any other disease. Then, again, other diseases may reduce the general health, and help lay the foundation for neurasthenia.

There is an excellent chapter on sexual hygiene. The extreme ground is avoided on both sides. The authors condemn many of the practices resorted to to avoid conception.

The portion of the work dealing with treatment is specially good. This section can be recommended to the medical profession with much confidence.

The publishers have done their share well. This work is one of the series of medical classics by the publication of which E. B. Treat has become so well known.

Obituary.

John E. White, M.D.

THE medical profession of Toronto was taken by surprise when its many members read, in the morning papers of January 22nd, the announcement of the death of Dr. John E. White. For some time Dr. White had experienced symptoms of heart-trouble, but he did not regard it as at all serious. On the day of his death he attended to his professional calls as usual. When he came home in the evening he complained of feeling faint. He almost immediately afterwards fell on the floor and died in a few minutes.

Deceased was born in Beaverton in 1848. He was, therefore, 47 years of age when death overtook him. He graduated from the University of Toronto in 1870. He practised for four years in Beaverton, and twenty in Toronto.

Outside of his medical work, Dr. White took an active interest in the natural history section of the Canadian Institute. He was one of the founders of the Toronto Art School, and continued to be a steady friend to it. He was also one of the founders of the Ontario Medical Association, which has done so much good. He was its first secretary and continued to discharge this duty for many years. The

late Dr. Workman was the first president, and was actively engaged with Dr. White in building up the association.

Dr. White was genial and affable in manner. He was fond of fun and amusement, and made splendid company. None enjoyed a piece of humor better than he. He was always thoroughly loyal to his friends, and the sin of ingratitude could never be traced to his door. His many friends will long miss his cheery salutations. For his wife and three children we bespeak the kindest sympathy of the medical profession.

Selections.

DOCTORS AND THE RIGHT OF WAY IN THE STREETS.—On days of certain court and military ceremonials, important Berlin thoroughfares—generally the Unter den Linden and some of its approaches—are closed to public traffic, sometimes for hours. An agitation has been going on for some time to obtain leave for medical practitioners, in the exercise of their profession, to pass through the barrier of policemen, and has at last ended in a compromise. Doctors furnished with a proper pass are to be allowed to go through the closed streets henceforth; but they will have to get out of their carriages to do so, their pass only admitting them on foot.—*British Medical Journal*.

AN IMPROVISED INCUBATOR.—Marion Sims' first speculum was the handle of a kitchen spoon, and Sir William Fergusson is said to have amputated at the shoulder with a pocket-knife. We do not, however, remember to have come across a more notable instance of inventive genius rising superior to mechanical difficulties than the following, related by Professor Landouzy, of Paris, in the *Gazette des Hôpitaux*: A pupil of his, M. Queyrat, had occasion to make some bacteriological cultures in the country, far from the simplest apparatus of the laboratory. He was not to be beaten, however. He captured a hen, tied her up, and fixed a tube, containing serum sown with micro-organisms, under her wing. At the end of twelve hours some fine colonies had made their appearance.—*British Medical Journal*

CAUTERIZING OVARIES INSTEAD OF REMOVAL OF THEM.—Dr. Pozzi, at Hôpital Broca, has now practised cauterization of painful ovaries for over two years, and considers the plan very successful. In one case, in which he operated upon both ovaries, the woman has

since given birth to a child. He performs his laparotomies in the ordinary recumbent position : draws the ovaries out of the abdominal opening. If the ovary is totally diseased he removes it : but if a part is found to be healthy, he amputates the affected portion, cauterizes the stump, and sews the end with silk. If there are some small cysts, he opens them by touching them with the Poquelin point. The ovary being returned to the abdomen, he examines and treats the other in a similar manner. Often as many as six small cysts are opened in this way in each ovary.—*Paris Correspondent Therapeutic Gazette.*

SUGAR IN THE TREATMENT OF UTERINE INERTIA DURING LAEOR.—It remained for Mr. Bossi, of Gènes (*Rev. Illustr. Polytechnique Meicale*, May 30th, 1894), to make practical application of a theory propounded by Drs. Paoletti and Mosso, that sugar taken internally might be found to exhibit as stimulating an effect upon the group of uterine muscles as it has on voluntary muscles. Bossi administered a dose corresponding to an ounce of sugar in about eight ounces of water. A most excellent effect was observed after the first dose in all but one of the cases, the ecbolic action showing itself in from twenty to forty minutes and nearly always lasting till the birth of the child. In the other case a second dose had to be given. The contractions were always quite regular and free from any tetanic tendency.—*The North American Practitioner.*

BITING THE NAILS.—Dr. Bérillon, as the result of an extensive inquiry, confirms his previously expressed opinion that onychophagia and similar habits are generally associated with degeneracy. The frequency of onychophagia varies greatly in different institutions. In some, two or three out of every ten children are addicted to biting their nails. A careful examination invariably reveals signs of degeneracy. The children are usually less healthy in appearance than others, presenting deformities of the skull and anomalies of the teeth and ears. In such subjects the teachers notice a marked antipathy to physical exercises and games requiring effort. They write poorly, and show marked inferiority in respect of manual dexterity. They are slow to learn ; they are incapable of continuous application ; in fact, they always exhibit an inferiority in some direction or other. The disciplinary measures usually resorted to to correct bad habits are powerless in this ; in the majority of cases only hypnotic suggestion seems to be capable of effecting a cure. The habit of biting the nails sometimes persists until late in life.—*Medical Week.*

SOUTH AFRICA AS A HEALTH RESORT.—The eulogy of the climate of South Africa by Max O'Rell in his recent book, "John Bull and Co.," has led the *Cape Times* to draw attention again to the great variety of climate which exists in the colony, and to the special difficulties which beset invalids in gaining the undoubtedly great benefits of climatic treatment in those regions. In the seaboard towns luxuries and comforts can be had in plenty, but the climate is most unsuitable to pulmonary disease. Neither the cold and humidity of the winter, nor the heat, the dust-bearing south-easters, and the moist relaxing air of the summer in Cape Town are an improvement for this class of patient upon the climate they leave behind in Great Britain. If they want to reach the really beneficial districts, they must journey north to the high altitude of the interior, where the air is pure, dry and rarefied. Here, however, unfortunately, invalids will miss many of the conveniences and comforts to which they have been accustomed, and which have in many cases become almost necessities. While it is true that in South Africa, as in most places, money will procure almost anything, it also is the fact that in South Africa a great deal of it is required to obtain a very little in the way of comfort and good food. It must be remembered that in a new country the good things go to the strong, and that for those who cannot either work hard or pay heavily there is but small opening.—*British Medical Journal*.

THE EFFECTS OF INTENSE COLD UPON THE MIND.—Extreme cold, as is well known, exerts a benumbing influence upon the mental faculties. Almost everyone who has been exposed, for a longer or shorter period, to a very low temperature has noted a diminution in will-power, and often a temporary weakening of the memory. Perhaps the largest scale upon which this action has ever been studied was during the retreat of the French from Moscow. The troops suffered extremely from hunger, fatigue and cold—from the latter, perhaps, most of all. A German physician who accompanied a detachment of his countrymen has left an interesting account of their trials during this retreat. From an abstract of this paper by Dr. Rose, in the *New Yorker Medicinische Monatschrift*, we find that of the earliest symptoms referable to the cold was a loss of memory. This was noted in the strong, as well as those who were already suffering from the effects of the hardships to which they had been exposed. With the first appearance of a moderately low temperature (about five degrees above zero Fahrenheit), many of the soldiers were found to have forgotten the names of the most ordinary things about them, as well as those of the articles of

food for the want of which they were perishing. Many forgot their own names and those of their comrades. Others showed more pronounced symptoms of mental disturbance, and not a few became incurably insane, the type of their insanity resembling very closely senile dementia. The cold was probably not alone responsible for these effects, for a zero temperature is rather stimulating than paralyzing in its action upon the well-fed and the healthy. These men were half-starved, poorly-clad, worn out with long marching, many already weakened by dysentery and other diseases, and all mentally depressed, as an army in defeat always is. It needed, therefore, no very unusual degree of cold to produce the psychic effects observed under other circumstances only as a consequence of exposure to an extreme low temperature.—*Medical Record*.

THE NOSTRUM STAMP.—It appears that in 1860 the Government tax on patent concoctions produced £43,600, and that in 1892 this figure had risen to £240,000. A poor country like Italy, with embarrassed finances, declines to fill its exchequer by drawing a revenue from fraud. Every proprietary article in that country must have printed clearly on each box or bottle the name and exact amount of each ingredient. The owner may give to his production what fancy name or price he chooses; he is not required to divulge any particular method or art employed in manufacturing his goods or in rendering them more pleasant to the eye or palate; but he must make no false statements as to the source, nature or power of any drugs used or as to the effect of his medicine. For example, he may advertise his "Pectoral Pick-me-up" as the "soveran'st thing on earth" for coughs, colds, bronchitis, pleurisy, etc. But on the label he must state the name and quantity of each ingredient in every dose. Having to give the plain matter-of-fact prescription, he, of course, does not attempt to gull people by advertising his nostrum as made of "Oriental flowers grown in his own gardens in Arabia." The public buys his goods with open eyes and not from fraudulent misrepresentation. Can we not take a lesson from Italy?—*British Medical Journal*.

COAL TAR IN DERMATOLOGICAL PRACTICE.—Leo Leistikow (*Monatsh. f. prakt. Derm.*) has used coal tar very extensively for several years in the treatment of diseases of the skin, and prefers it in many respects to other species of tar. In his out-patient practice he generally uses it diluted with equal parts of spirit. Comparative experiments—such as the application of coal tar in this form to one part of the skin while the oleum fagi, rusci or cadinum was applied

to other parts—has convinced him that the former is much superior as an antipruritic remedy. The objections to the use of coal tar in private practice have hitherto been its penetrating smell, its thick consistence, and the black stain which it makes; the difficulty has been to remove these drawbacks without impairing the therapeutic efficiency of the tar. The author has found it impossible to do so in the form of pastes and ointments, but he has found the following tincture unobjectionable: R OL. lithanthracis, 3 parts; spiritus (95° C), 2 parts; æther. sulphuric., 1 part. When applied to the skin with a brush this dries quickly, and can easily be removed when required by means of a little olive oil. Leistikow has used this tincture in 200 cases, and has seen tar folliculitis only twelve times, and tar poisoning (evidenced by deep black discoloration of the urine) twice. The effect was in the majority of cases very satisfactory. The tincture was a much more powerful antipruritic than other preparations of tar, more energetic, more penetrating, and more lasting in its effect, so that relapse was less common. It is not, however, adapted in cases where the whole skin is involved; in these it should be applied only to the worst places. The tincture is indicated: (1) In dry forms of eczema of the hairy scalp, breast, belly, back, nuchal region, genitals, extremities and navel; on the face, as it is apt to cause tar erythema, it should not be used in patients who are going about; (2) in psoriasis, especially in patches on the scalp, elbow and knee; here a combination of it with 2 per cent chrysoarobin is of special advantage; (3) in Hebra's prurigo; (4) in trichophytic affections.—*British Medical Journal*.

IN THE TREATMENT OF PLEURAL EFFUSION SEGALIA (*La Médecine Moderne*) has employed with success topical applications of guaiacol in the following formula:

R Guaiacol ℥ xxxv.
 Glycerin ℥ ss.
 Tincture of iodine ℥ ss. M.

The applications are made by means of a brush to the entire posterior aspect of the chest, which is then covered with cotton and an impermeable dressing and a bandage.

In a case of anasarca, with anuria, in the sequence of scarlatina, in which other measures had failed, applications of the following combinations were soon followed by relief:

R Guaiacol ℥ xvi.
 Glycerin ℥ ss. M.

—*Medical News*.

Miscellaneous.

THE business in connection with the sales of medical practices, etc., conducted by the late Dr. J. E. White, has been transferred, with all the correspondence and papers relating thereto, to Dr. W. E. Hamill, who has recently resumed practice on the corner of King and Yonge Streets in this city. Knowing for a number of years Dr. Hamill's recognized business abilities and tact, we can safely say that he is entitled to enjoy the confidence of the profession in carrying on this necessary department of medical affairs, and cordially recommend all those who have practices to dispose of, or desire to secure partnerships, to communicate with him at once.

THE sixty third annual meeting of the British Medical Association will be held in London on Tuesday, Wednesday, Thursday and Friday, July 30th, 31st, August 1st and 2nd, 1895.

PEHL has obtained good results in cholera by the injection of spermine. A Russian paper says that erysipelas will arrest cholera when the former supervenes over the latter.—*Times and Register*.

CIGARETTE-MAKERS' cramps have attacked the operatives in the French State tobacco factories. It is very common in Spain, but has not hitherto been noticed to any extent in France. The cramp affects the muscles of the thumb and first finger of each hand.—*N. Y. Med. Record*.

ROBERT LOUIS STEVENSON, the great romancer, whose loss is now being mourned by every lover of English literature and the English tongue, had ever a good word for the medical profession. The dedication of his book "Underwoods," published in 1887 contains one of the finest tributes ever paid to the profession of medicine. He wrote: "There are men and classes of men who stand above the common herd: the soldier, the sailor and the shepherd not infrequently; the artist rarely, rarer still the clergyman, the physician almost as a rule; he is the flower (such as it is) of our civilization; and when the stag of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an

art, never to those who drive a trade ; discretion tested by a hundred secrets ; tact, tried in a thousand embarrassments ; and what are more important, Heracleian cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and often enough, though not as often as he wishes, brings healing."—*British Medical Journal*.

THE PEOPLE'S LIFE INSURANCE COMPANY.—The People's Life has removed its chief offices, hitherto in Toronto, to Ottawa. The following-named gentlemen constitute the Board of Directors: James Gillies, Carleton Place ; R. W. Baxter, late of the Finance Department, Ottawa ; W. H. Hunter, Barrister, Toronto ; Allan Francis, Renfrew ; Robert Bowie, Brockville ; James P. Murray, Toronto ; Hon. Dr. Sullivan, Senator, Kingston ; Alfred Baker, M.A., Professor Mathematics, Toronto University ; G. I. Mallary, Brockville ; James Masson, Q.C., M.P., Owen Sound ; Newton Cossitt, Manufacturer, Brockville ; Dr. Bergin, M.P., Surgeon-General, Cornwall ; James Minnes, Wholesale Merchant, Kingston ; W. Carden Cousens, M.D., Ottawa. The officers of the company are : President, James Gillies ; vice-presidents, R. W. Baxter and W. H. Hunter ; medical director, W. Carden Cousens, M.D., C.M.L.R.C.P. and S. Edin. ; secretary, Thos. G. Hand ; superintendent, James Wallace ; bankers, the Bank of Ottawa ; solicitors, Hunter & Hunter, Toronto. It will be noticed that Dr. Cousens is the new medical director. We congratulate the company on securing the services of one so discreet and able.

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