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CANADA
MEDICAL RECORD

JANUARY, 1902.

Original Communications.

PROGRESS OF GYNAECOLOGY.

By A. LAPHORN SMITH, M.D., M.R.C.S., England.

Professor of Gynaecology in the University of Vermont, Burlington, and Professor of Clinical Gynaecology in Bishop's University, Montreal. Surgeon to the Western General Hospital and Surgeon-in-Chief of the Samaritan Free Hospital for Women, Gynaecologist to the Montreal Dispensary and Consulting Gynaecologist to the Woman's Hospital.

In the December number of the "Annals of Gynaecology" there is an interesting article by Dr. Frank Higgins on the treatment of infections after abortions and confinements, as carried out at the Boston City Hospital. We find the symptoms are practically the same in both classes of cases. The majority of abortions were criminal ones, these alone necessitating a stay in hospital of 1,469 days for 81 cases, and five of them died. He thinks it time that laws should be made stringent enough to put a stop to the work of the abortionist. He is a strong advocate of the curette and antiseptic douching. "It is a common occurrence," he says, "to see patients enter the hospital with all the symptoms of an impending acute septicaemia from an abortion either complete or incomplete, with a high temperature ranging from 103 to 105 degrees, and a pulse from 120 to 130 per minute, with foul discharge and uterine tenderness, and after complete emptying of the uterus with the curette and antiseptic douching, the pulse and temperature rapidly fall to normal, often within twenty-four hours and usually within two or three days.

"I can heartily endorse this statement, as I am frequently called by friends in general practice to perform

this little operation, and experience has so convinced them and me of the efficacy of it in removing all alarming symptoms that some of them call me in to every case in which there is either severe hemorrhage or temperature, while I feel so sure that it will practically cure the patient that I do not have to see her again or at the most just once to remove the gauze drainage. In using the dilator and the curette, I think great care should be taken not to perforate or lacerate the body of the uterus which is very soft and pliable in these cases. When possible, I prefer the finger, which is less liable to do harm." He also calls attention to the liability to retroversion, prolapse and pus tubes after abortion, and especially if they are allowed to remain septic. "Each year many patients enter the gynaecological wards with various forms of pelvic disease, whose origin is directly traceable to a previous abortion or septic puerperium." With regard to the anti-streptococcus serum, he thinks it is very dangerous; it was employed in five cases and four of them died. "Its effects," he says, "on the patient are very depressing; its use is not without danger, and it should be employed with great care, in moderate doses and then only in the most serious cases. Of the cases of puerperal septicaemia," he says, "numerous instances of fresh lacerations of the cervix are found among the infectious cases, and the writer believes that these fresh tears are the avenue by which the infectious material gains an entrance in many patients." At present the opinion of gynaecologists is not in favour of the immediate repair of lacerated cervix, although it has been done in a few cases. It is possible, however, that opinion may change and that it will be done as a matter of course in every case.

In the same journal Dr. Kaan, of Tuft's Medical College, Boston, makes a strong plea for the non-operative treatment of prolapse and retroversion. He admits that there are many objections to the pessary on the part of physician and patient, and that, according to the knowledge, judgment and mechanical skill of the practitioner, will be useful, useless or injurious. The most usual error is to choose too large a size. He calls attention to the

necessity for hygienic regulations of food, dress and evacuations. ("While I prefer to treat retroversion and prolapse by Alexander's operation of shortening the round ligaments or ventrofixation combined with restoration of the perineum, yet I deem it my duty to avoid operations when possible, and I quite often make a complete cure without them in cases where there are no adhesions, simply by lightening the weight of the uterus, diminishing intra-abdominal pressure, and by toning up the muscles of the patient generally by tonics, proper food, exercise, fresh air and sunlight. As to the choice of pessaries, I prefer the soft, spiral ring if the patient can come to me once a month for examination; if there is no tenderness the hard rubber Hodge pessary may be left in for two or three months, as it is much easier to keep clean. In either case a cleansing douche of plain hot water should be used once or twice a week.")

Curetting the Uterus for Endometritis.—Dr. Augustin H. Goelet (in the "New England Medical Monthly" for April) has a timely article on "the abuse of the curette." He says curetting is too often done in obscure pelvic conditions where no diagnosis is made. "The general surgeon," he says, "who should stick to his own branch, which it is to be hoped he understands better than he does this, too often commits the error of attempting this operation, which he should leave to the gynaecologist. This same practitioner would not attempt an operation for strabismus, though it is far more simple, requires less skill and judgment and is fraught with less risk to his patient." Dr. A. H. Goelet makes a great distinction between the sharp and dull curette; every practitioner should be provided with a dull curette with large fenestra and a reliable placenta forceps for removing retained placental debris after abortion. He should not attempt it with a small curette nor a sharp one, as is too often done. Not infrequently curetting for endometritis is followed by metritis and pelvic peritonitis. How often this is due to harsh and needless traumatism and how often to imperfect, crude technique, unclean methods or neglect of proper after-treatment cannot be estimated. He also calls attention

to the mistake which is often made of packing the cavity of the uterus and cervical canal tightly with gauze and leaving the channel blocked for five or six days. Drainage, he says, must be maintained and the surfaces kept clean by irrigation of the cavity until a normal endometrium has been reproduced. He finishes the operation by irrigation with hot solution of compound tincture of iodine, one ounce to the pint. (I apply equal parts of pure carbolic acid and Churchill's tincture of iodine on an applicator through a cervical speculum which is removed as soon as the applicator has reached the fundus). Subsequent treatment will consist of another thorough irrigation through the double current catheter, with a hot solution at the end of forty-eight hours, and repeated every second day for at least a week, during which time the patient is kept confined to bed. At the expiration of a week she is permitted to get up if there is no rise of temperature and no pain, and the irrigation of the cavity of the uterus is repeated every second or third day at the office as long as any discharge continues, or there remains in the cavity anything to be washed away. The same author has written an interesting article in the "St. Louis Medical Review," June 30, on senile degeneration of the endometrium, diagnosis and treatment. The symptoms resemble in some respects those of cancer—there is an offensive discharge in a woman well advanced in years past the menopause, with an emaciated cachetic condition of the system, associated with which there may be a granular erosion of the cervix or about the external os and a history of more or less irregular bleeding. There will be impaired digestion, loss of appetite, insomnia, nervousness, cold extremities and a poor circulation, an itching of the skin not necessarily confined to the genitals, headache, particularly at the top of the head or below the occipital region and backache referred to the lumbar or sacral region. There is a pent-up discharge within the uterus which decomposes, and, when its presence in sufficient quantity sets up contractions and is expelled, it burns and excoriates the vagina and vulva, which will then become covered with red spots, especially if it is very acrid. The treatment which Dr.

Goelet advocates is summed up in the one word, drainage, which he thinks is best obtained by the negative pole of the galvanic battery, five or ten milliamperes for three to five minutes, just sufficient to cause relaxation and to allow the electrode to move freely through the canal. At first these applications may be extremely painful, but usually after the second or third, no pain will attend them. They should be continued twice a week until there is no more diseased discharge to drain, by which time the irritation of the vulva and vagina is relieved. (I can testify to the success of this treatment in several of my own cases. At the same time I give my patients an alkaline mixture, and I apply yellow oxide of mercury ointment to the vagina to protect it from the discharge until the latter has been stopped).

NOTES FROM THE CASE BOOK OF A GENERAL PRACTITIONER.

By FRANCIS W. CAMPBELL, M.D., L.R.C.P. L., D.O.L.

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The following cases are taken from my note-book, and are not intended to be exhaustive. Their brevity clearly shows this, for they are but outlines, yet I hope clearly showing the practical results in each.

HYDROCELE.

Case 1.—H. G., aged 36, consulted me some years ago for an enlarged scrotum. On examination I found it had been growing gradually for about six months—was on left side, pyriform in shape, fluctuating, and, on being tested by a candle in a dark room, showed it to be clear and translucent. There was no difficulty in making the diagnosis of hydrocele. The question of treatment had to be decided upon. Palliative treatment, viz., evacuating the contents of the sac and then using pressure by means of adhesive plaster or collodion, I had never known to be successful. I therefore determined to operate for the radical cure of the disease. Having during my attendance at the Royal Infirmary, Edinburgh, seen the great Scotch surgeon,

Symme, operate often for this disease, I determined to follow the plan he advised. I accordingly evacuated the contents of the tunica vaginalis, by plunging a small trocar into the sac, grasping the organ below, between the thumb and fingers of the left hand, so as to fix and distend the tumour. In making the plunge with the trocar, you must bear in mind that it should be slightly downward, so as to avoid the testicle, which is generally situated posteriorly and near the median raphé. Having the contents evacuated, I injected, by means of a glass syringe, about a drachm of the compound tincture of iodine, of the strength of 72 grains of iodine and 24 grains of iodide of potash to the ounce of alcohol. With my left hand I then seized the bag, and kneaded it so as to bring every part of the sac in contact with the iodine. The pain for a few minutes was very great, but soon subsided. The patient was put to bed, and the bag supported on a small pillow. The following day there was considerable swelling, which, however, gradually subsided, and in ten days the patient was allowed out, and a few days later was able to get to his work. I have notes of fifteen cases like the above, where iodine was used for the radical cure. All were cured by the first injection except three cases, two of which required a second injection and one a third injection before the case was complete. In only two cases was there severe inflammation following the injection. It was, however, easily subdued by a solution of sugar of lead and opium. All the cases were obliged to rest in bed after the operation, but in not any of the cases did this rest exceed two weeks, and in several only a few days. Modern surgery seldom uses the means I have detailed. It generally pins its faith to alcohol, a five per cent. solution of carbolic acid, corrosive sublimate, sulphate of zinc, chloride of zinc, none of which are in my opinion equal to the plan I have invariably followed. A few years ago a surgeon, with an unpronounceable name, recommended, after having evacuated the fluid, to introduce through the canula a catgut three and twenty centimetres (about nine inches) in length. This thread induces, by mechanical irritation, an adhesive inflammation of the serous surfaces, a vagina-

litis obliteran, and in a few days the thread is absorbed. Some authors claim that the thread is absorbed so quickly that not sufficient irritation is produced to cause the opposing surfaces to unite. It has therefore been recommended to steep the thread in some irritating liquid, such as the per chloride of iron. The results are said to be excellent, and it is said that the patient can return to his work in twenty-four hours, or at most, two days—a matter of some importance to a labouring man.

ERYSIPELAS.

Case 2.—F. N., aged 32, telephoned me about half-past eight in the evening, stating that he believed he was threatened with erysipelas, as a red spot had since tea-time showed itself on the left side of his nose. He desired to come to my office and see me, but feared he could not get off inside of an hour. About ten o'clock he was in my consulting room, and stated that, since he had telephoned me, there had been a decided increase in the redness, which now extended up to the forehead, and across the cheek for at least an inch. It was tight feeling and glazed. His diagnosis was correct. It was a case of erysipelas. The tongue was slightly coated; there was slight headache, and the pulse was about 90. The circumstances of this patient were peculiar. He was in the midst of preparations for a series of entertainments to be given by children. To be laid up for more than two or three days meant giving up entirely these entertainments, and great financial loss. This he fully explained, under considerable excitement, and asked me to do my best for him. After a few moments' consideration, I decided to follow a suggestion made me some years ago by Surgeon Lieut.-Col. Codd, of the Royal Canadian Dragoons, Winnipeg, while I occupied similar rank in the Royal Regiment of Canadian Infantry. This was to brush the inflamed part with the fluid extract of ergot three times a day. I had tried it upon two soldiers in my military hospital at St. Johns, and once in private practice. The results I might almost say were remarkable. I accordingly gave my patient a prescription for

fluid extract of ergot, with the necessary instructions for its application by means of a camel's hair pencil. I also gave him to take at bedtime ten grains of calomel, with five grains of carbonate of soda. He was directed to remain in bed till I called next day. On making this visit he informed me that, before reaching home with the prescription, the disease had spread still further. He had applied the ergot three times, and he not only said there had not been any extension since, but that it felt much improved. I visited him next day, which was Sunday, and the patient was, comparatively speaking, well. He was directed to make one more application of the ergot. I would have liked to have kept him in the house another day, but his business was urgent, so I permitted him to return to work on the Monday morning. No ill effects ensued. The theory of the action of the ergot is that it produces marked contractions of the small blood vessels, and thus diminishes the blood supply.

ASCITES.

Case 3.—There are several causes which produce ascites, but the chief is obstruction of the portal vein, within the liver, from cirrhosis of that organ. Some think that the disease ought not to be considered as a distinct disease, but simply a symptom developing in the course of the affection which produces it. The case I propose to give a brief outline of was undoubtedly due to chronic alcoholism. When I first saw G. McD. in 1895 he complained of a general hepatic uneasiness with dyspeptic symptoms and occasional vomiting. There was distinct although not very great hepatic enlargement downward. This continued for about a month, when dullness began to diminish, and by the end of three months this diminution was well marked. This condition continued for rather more than six months, the only additional symptoms being some emaciation and a sallow tint to the skin. During all this time, with an occasional day or two off, the patient continued to follow his employment, that of office work. Two months later, i.e., about a year from the time he first consulted me, he began to complain of abdominal

enlargement, which was recognized as commencing ascites. He was ordered to bed, and, after a couple of weeks' rest there, was allowed up and about the house. The accumulation of fluid was slow, so slow indeed that he was able to move around the house for at least six months after, just taking to bed when he was compelled to. The fluid now began to accumulate rapidly in the peritoneal cavity, and oedema of the extremities showed itself. The patient had been treated by purgatives, diuretics and diaphoretics ever since ascites began to show itself, and there had been no appreciable benefit. A month later, i.e., about a year and a half from the time he first consulted me, he presented the following condition. Emaciation considerable, anemia marked, skin of a decided icteroid hue. Abdomen largely distended with fluid, which, pressing on the diaphragm, interfered with breathing, and patient was unable to lie down. Abdomen shows distended superficial veins and measures at the umbilicus 43 inches. The oedema of the extremities is extreme and extends to Poupart's ligament. The limbs are so heavy that it is almost impossible to lift them from the bed. This oedema of the legs is largely due to pressure on the return circulation by the ascites, and partly on account of the anemia and increasing pressure of the blood in the capillaries. There was a small quantity of albumin in the urine which was scanty in amount. Under the microscope there were no casts. Regarding the case, as threatening a somewhat speedy, fatal termination, a consultation was held principally to settle the question of tapping. After fully discussing this operation, it was decided to postpone it for a short time. The very serious condition of the patient was placed before his wife. The evening after the consultation I determined to place my patient on what is sometimes called Addison's pill, and which is as follows:

℞ Pulv. digitalis..... gr. xxiv.
 Pulv. scillae..... gr. xii.
 Pil hydrarg..... ʒi.
 Div. in pil, No. xxiv. One to be taken night and morning.

Within a week of commencing this pill the improvement was most marked; the amount of urine passed was

trebled in quantity, and the abdominal distension and oedema of legs decidedly diminished. After three weeks the pill was discontinued, as the bowels were so relaxed as to weaken the patient. After a week the pill was resumed, now giving it twice a day, and then only one the next day, and continuing in this way. By this method the bowels were kept open, but not relaxed. In two months the abdominal growth had been reduced from 43 inches to 39 inches, and the oedema of the legs all gone, except about the ankles. His general appearance had greatly improved, the icteroid hue being much less; appetite good and patient enjoyed his food. The patient is able to lie down with comfort, and has comfortable sleep. He was now allowed out of bed for a short time daily, the time being increased gradually. In two months more, that is, four months from commencing the pills, now given three times a week, the abdomen measured 33 inches, and there was no discoverable evidence of fluid in the peritoneum. All oedema has disappeared from the legs. Patient was now allowed out every few days for a drive and to move freely about the flat on which was his bedroom. In two months more, i. e., six months from commencing the pills, which were still continued twice a week, the patient was able to walk a mile. From this time the convalescence was rapid and marked, and the pills were discontinued. In a year from the time they were first given, the patient declared himself to be perfectly well, and his general appearance was better than it had been for seven or eight years. I made my last visit to him in January, 1898, when I carefully examined his liver, which showed a marked diminution in size. Since that date he has had really excellent health, and so continues at the date of this writing (Sept., 1901). There is no doubt in my mind that this pill saved this patient's life. The physician who saw the case in consultation as well as myself did not consider it possible that the patient could last more than two or three months, even although temporary relief to his distress might have been subsequently given by tapping. I have since this

case had two other cases of ascites where the administration of this pill gave excellent results; one is still alive, the other died a few months ago from an attack of acute pneumonia.

Case 4.—Acute cystitis of an idiopathic character is not very often met with; on the other hand, subacute cystitis, due to cold, very often the result of sitting on stone or grass, is not by any means uncommon. In my experience of nearly forty years I have met many such cases. Generally they are fairly promptly relieved by a hot bath, and the administration of twenty to thirty grains of bi-carbonate of potash with twenty drops of tincture of hyosciamus every four hours, in half an ounce of camphor mixture. Now and again I have met with a case which did not improve on this mixture. Such is the case I now briefly record. J. B., clerk in a wholesale house, obliged to be on his feet most of the day, consulted me for frequent and painful micturition, which from the history he gave me was due to sitting for some hours on grass at a picnic. He was fond of music and played an instrument, and passed at least two or three evenings a week at musical *soirees* at which ladies were present. He was obliged to discontinue this method of enjoyment, for he was not able to retain his urine for more than an hour when he had an irresistible desire to pass it. Before coming to me he had consulted a medical friend of mine, whose prescription he showed me. The treatment was the administration of alkalies, and had not given him any relief. The urine was clear and very acid. There were no abnormal constituents. He was low spirited and anxious, fearing some chronic bladder trouble. I accordingly decided to give him one drachm of Sanmetto every 4 hours. Within twenty-four hours he had received some relief, and inside of a week was so well that he was able to take his place among his musical friends. After this his recovery was rapid, and in two weeks he declared himself perfectly well. Since the case came to me I have had several of a similar character, all of which I have treated satisfactorily with Sanmetto.

STRUMOUS OPHTHALMIA.

Case 5.—In my early years of practice, and before eye specialists were much in evidence in Montreal, cases of this disease were not at all uncommon in my practice. But of late years they have been comparatively few. About five years ago, at one of my clinics in the General Hospital, a woman forced her way into the room against the will of the porter. She had a child in her arms, whom he claimed, and correctly, was a patient for the eye department. The woman, however, begged to see me, and I at once recognized the child, a boy, aged two and a half years, to be suffering from strumous ophthalmia, and, a large number of students being present, I took advantage of the case to give a clinic on this disease, after which I told her she must go to the eye department for treatment. A few days later she came to my office and told me that for nearly three months she had taken the child regularly to an hospital eye clinic without its receiving the slightest benefit. She asked me to treat the child, admitting poverty, but promising some remuneration (which I never received). The condition of the little patient was as follows:—The fists of both hands were pressed up against the eyes, while the head was bent on the chest, so as to cut off as much light as possible. The eyelids were inflamed, and thick, whitish yellow matter oozed from each. It was impossible to examine the condition of the eye, owing to the struggles of the little patient. The mother was instructed as to the necessity of keeping the eyes clean with pieces of absorbent cotton, and a few drops of a five grain to the ounce solution of nitrate of silver were placed in the angle of the eye, and by manipulation made their way under the eyelids. The child was ordered a teaspoonful of pure cod liver oil three times a day. For a week the child was brought daily to my office without there being any visible improvement. I then increased the nitrate of silver solution to ten grains. In a few days there was a marked decrease in the amount of discharge and the silver solution was now only used three times a week. In six weeks the discharge was entirely gone, and examination showed the eyes to be healthy, but weak. The lids were

only opened on dull days, and in partially darkened rooms. A solution of sulphate of zinc, one quarter of a grain, with ten drops of vinum opii to the ounce of camphor water was ordered to be used as a collyrium night and morning, and the cod liver oil to be continued in the same quantity. I saw no more of the child for a little over a month, when it was brought to me absolutely cured. The cod liver oil was directed to be continued for three months longer and the collyrium discontinued. The child was not seen by me again. Two years later a similar case came under my care, having been advised by the mother of the first patient to consult me. This case, a boy four years old, had also been to an eye clinic of an hospital for several months and had not benefited in the slightest. The symptoms of this second patient were identical with the first, and the treatment was practically the same, with the exception that I used Wampole's cod liver oil, as the child could not take the pure oil. When I was able to examine the eyes, on one I found a somewhat large ulcer on the conjunctiva, which healed in about three weeks after being touched with a fine point of solid nitrate of silver, and the use of a collyrium similar to what I used in the first case. In about three months after coming under my care, this patient was able to go about the house, in well lighted rooms and out on dull days. In six months he was absolutely well. In neither case has there been subsequent eye trouble. Cod liver oil had not been prescribed at the hospital eye clinic in either case.

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

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CONCLUSIONS IN REGARD TO THE CLINICAL VALUE OF THE FOLLOWING NEW HYPNOTICS.

Hedonal, we would say, is applicable to slight forms of insomnia unassociated with bodily pain or severe mental excitement. It is valuable as a "placebo," having a direct though not very powerful tendency to produce sleep. Patients take it quite readily, and it should be useful in a very large class of cases in general practice.

Chloretone is a powerful and pretty certain hypnotic if given in sufficient doses. Its general use to produce sleep, however, should be discouraged on account of its secondary effects. But these very defects may make it especially valuable in certain selected cases. Its action should always be carefully watched. The disagreeable subjective sensations it may produce are oftentimes insurmountable objections to its employment.

Dormiol.—While certainly not the most powerful sedative that we possess, dormiol answers well the requirements for a generally serviceable hypnotic. Its rapidity of action, we believe, is unsurpassed by any other hypnotic taken internally. This characteristic, together with its ease of administration, reliability in almost all forms of insomnia unattended with great bodily discomfort, and almost total absence of any after effects, subjective or objective, make it one of the most valuable acquisitions to the physician's armamentarium of recent years. It probably will win a place in the Pharmacopeia.—*The Virginia Medical Semi-Monthly*.

DISINFECTION OF THE URINE.

Dr. N. B. Gwyn has recently reported the results of an investigation into the comparative value of various disinfectants, in rendering sterile, urine containing typhoid bacilli. It was found that milk of lime is neither rapid nor certain in action. Carbolic acid proved of value only in large amount, or in very strong solution. Mercuric

chloride, on the other hand, acted as a powerful and rapid disinfectant, only a small amount being required, and having the further advantage of being clean, odourless and easily applied. Formaldehyde was found to be a fairly efficient disinfecting agent, but its cost precluded its use in any but dilute solution. Chlorinated lime prepared in saturated solution and using the supernatant fluid proved itself a most reliable disinfectant, free chlorine being evolved in addition to the urine.

For disinfection of the urine in the bladder and the urinary system, utropine administered by the mouth has been employed, with the results more or less satisfactory. Solutions of mercuric chloride, 1 to 100,000 or 1 to 50,000 may be employed for irrigation to the bladder, and with some assurance that any bacilli in this viscus will be destroyed.

In obstinate hiccough, gargling with ice water has succeeded in stopping the spasms after all other measures had failed.

Ingalls and Yeager report 36 cases of smallpox treated with baths of bichloride without any deaths. The series included 13 confluent cases and one of the hemorrhagic form. The suppurative fever was shortened, pitting was much less and the offensive odour absent.

BRONCHITIS.

Dr. Leech has done good service in calling attention to the fact that the drugs useful in bronchitis are generally given in inadequate doses. In the treatment of acute bronchitis there is no better combination of drugs than that of acetate of ammonium, spiritus etheris nitrosi and ipecacuanha or antimony. Liquor ammonii acetatis is generally prescribed in drachm doses to be given every four hours; it should be given in doses of three drachms and increased to six drachm doses if the skin does not act freely. Since marked relief to the breathing often accompanies the sweating, sweet spirits of nitre should be given in two-drachm doses and repeated at short intervals. This author considers antimony in one-twentieth of a grain dose is of most service in moist bronchitis with oppressed breathing, and that, in the dry form with tight cough, ipecac should be given. If the carbonate of ammonium is used it should be dissolved in water, and the dose, at least five grains, should be given in milk and repeated every hour or two.—*Four. Med. and Science.*

HOW TO READ THE TONGUE.

The perfect tongue is clean, moist, lies loosely in the mouth, is round at the edge, and has no prominent papillæ. The tongue may be furred from local cause or from sympathy with the stomach, intestines or liver. The dry tongue occurs most frequently in fever, and indicates a nervous prostration or depression. White tongue is diagnostic simply of the feverish condition, with perhaps a sour stomach. When it is moist and yellowish brown it shows disordered digestion. Dry and brown indicate a low state of the system, possibly typhoid. When the tongue is dry and red and smooth look out for inflammation, gastric or intestinal. Sharp pointed red tongue will hint of brain irritation or inflammation, and a yellow coating indicates liver derangement. When so much can be gained from an examination of the tongue how important it is that the youngest child should be taught to put it out so that it can be visible to the uttermost point in the throat.—*Four. Med. and Surgery.*

DYSENTERY.

Sulphur successfully is used in the treatment of dysentery. Twenty grains of sublimed sulphur are combined with five grains of Dover's powder, to be given four-hourly. In all of the cases that have been treated with sulphur the recovery has been rapid, and the patient has seemed to derive relief more speedily from his pain and straining than with other methods of treatment. The cure with sulphur seems to be more certain and stable, as chronic conditions and relapses have not occurred. Blood and mucus are easily stopped and the motions quickly become fecal. In some cases the number of motions per diem did not at once diminish, but the pain and straining were lessened and the character of the motions became more fecal and contained little or no blood. As soon as the diarrhœa becomes less it is advisable to give the powders less frequently.—G. E. Richmond, *in Lancet.*

THE CONDITION OF THE KIDNEYS WITH REFERENCE TO THE EMPLOYMENT OF DIURETICS.

D. Arthur R. Elliott (*Med. News*, August 10, 1901).—Except in the case of the irritant-epithelial diuretics, the entire class of diuretics may be said to exert their effect upon the urine by acting indirectly through the circulation. Owing to the necessity for sparing the kidneys all

irritation, drugs given for diuretic purposes should act indirectly rather than directly, consequently the secretory diuretics are contraindicated in irritative and inflammatory renal conditions. In functional urinary disorders diuretics are contra-indicated in irritative and inflammatory hyperacidity of the urine. To accomplish this, simple diluents and salines are best adapted. In acute nephritis saline diuretics are permissible throughout the entire course of the disease and exert a beneficial influence by increasing elimination and clearing the tubes of inflammatory debris. Subcutaneous saline infusion constitutes our most powerful eliminant in desperate cases. In chronic nephritis the cardio-vascular diuretics are the most useful, owing to the fact that oliguria and dropsy are usually the result of circulatory failure. The dropsy, under such circumstances, being of cardiac origin, may be benefited by cardio-vascular stimulants, provided the kidneys are not too badly damaged. Dropsy, of purely renal origin, is not amenable to favourable influence by diuretics. Although the morbid process in the kidneys may furnish us with our primary inspiration to diuretic medication, it is the condition of the heart and circulatory apparatus in most cases that determines the choice of an agent.—*New York Medical Journal.*

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College; Assistant Surgeon, Western Hospital;

AND

GEORGE FISK, M.D.,

Instructor in Surgery, University of Bishop's College; Assistant Surgeon, Western Hospital.

EPISTAXIS.

Treatment—All that is necessary in epistaxis is to fashion, with a pair of scissors, a dry plug of prepared sponge, in size and length comparable with the little finger of a twelve-year-old boy. This should be carefully soaked in boiled water, to free it from grit, squeezed dry, to free it from unnecessary fluid, and inserted its full length gently along the floor of the bleeding nostril. No styptic is necessary. The expansive pressure of the soft sponge against the bleeding side, increased by the coagulation of a few drops of blood in its interstices, will check the bleeding at once. It should be removed in twelve hours; under no circumstances should it remain longer than twenty-four hours.—*Sajou's Cyclo.*

ANAL FISSURE.

Fissure of the anus and rectum is frequently caused by constipation, and hence it is always a good plan to regulate the bowels, and relieve the congestion of the portal veins. For this purpose we may give :

R̄ Sodii Salicylatis.....2 drachms
 Tinct. Nucis Vom.....4 drachms
 Ext. Alterans fl.....2½ ounces

M. Sig.: One teaspoonful before meals in water.

Apply locally a solution of nitrate of silver, ten grains to the ounce, every second day, or hydrate of chloral if the fissure is covered with pale, flabby granulations. The latter may be used in a solution of twenty grains to the ounce, and applied twice daily on absorbent cotton. If these measures fail to stimulate the growth of healthy granulations, and especially if the edges are hard and thickened, pure tincture of iodine may be cautiously applied once in three days. This treatment will seldom fail if used persistently for from four to eight weeks. If there is much pain after defecation a little cocaine will give temporary relief.—*N. Y. Med. Jour.*

APPENDICITIS AND LIFE INSURANCE.

J. Weill-Manton, Paris, discussing the matter of granting insurance, lays down these rules :

1. Any abnormal sensitiveness in the appendicular region justifies postponement.

2. Applicants are admissible when cured by operation, a few weeks after interval operations; after three or four months when the resection has been done during an attack; in eighteen months or two years when the applicant has been cured by the simple opening of a purulent collection about the appendix. It will always be best to require a statement from the operator or from a physician present at the operation, giving the precise nature and the results of the intervention. The same conditions will hold in cases of circumscribed peritonitis with spontaneous evacuation of the purulent collection.

3. Any typhlitis, appendicitis, appendicular colic or crisis, however slight, acknowledged by the applicant or suspected by the examiner, will subject to a postponement of two or three years.

4. Two or more attacks will require a more lengthy postponement which will be proportionately increased according to the number and severity of the attacks.

5. The research of family antecedents will be considered as an important element of greatest moment in the younger applicants.

6. In cases of remote antecedent attacks of appendicitis, the examiner must carefully investigate the existence of signs which might reveal the slightest awakening of the old appendicitis.

7. Every case of chronic and of recurring appendicitis must be rejected.—*Med. Examiner.*

TYPES OF ENTRANCE AND EXIT WOUNDS AS SEEN IN THE SOUTH AFRICAN CAMPAIGN.

C. S. Wallace : Typical Wounds caused by Normal Small-Bore Bullets.—A perfect, underformed, small-bore bullet entering at right angles to the surface makes, as a rule, a round hole slightly smaller than the bullet itself. Around this aperture is a narrow ring about one-sixth of an inch in breadth, from which the cuticle has been removed, and which appears some hours after the receipt of the injury as a red border to the wound. A little later, this ring, as well as the actual hole, is covered with a dark scab, which consequently is larger than the hole which it covers. The bullet in its passage inwards pushes in front of it the skin, which is thus brought into contact with the sides of the bullet and bruised by it. The projectile, then passing on, stretches and perforates the skin, and gains admission through a hole which is smaller than the actual diameter of the bullet.

Typical Wounds Caused by Normal Small-Bore Bullets.—When the axis of flight of the bullet is inclined at less than a right angle to the surface, the wound in the skin becomes oval, and the breach of surface, therefore, is slightly bigger. When the angle is very oblique the bullet traverses a certain track of skin, depressing it more and more until actual perforation takes place. The skin, therefore, is bruised and the cuticle destroyed for some distance from the aperture of entrance. This damaged area of skin shows as a red raw place when the wound is recent. The shape of the contused area is roughly that of an isosceles triangle with a rounded apex, and the sides are slightly bent outwards. The base is formed by the perforation in the skin. The breadth is often more than that of the actual bullet. Bullets passing out through the skin obliquely make an oval aperture of exit, and this, if the line of flight is greatly inclined to the skin, is

often of large size, but still remains oval. The skin is evidently pushed out and then burst. The width of such a wound is rather striking, and is due to the skin being unsupported and to the natural elasticity of the cutis causing retraction and gaping.

Ricochet Bullet Wounds.—In these cases the wounds lose more or less of their typical character according to the amount and kind of distortion the bullet has undergone. The round, oval or slit-like wound becomes irregular, torn or jagged, for, even if not greatly distorted after striking the ground, the bullet no longer continues to have its long axis in the axis of flight, and so may strike the body with its side, or partly with its side and base. In such cases the length of the wound will vary according to the actual position of the projectile at the moment of its impinging on the skin. Fragments of stones struck by bullets will also cause jagged irregular wounds. This is especially the case when the bullet strikes the body where it is in contact with the ground.

The So-called Explosive Bullet Wounds.—These are nearly always met with in connection with fractures of bone. The extent of the exit wound has no invariable definite relation to the underlying damage, although it may afford valuable indications thereof. The introduction of a finger will often show that although the exit aperture may be large, the skin is so undermined and the muscles so torn that a still larger irregular cavity is formed into which the ends of the fractured bone protrude, and this is especially well shown in cases of fractured femur. Another form of wound is that in which the skin is blown away to a great extent. This is likely to happen if the bullet emerges from a subcutaneous bone, as the shin, and then there is a definite loss of substance so that a crater-like wound results. A third form is that in which the muscles and tendons are torn, and at the same time extruded through the skin wound and form a protruding mass above the level of the skin resembling in some degree a fungating sarcoma, especially if seen for the first time some days after the infliction of the wound.—*Brit. Med. Jour.*

ABORTING BUBOES.

Dr. Christian, in a recent article in the *Therapeutic Gazette*, declares, after quite an extensive experience in the *Philadelphia Polyklinik*, that he believes that fully fifty per cent. of buboes, due to gonorrhœa, chancroid, or herpes, can be aborted if proper treatment is undertaken before pus has begun to form. He thinks that the matter of aborting

buboes has not received the attention it deserves in modern works on surgery. His plan is to prepare the following ointment: \mathcal{R} Ung. Hydrargyri, Ung. Belladonnae, Ichthyol, Lanolin, each eight parts. A piece of surgical lint spread with the ointment is applied directly to the swollen gland, and over this is placed a piece of oiled silk of the same size. The next essential is to insure constant pressure over the gland, and this is accomplished by placing a large pad of cotton over the oiled silk. Last, a wide spica-of-the-groin is next applied, two bandages being employed. This treatment is renewed every second day, and at the end of two weeks the swelling has usually disappeared. Out of twenty cases of buboes, treated by this plan, twelve were cured. Of course, if the bubo is due to tuberculous infection, this treatment will be of no use.—*Four. Medicine and Science.*

IMMEDIATE AND REMOTE EFFECTS OF BRAIN INJURY.

D. S. Fairchild, Clinton, Iowa, concludes from his study of a series of cases that :

1. Violence of no great intensity when applied to a limited area of skull may cause a fracture with only momentary displacement with a rupture of a meningeal artery, or a rupture of an artery without fracture.

2. A localizing injury, which may lead to a fracture without displacement and hemorrhage, does not as a rule, cause a serious permanent brain lesion if early and judicious treatment is employed.

3. A fracture may occur without apparent displacement, yet a real localized pressure on the brain exists which may cause irritative changes involving a more or less extended sclerosis and remote secondary results, as epilepsy or mental impairment.

4. A blow may be received on the head which may produce a more or less extensive laceration of the scalp which in itself is not serious. But the fall from a height or from a rapidly moving train may produce more or less extensive contusion or laceration of brain tissue leading to serious immediate or remote effects.

5. A fall from a height or moving train may, without a fracture, cause directly or indirectly a contusion or laceration of brain tissue or so disturb the cerebro-spinal fluid as to primarily bring about such changes and cause immediate results or secondary serious remote effects by inducing degeneration and final interstitial changes producing insanity.

6. An injury may be of such a character as to produce a localized wound of the brain that may heal with the pro-

duction of scar tissue which may extend, may or may not undergo cystoid or other degeneration with serious remote effects.

7. In the absence of localizing or other definite symptoms, to indicate the nature of the lesion, the character of the accident and the manner in which the force is applied is of great value in reaching a conclusion as to the probable nature of injury to the brain—*Jour. A. M. A.*

THE TREATMENT OF TRAUMATIC INFLAMMATIONS OF THE JOINTS.

A time-honoured procedure in the management of the traumatic synovitis, is to place the joint at rest. Strict immobilization, with the use of hot fomentations, is the accepted method of treatment. As soon as the pain subsides the patient is commonly allowed to get about; if there is much fluid in the joint it is slowly absorbed away, and there is usually more or less thickening of the peri-articular structures with the formation of bands of adhesion in the joint, seriously interfering with its motion. A joint in the condition here described is subject to subacute exacerbation, brought on by slight strains or twists, which would be absolutely unnoticed in a healthy joint, and which are accompanied by an increase in the fluid and some exaggeration in pain. These subside with rest, and the patient again gets about, to have the process repeated in endless succession. Stimulating liniments, anti-rheumatics and other applications are employed in vain, until in sheer desperation the physician puts the patient to bed and again immobilizes the joint for a period of two or three weeks. This is followed by improvement, but later on with the inevitable relapse. In young persons, and those whose circulation is good, as time passes and there is a vigorous effort to resume the use of the limb, there is greater improvement, followed by ultimate recovery. That this is due more to the persistence of the patient and a determined effort to use the limb, rather than under the advice and treatment of the physician, is apparent to one who carefully studies the history of one of these cases. The error in the treatment of a joint by rest has, we think, come about in two ways: First, the improvement and cure which sometimes results in tubercular and other infected joints by rest, and the improvement which is noted in traumatic non-infected joints by brief period of rest. This latter has undoubtedly led physicians to employ rest, thinking that, if a joint was improved by a few days' rest, that it would only be necessary to continue long enough to have a perfect cure. The later theories regarding the treatment of such

joints tend toward just the opposite treatment. The first few days after a joint injury rest may be employed with advantage, but very soon it is important to place the joint in active use, even though it is painful and there is considerable fluid remaining in the joint cavity. This is to prevent adhesions. If the adhesions have already formed it is absolutely necessary that they be broken up and full motion must be given to the joint, otherwise the recurrent inflammations and accumulations of fluid will inevitably take place. Instead of rest, therefore, the latest treatment of traumatic injuries to joints includes a thorough and deep massage, which should be so vigorous as to stimulate the synovial membrane to absorption, and of passive motion which should include the whole range of joint movement. In this way joint adhesions are avoided, or if already formed are broken up and stretched. Joints treated in this way show a much higher percentage of recoveries and much less danger of secondary inflammation than those treated by rest, in which the peri-articular surfaces become edematous, the synovia eroded, together with the destruction of tissue which results from long chronic inflammation. A quick cure is essential to a permanent one in these cases. —*St. Louis Med. Rev.*

THE TREATMENT OF THROMBOSED VARICOSE VEINS OF THE LEG.

C. Mansell Moulin discusses in the *Clinical Journal* of July 31, 1901, the treatment of thrombosis of superficial varicose veins. This condition is especially frequent in that part of the internal saphena at the side of the knee and in the lower third of the thigh. The condition is a grave one because of the liability of a portion of the thrombus separating and reaching the heart. The diagnosis of this condition is easy; the soft purplish masses along the course of the veins, standing out underneath the skin and more or less adherent to it, cannot be mistaken. There is always inflammation around a thrombosed vein, and secondarily a certain amount of tenderness and redness of the skin and swelling of the surrounding cellular tissue. It is advisable before coming to a decision as to the method of procedure to carefully note how this superficial inflammation spreads. Now and again the inflammation of the cellular tissue involves the walls of the vein, and a phlebitis is secondary to the infective inflammation of the surrounding tissues. These cases must be carefully distinguished from those in which the primary trouble is a thrombosis and the inflammation to it secondary and comparatively slight.

The causes which give rise to thrombosis in veins vary in individual cases. In most cases the thrombosis starts from a dilatation in which presumably the blood is almost stagnant, or from behind a valve. Impaired vitality of the endothelial lining of the vein is another cause. Sometimes this may arise from prolonged stasis, the nutrition of the lining cells growing more and more feeble until at last some fibrin ferment is set free. More frequently the cause is traumatic—a blow or the compression of a bandage. The third cause of thrombosis, more difficult to estimate, is the difference in the constitution of the blood. In a recent case on which the writer operated the thrombus extended from below the knee to the saphenous opening, a condition which could not have arisen from a local cause. What this alteration in the constitution of the blood may be it is not easy to say. It occurs in such wasting diseases as phthisis, and is not infrequent in typhoid. It sometimes occurs after severe surgical operations which pursue a perfectly aseptic course. After severe abdominal operations it is well to raise the foot of the bed from nine to twelve inches to prevent venous stasis in the lower extremities. It is possible that these cases may be of bacterial origin, the germs having been taken in during operation, but not being sufficiently numerous to cause a general reaction in the system, but only a disturbance in the blood which is nearly stagnant. Such a condition has been experimentally proved in animals.

The routine treatment of thrombosed veins is to enforce absolute quiet of the affected limb, covering it with lead lotion or extract of belladonna, and wait until all pain and tenderness have gone, and the vein has either regained its natural condition or feels hard and cord-like. In the meanwhile the patient is liable to sudden embolism, which may occur at any moment, and to extension of the thrombus until it has spread through the saphenous opening into the femoral vein, or, what is nearly as serious, until it extends through some of the communicating branches into the deep veins. Such prolonged treatment is unsatisfactory, as it may take weeks or even months for a blood-clot to become organized and obliterate the vein. Surgical treatment should be undertaken early. All that is necessary is to make an incision down upon the vein, turn out the thrombus, and ligate it above and below. In most cases it is wise to put a ligature around the vein immediately below the saphenous opening, to prevent the clot, if it is accidentally displaced during the operation, being carried into the general circulation. Where the thrombus

is so long that it cannot be removed entire, segments should be taken away and the divided ends of the vein closed by ligature, or better still by torsion. In some cases where there is a large mass on the inner side of the thigh and the wall of the vein is more or less adherent to the surrounding structures, a flap of skin is removed and the mass of veins slit in every direction. The clot is turned out, and so much of the wall as can be readily removed is taken away, the skin afterward being replaced.

In cases involving the superficial veins nothing better than these methods of operating can be employed. The redness of the skin, tenderness, and all other signs of inflammation disappear at once, and union takes place within a week. In a fortnight the patient is up and about. Unfortunately, in thrombosis of the deep vessels, operation is out of the question; nothing but unlimited time and patience are of service.—*Medicine.*

A STUDY OF BURNS.

Frederick Griffith, in the *Medical News* of August 24, 1901, says that burns, which are the commonest of all injuries, should be treated upon accepted surgical principles. They may be divided into two classes: the first, which involves the skin only, and a second group including the deeper structures. Early death and internal complications after burns are due to the direct action of the heat, causing fragmentation and vital changes in the blood-corpuscles. The constitutional disturbance is probably due to infection originating in the burned area. Contraction in burns and subsequent deformity is determined by the granulations. The greater the friction, from whatever source, the more extensive the granulations, followed by a larger amount of connective tissue, and hence greater contraction. The early methods of treating burns had for their basis the prevention of irritation and the excessive formation of connective tissue.

In the early treatment of a burn all dead and charred tissue should be removed as far as possible. The thoroughness with which this is done determines, in great measure, the amount of discharge and the probable presence of infecting organisms. The best antiseptic for immediate application is hydrogen dioxide. After the wound is cleansed, rubber tissue should be placed over it to prevent contact with absorbent dressings. Splints should be employed to secure relaxation and retention in obtaining rest for the burned part. This is quite as important as it is in fractures. The internal treatment of burns should be by

stimulation until reaction from shock has taken place, when the treatment should be supportive.

Otto L. Muench (*ibid.*) recommends carbolic acid in the treatment of burns. He has employed it in several cases, in one of which the amount of surface involved was considerable. The application of pure carbolic acid is followed by an immediate cessation of pain and a prompt and rapid healing of the part. The carbolic acid is applied, using the ordinary 95 per cent., and is immediately washed away with alcohol. Not only does it give instant relief from pain, but it effectually antiseptisizes the surface of the burn and seals all the avenues of infection.

Therapeutic Notes.

BED SORES.—If the nurse is competent, this painful complication will rarely require treatment. It is advisable to rub the parts upon which the patient rests with alcohol, and daily sponging of the entire body with warm water and then with alcohol will add greatly to comfort. Should a suspicious spot of redness present itself, remove the pressure therefrom by an air-cushion, and prevent the folds of linen pressing upon the patient. Dry dressings are preferable to moist ones for bed-sores, and oxide of zinc in powder or ointment is one of the most valuable remedies; acetate of aluminum has also a very beneficial effect. At times, considerable loss of substance is found, giving rise to a very foul odor; in these cases a charcoal poultice acts remarkably well.—*Rotch.*

CHLOROFORM is now very seldom used in the Dublin hospitals. The patient is first put under the influence of nitrous oxide, and when anæsthesia is secured it is prolonged by means of ether.

Dr. Mundé recommends vaginal injections of bromide of potash, 1 dr. to a pint of water, in cases of so-called irritable uterus, diffuse pelvic pains and hysterical neurosis in various parts of the body.

In the Philippines the insurgents dress wounds with dry salt or strong brine, for lack of the usual antiseptics, and wounds from firearms heal under it in four or five days.

PEANUTS have the faculty of absorbing alcohol and preventing it from demoralizing the nerves and upsetting the thinking-machine, without entirely curtailing its exhilarating effects. The large proportion of oil in the peanuts accounts for the result. A good wineglass of olive oil has the same effect.

The passage of the catheter in urinary diseases is a surgical operation, and should be considered as such. It is not merely a manoeuvre, rashly and indiscriminately to be undertaken.

IN BILIARY LITHIASIS, Dr. Stanley M. Ward finds that if the patient will eschew fats and take 1 dr. of phosphate of soda in hot water three times daily for six months, then twice for three months, and then continue the dose before breakfast for the balance of the year, recurrence is very rare.

The injection of a glass syringeful of lemon juice into the nose, after it has been cleansed of clots, will stop bleeding after everything else has failed.—*Massachusetts Medical Journal*, September, 1901.

IN INCONTINENCE OF URINE in children, antipyrine has proved to be useful in large doses. Take 2 dr. of antipyrine and dissolve it in 1 oz. of water and add 1 oz. of alcohol. Take one teaspoonful at bedtime.

Balsam of copaiba is an excellent remedy for chilblains; paint it on once a day or more.

The following is Vidal's formula for seborrhœa sicca of the scalp: Precipitated sulphur, fifteen parts; castor oil, fifty parts; cocoa butter, twelve parts; balsam of Peru, two parts. Thoroughly mix the sulphur and castor oil, add the cocoa butter with the aid of a gentle heat, and finally the balsam. Rub into the scalp.

AGARICIN in doses of $\frac{1}{8}$ to $\frac{1}{4}$ gr. is a valuable remedy in the night-sweats of phthisis.

A thin paste made by mixing iodoform in balsam of Peru is an excellent application to chronic indolent ulcers. Over this, place a dressing of bichloride-of-mercury gauze.

Dr. Sidlo, long ago, claimed to have cured many cases of ozæna by daily washing out the nasal cavities with a 2 per cent. solution of chloride of potassium, to which 10 per cent. of glycerine has been added. This is followed by inserting rolls of cotton soaked in a mixture of one part of glycerine and three parts of water, the tampons to remain in place for one hour.

PHOSPHORUS in full doses is said to be very beneficial in the treatment of some cases of goitre.

A lotion made of 1 dr. of permanganate of potassium to one pint of water is very effective in counteracting the odor of sweating feet.

Chapman calls attention to a diagnostic sign in myxœdema which has often proved useful. As is well known, puffiness of the eyelids is a sign of Bright's disease. So, too, is it a symptom of myxœdema due to the collection of mucin. So that when the urine is normal and puffiness of the lid is a symptom, the possibility of myxœdema being the cause should be kept in mind.

Dr. Ry reports thirty-two cases of night-terrors in children, in all of which adenoids were present in the naso-pharyngeal vault, and when these were removed, the nightmare ceased. He, therefore, concluded that adenoids are a common underlying cause of this trouble.

IN ACUTE GONORRHOËAL EPIDIDYMITIS, Setz has great faith in guaiacol. He first washes the parts with soap and ether, and then applies a 10 per cent. ointment of guaiacol in vaseline.

Many physicians prefer the bromide of strontium to any other form of bromide in the treatment of epilepsy, because it can be continued for months without any of the deleterious effects which attend the use of the potassium salt, and can therefore safely be given in doses large enough to control the fits.

LIME IN THE EYE.—Wash the eye thoroughly with a large quantity of warm water—for a little water but adds to the trouble by slacking the lime—and then introduce a solution of sugar and water. This is superior to solutions of vinegar or dilute acids, because sugar forms an insoluble compound with lime.

Whatever else you do in internal carbolic-acid poisoning, give at once a large dose of alcohol—whisky, brandy, rum, or gin will answer—and repeat it often.

THE TREATMENT OF OZÆNA with antidiphtheritic serum seems to have many prominent advocates. Such specialists as Mgyind, Cathetin, Kyle and King report good results following this plan.

THE TREATMENT OF PNEUMONIA by serum therapy has not been attended with sufficiently marked results except to give encouragement for its further trial.

Strychnine is the drug most commonly used to sustain the heart, and many advise that it be given in full doses hypodermically because the stomach is often so disturbed as to delay its absorption.—*Journal of Medicine and Science*, August, 1901.

FISSURE OF THE NIPPLE has been very successfully treated by many physicians with orthoform. A few drops of a saturated solution of orthoform in 80 per cent. alcohol is applied directly to the crack, and a dry compress is then placed above.

SULHUR CREAM FOR DANDRUFF.

Dr. Geo. T. Jackson says the following will make an elegant sulphur ointment, which he uses extensively in the treatment of dandruff:—

R White wax.....	.....	3 iiiss.
Ol. petrolati.....	.....	5 iiss.
Rose water.....	.....	5 j.
Sod. baborate.....	.....	gr. xv.
Precipitated sulphur.....	.....	3 iiiss.

This is an elegant, smooth, white preparation without sulphur odour. It keeps perfectly, does not separate, and is as perfect an ointment as can be. Dr. Jackson has tried on his scalp all sorts of lotions in the treatment of seborrheal dermatitis, and invariably comes back to the sulphur cream with pleasure and profit. Used once or twice a week, it keeps the scalp comfortable, does not make the hair too greasy, when properly applied, and checks the dandruff.—*Four. Cut. and Gen. Ur. Dis.*

FOR TOOTHACHE.

Under the name of Swedish toothache drops, the Ohio Dental Journal quotes the following:—

R Clove-oil.	
Cajuput-oil, of each,	10 parts.
Chloroform.	
Acetic ether, of each,	5 parts.
Menthol,	3 parts.
Camphor,	1 part.

Dissolve. For application to the tooth.—(*New York Medical Journal*.)

THE CLEANSING OF TEETH.

M. H. Fletcher, M. D., D. D. S. (Cincinnati *Lancet-Clinic*), gives as the result of elaborate investigations, the following formula :—

R Pulv. cereal, 75 per cent.
Sodium borate, 18 per cent.
Potass. chlorate, 7 per cent.

Orris and menthol to flavour, and saccharine to sweeten to taste.

Dr. Fletcher says that it requires at least five grains at a time of any powder to be at all efficient in cleansing the mouth and teeth, and double or triple the portion is better ; in every five grains of the above formula there is one and one-quarter grains of the combined remedies ; this is sufficient to keep the saliva decidedly alkaline for some time after using and to counteract the ill effects of sweets.

CAFFEINE IN THE TREATMENT OF WHOOPING-COUGH.

The Agenda-Médical gives the following formula :—

R Caffeine valerianate, 3 parts.
Brandy, 40 parts.
Syrup of coffee, 500 parts.

M. From a coffeespoonful to a tablespoonful, according to the patient's age, is to be given morning and evening. —(*New York, Medical Journal.*)

VENEREAL SORES.

R Hydrgr. Chloridum Mite..... 1 drachm.
Listerine..... 1 ounce.
Aqua Calcis..... 5 ounces.

M. Sig. :—Mop the surface night and morning with gauze or absorbent cotton.

Jottings.

BUTTERMILK.

Buttermilk as a remedial agent can not be praised too highly. The lactic acid, the sour of the buttermilk, attacks and dissolves every sort of earthy deposit in the blood vessels. Thus it keeps the veins and arteries so supple and free running there can be no clogging up ; hence no deposit of

irritating calcareous matter around the joints, nor of poisonous waste in the muscles. It is the stiffening and harrowing of the blood vessels which bring on senile decay. Buttermilk is likely to postpone it ten to twenty years, if freely drunk. A quart a day should be the minimum, the maximum according to taste and opportunity. Inasmuch as gouty difficulties usually arise from sluggish excretion, buttermilk is a blessing to all gouty subjects. It gently stimulates all the excretories—liver, skin and kidneys. It also tones the stomach and furnishes it the material from which to make rich, red, healthy blood. If troubled with gout avoid meat, sweets, pastry, wines, spices, hot rolls, bread of all sorts, and everything belonging to the tribe of ferments. Eggs, game, fresh fruit, vegetables, especially salads, may be eaten with impunity. If any one has a creaky joint or a swollen and aching one, he should drink all the buttermilk, he can relish whenever and wherever he can, but it should be fresh churned and wholesome.—*Health Culture.*

TO CURE INSOMNIA.

A very simple method of inducing sleep in cases of persistent insomnia, and one that has succeeded where many drugs have failed, is: Simply administer a moderate amount of liquid food before the patient goes to bed. This diverts the blood from the brain to the abdominal organs, and takes away the cerebral excitement that precludes sleep.—*New York Med. Four.*

MISTAKEN NOURISHMENT.

No patient with chronic Bright's disease should use beef tea or bouillon, or the so-called beef extracts, as a diet. Over and over again it has been shown that these substances are concentrated solutions of the very salts which go to make up the solids of the urine itself, in addition to a certain amount of albumin. Yet I am constantly consulted in cases where the physician is nourishing his patients on such food with the impression that he is doing a good thing, whereas he is either overworking the kidneys or overcharging the blood with toxic substances, or both. Whenever there is an aggravation of symptoms a recourse must be had to a milk diet. Diluted milk is to be preferred to skim milk, because in the latter the proportion of proteid remains unchanged, and the fat, harmless fat, is removed, while in dilute milk the proteid is reduced and much of the fat is retained, as is, of course, desirable.—*Med. Standard.*

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Editorial.

IMPURE WATER.

Chemists and bacteriologists attached to the health departments of civic corporations occasionally give us considerable food for thought. Whether that thought produces the effect which those gentlemen think some of their statements will have is, however, open to serious question. Attached to the corporation of the City of Montreal is a chemist of no mean ability and whose chemical knowledge no one would question. Whether he understands human nature quite as well is, in our opinion, exceedingly doubtful. Within the last few months we have had from him reports on the water supply of Montreal which he asserts is chemically and bacteriologically a healthy water to drink. He, however, admits that it is occasionally off color and of a somewhat brownish hue, still will not occasion any untoward results. We believe he is perfectly correct in this statement. As we draw our supply from the Ottawa river, which at best is in bulk of a brownish hue, it requires but a small increase in the amount coming from swamp land to

make this color very decided. We find it so in the spring nearly always. Now, if there is any drink which a human being craves it is water, and he desires it clear and limpid. It is only such water that he relishes. Let us give an example. Pour water into a glass which has contained milk, and at once it becomes whitish blue. That water can never be drank with the same relish as if it had been placed in a clean glass. So often then is our Montreal water discoloured that we, with many others, have not drank a drop of it for a long time. Hundreds have given up its use as an unadulterated beverage, and have supplied themselves with Laurentian water from the Laurentian Springs which is beautifully clear and absolutely free, we believe, from organic matter. While the report of our Montreal water supply is satisfactory, save in the part we have noted, we find that the bacteriologist of the Buffalo Health Department has thrown the citizens of that place, especially those who use filters, into a somewhat excited state. He reports that in water taken from the ordinary tap he found from 160 to 560 bacteria per cubic centimeter, while in the water from a mechanical filter he found from 1,180 to 3,800 per cubic centimeter. The Philadelphia *Medical Journal* commenting on this statement says :

“This is not surprising ; it is astounding ! The tests clearly show that in many instances filters will clarify the water very nicely, also add tremendously to its bacterial contents. This they do by reason of the filtering material becoming a culture-medium for bacteria, after it has become a little dirty. This is a very serious matter, as it shows that people who trust a mechanical filter to purify their drinking-water are the victims of misplaced confidence. A filter that is not frequently and thoroughly cleansed may become a vastly more dangerous source of infection than the water that it is supposed to purify.”

Really one is almost compelled to exclaim : “How in the world do we exist with so many bacteria in our food and drink.” It is indeed wonderful.

MEDICAL TEACHING.

The method of teaching Medicine has changed greatly during the last twenty-five years. The work is now more minutely done, and, as a consequence and necessity, there has been a vast increase in the number of teachers. This is a self-evident fact patent to every medical man who has followed the gradual development of the medical schools not only of Canada, but of the United States and Europe. Even as late as fifteen years ago the professorial staff of most medical colleges was filled by men engaged in general practice. Then began the day of commencing specialism, and there was a gradual introduction of specialists on the teaching staff, replacing men who in their day had done their duty and done it well. But the world is ever moving onward, and within a comparatively few years many colleges found that several subjects embraced in the curriculum, especially those of a theoretical character, demanded men whose whole time must be devoted to their work. This demand has been met by, we may say, every teaching medical body, though in the minor schools, that is minor as regards the number of students, it has been a severe strain on their financial resources. To their credit, however, we must say there has not been any holding back, and that all have risen to the situation with an enthusiasm infinitely to their credit. But, with the march of time, other changes will be demanded, and the financial strain will surely become greater. How is this to be met? Endowments have already reached some of our older Canadian schools, and more will doubtless come. The junior schools with increasing age will find friends who, recognizing the good work they are doing, will come to their aid.

But we ask, has the country not a duty to perform, of placing in the hands of our medical teaching bodies an annual grant which would be but a slight recognition of the enormous work gratuitously performed by the medical profession? No other profession performs gratuitous work to anything approaching that of the profession of medicine. This work the government should recognize in the way we

have suggested. This, we presume, was the view taken by the government of this province when it for years gave the medical schools an annual grant somewhere in the neighbourhood of one thousand dollars. When the finances of the province were reduced to a low ebb this annual grant was cut off, but, now with an income showing a small surplus, it is worth while to raise the question whether it would not be wise policy to again give small grants to the various medical schools in the Province of Quebec. We have said that great changes have taken place in teaching medicine during the last two decades, but there are not a few who feel that some of the changes are of a questionable character. The amount of time devoted to laboratory work is considered by some to be too great, while practical medicine, surgery and midwifery, to learn to practice which students go to college, do not receive that attention which it is essential they should. Mere individual attention seems to be a direction toward which the thought of many is turning. Harvard, one of the leading medical schools, would seem to believe in it, for they have one hundred and thirty-one teachers, or one to every five students. Teaching by small sections instead of class teaching is thus made practicable. The Medical Alumni Association of that school has, through a committee, been investigating its method of teaching medicine, and the report was presented at a meeting held in June last. It strongly endorses this method of individual teaching and urges its extension, and, of necessity, a large increase in the staff of instructors. It also declares that visits to the hospitals of thirty or more students fail in their object. That such visits should cease and make way for smaller numbers in sections where the student should take an active part in the visits and be questioned. This has already been done, so far as Fourth Year men are concerned, who are divided into sections of five who make eighteen visits in the wards, when the after-treatment of operations and the routine care of the patients is illustrated and discussed with the students by the assistant surgeons. One might imagine that a number of such visits daily would

interfere with the recovery of patients, but we are assured by a graduate nurse of one of the largest Boston hospitals that such is not the case, only about three hours, and that in the morning, is occupied by these visits. Such modes of condensed and individual teaching are applied in clinical medicine and in obstetrics with some necessary variation in detail. Both the great Boston City Hospital, the Dispensary and Lying-in Hospital and its out-patient relief service are employed in this work. Students have each a fracture, a minor surgical case, a medical case, six cases of labour to treat themselves and to report on, but always near a consultant if unexpected emergencies arise. The opinion of men experienced in teaching is that didactic lectures should be less frequent, but never abandoned. The proportion suggested is to clinical and laboratory teaching of one to three or even one to four in some subjects. This is especially important in gynæcology, threapeutics, laryngology, ophthalmology and dermatology. It is especially important in the last two where our knowledge is based on what we see and feel. Specialties should be relegated to the Fourth Year, and should be almost entirely taught by clinics. The touch, the sight, the use of instruments of precision, absolute contact with a case should be the means of examination. In the case of operative surgery there should be didactic demonstration, a repetition of all operations by the student—no examination paper. The weekly grinds, we think, are very important and ought to be regularly carried out, and the students encouraged to answer. Many we know through either timidity or fear decline, but this difficulty might, we believe, be entirely overcome. It is the only way to secure active mental participation instead of passive receptivity. This Harvard Committee believes that medicine and surgery should be taught together and not as now, disassociated. Nature draws no such line, and we cannot draw any such line in practice. Pathological processes may be first medical and later surgical, or the opposite. It is important that instead of rare diseases forming part of too many clinical lectures that the student should be made familiar with com-

mon maladies such as are likely to make up the bulk of his practice. The former is of most interest to the teacher, the latter to the student. It is here that the out-door department of our hospitals offer a rich field, and we regret it is not more fully taken advantage of. Many of those who have done so have repeatedly written us stating how constantly in practice they have found the knowledge gained there come to their aid. Teachers we fear do not realize how much of general medicine and how little surgery and specialties form the practice of general practitioners in even fairly sized towns. Seven physicians in general practice in as many such places recently tabulated a year's work and found they had 1,594 cases. Of these 1,230 were medical and 364 surgical and specialties. Of the medical cases two-thirds were of ten common types, such as grippe, digestion, bronchitis, rheumatism, pneumonia, colds, etc. The common we have with us always; on this we must stand or fall in daily practice. It is, therefore, impossible for students to see too much of it. Finally, as regards the examination, these, in our opinion, are often unfair to the student, the oral is too short to give the student a fair chance to show his knowledge, which, extensive as it may be, cannot be universal. The teacher may, unfortunately, light upon the student's weakest point, and, finding that out, should drop it at once, and give him an opportunity of showing what he does know. Hence, many students who have been rejected are eventually our best practitioners, and rise to high professional standing. In the written examination too many questions are often given for the time allowed. The student cannot do himself justice, and he feels it so. Then the labour and exhaustion in reading the papers are too onerous for the examiner. In schools with large classes examination of papers by one man is well-nigh impossible, and many papers are handed over to subordinates. This is not fair, for different men judge from different standpoints, and the students suffer in their marks. It becomes clear, therefore, that as far as possible the standing of students should be the result of work done and its result shown at the time. This

could be arranged for at short intervals throughout each course. It should be the object of the examinations to test the student's power to deal with cases of disease, to make a thorough physical examination, take an intelligent history and reason from these to a rational diagnosis, prognosis and treatment, and this can alone be done by a clinical examination. That he should be able to give a written account of a disease in an examination room, and under examination pressure is of secondary importance. The living case is the one that he ought to examine, diagnose and write a report of. We have been induced to throw together these few lines, based upon personal experience as a teacher for over thirty years and from the opinions gathered from articles published in various medical journals, but more especially from the report of the Alumna Association of Harvard University. This was published lately in the proceedings of that body.

**COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE
OF QUEBEC.**

In the November number of the *Record* we gave the result of the election of the new Board of Governors. We neglected, however, to give the names of those elected by the Universities to represent them on the Board.

They are as follows:—

University of McGill:—Drs. Craik and Lafleur.

Laval University, Quebec:—Drs. Simard and Catellier.

Laval University, Montreal:—Drs. E. P. Lachapelle and Demers.

University of Bishop's College, Montreal:—Drs. F. W. Campbell and J. B. McConnell.

The report of Major Gagas, Chief Sanitary Officer of Havana, states that for the first time in over a hundred years that city had not a single case of typhoid fever in June, 1901. This is a feather in the cap of our American

cousins, whose occupation of that city has brought about this wonderful result.

The Medical Department of the University of Pennsylvania is the oldest Medical College in the United States. It was organized in 1765, and has graduated 12,201 physicians.

Book Reviews.

The Physician's Visiting List.—(Lindsay & Blakistons) for 1902; fifty-first year of its publication. Philadelphia, P. Blakiston, Son & Co.

In acknowledging the receipt from the publishers of the above Visiting List, we have pleasure in again expressing the opinion, that it stands at the head of all visiting lists.

F. W. C.

The Practice of Obstetrics, by American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics and Gynecology in Long Island College Hospital, Brooklyn, New York. New (2d) edition, revised and enlarged. In one handsome octavo volume of 775 pages, with 445 engravings in colors and black, and 35 full-page coloured plates. Cloth, net, \$5.00; leather, net, \$6.00; half morocco, net, \$6.50. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

That the first edition has been so rapidly exhausted is proof that this work has been appreciated. This edition has been brought thoroughly up to date and much added to it. The teaching is most modern and full of good common sense, the only exception perhaps in the work is the advice given in the management of the birth of the head in simple labour which is undoubtedly bad practice. Personally, I recommend two works on obstetrics to my class in College, one of which is Jewett, and it is perhaps the best one of the two.

H. L. R.

The Pocket Gray, or Anatomist's Vade Mecum.—By the late Edward Cotterell, F.R.C.S. Fifth edition revised and edited by C. H. Fagge, M.B., M.S., Lond., F.R.C.S., Senior Demonstrator of Anatomy Guy's Hospital. Wilam Wood, & Co., New York, 1901.

This excellent little manual on anatomy, now for the first time published in America, is a very welcome contribution to the literature of the science. The term "Pocket Gray" is presumably an

euphemism, as the editor, Mr. Fagge, has evidently studied many other authorities than the late Henry Gray, and like his distinguished father, Dr. Hilton Fagge, of Guy's Hospital, is certainly an accomplished and able anatomist.

The book has the three essential qualities of a scientific work, accuracy, clearness and conciseness, and should be a valuable aid to the student preparing for his final examinations and to the busy practitioner seeking some necessary and desired or desirable details on the subject. This is the purpose of the author and editor, for the work is not designed to compete with the standard works on anatomy.

C. A. H.

The Diagnostics of Internal Medicine. A Clinical Treatise upon the Recognized Principles of Medical Diagnosis. Prepared for the use of Students and Practitioners of Medicine by Glentworth Reeve Butler, A.M., M.D., Chief of the second Medical division, Methodist Episcopal Hospital; attending Physician to the Brooklyn Hospital; Consulting Physician to the Bushwick Central Hospital formerly Associate Physician, Department of Diseases of the Chest and Diseases of Children, St. Mary's Hospital, Brooklyn, New York; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of Kings, etc. New York: D. Appleton & Co., 1901. Canadian Agents: The Geo. N. Morang Co., Ltd., Toronto.

This work being written from the point of view of a practical clinical work proves most interesting and highly instructive reading; the farther you progress in its perusal the more intensely engrossed do you become. This volume presents some unusual features, and will doubtless find numerous readers who will appreciate the novel method by which the author treats his subject. He divides the work into two parts: first, a study of symptoms and their indications; and, second, a study of diseases and their characteristics. The evidences of disease occupy the greater part of the space and are dealt with in a highly satisfactory manner. In the examination of his patient the embryo physician is instructed by what routine to proceed in order to arrive at a preliminary opinion as to what may be at fault, so that important indications may be later examined in greater detail. The advice herein given by the author and his method of diagnosis deserves the highest commendation, the most minute details being pointed out and their import designated. Dr. Butler has given us an eminently practical book full of what the busy doctor is daily in need of, and dealing at length with symptoms and their diagnostic importance. The general plan of the work, the arrangement of subjects, the coloured plates, the illustrations and diagrams, are alike excellent. The book contains between two covers practically all that is essential for the making of a diagnosis, and apparently no helpful clew in obscure cases has been overlooked. The value of modern

laboratory methods has also been fully appreciated. The volume as a whole is, consequently, a reliable guide for students and practitioners in this important field of medical practice. While every chapter of the book is good, the subject of cerebral localization and of the diagnosis of diseases of the nervous system seems to us to be especially well treated—full, complete and up to date. The publishers have done their part of the work in a highly creditable manner. The book is especially well printed, well bound and artistically illustrated, and we would recommend all in need of a thoroughly practical book and one which will be a valuable addition to their library to purchase a copy without delay.

R. C.

Libertinism and Marriage.—By Dr. Louis Julien (Paris), Surgeon of Saint Lazare Prison; Laureate of the Institute of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Size of page $5\frac{1}{2}$ by $7\frac{1}{2}$ inches. Pages v-169. Extra cloth, \$1.00 net, delivered. Philadelphia, F. A. Davis Company, publishers, 1914-16 Cherry Street.

This little book deals in a most happy and frank manner with the important subject of libertinism and marriage. Each paragraph shows earnest thought and an extended and intimate knowledge of the subject. One could wish that a copy might find its way into the hands of every physician and student of medicine, for ignorance of the great importance on later married life of the so-considered trivial chronic affections of the urethra is not confined alone to the laity.

In the introduction "professional discretion" is carefully reviewed and ethical conduct strongly upheld, but there is also a strong plea to the effect that the Doctor has not done all his duty by remaining silent, but that he should use his utmost influence to protect the innocent party in case of intending marriage. To insure good health in the contracting parties the suggestion is advanced that a certificate of good health, from a recognized specialist, would greatly facilitate matters. In the succeeding chapters the evolution of Blennorrhoea and its various stages are carefully considered.

In the light shed by our present clinical methods for investigating Blennorrhoea some measure of the responsibility in treating this deceptive disease has dawned upon us.

To the specialist, however, the truth appears in more vivid colours, and the lessons he is enabled to draw from a larger experience cannot fail to impress the thoughtful reader. We take much pleasure in recommending this little work to all labourers in the field of medicine

G. F.

Annual and Analytical Cyclopædia of Practical Medicine. By Charles de M. Sajous, M.D., and one hundred associate editors, assisted by corresponding editors, collaborators and correspondents, illustrated with chromolithographs, engravings and maps. Vol. vi. F. A. Davis Company, publishers, Philadelphia, New York and Chicago, 1901.

As previously intimated, this annual and cyclopædia was to be issued in six volumes at stated intervals, and to represent the progress in all branches of medicine of the last ten years, a monthly journal being sent to each subscriber. This volume is the last of this series, and contains the matter from R. to Z. The articles are very comprehensive and contain the most recent information. That on Typhoid Fever in this volume covers thirty-five pages, and is a fine representation of the treatment of the various subjects. One need not go further than this article to gain a full knowledge of this subject, and this applies to most of the articles. While the work is arranged alphabetically, it is not strictly so; thus, under urinary system we find most of the surgical affections of the kidney, bladder and urethra. In discussing therapeutic articles many agents which are described in regular text-books, but which have become almost obsolete, are omitted, and only those of generally recognized virtue and tried efficacy are considered.

Among the many important articles in this volume are those on Rheumatism, by Dr. Levison, of Copenhagen; Surgery of the Stomach and Intestines, by Prof. W. W. Keen and Dr. M. B. Tinker, of Philadelphia; Surgery of the Spine, by Prof. R. H. Sagre, of New York; Surgery of the Urinary System, by Prof. J. W. White and Dr. A. C. Wood, of Philadelphia; Diseases of the Uterus, by Prof. H. T. Byford, of Chicago; Wounds and Injuries of the Chest, by Prof. L. A. Stimson and Dr. E. L. Kyes, jun., of New York; Typhoid Fever, by Dr. Jas. E. Graham, Toronto.

A very complete general index covering over one hundred pages concludes the volume.

J. B. McC.

The Transactions of the American Electro-Therapeutical Association of 1899-1900, published by F. A. Davis & Co., Philadelphia.

There is no doubt that the different electro-therapeutical agents are taking a larger place than ever in the management of pathological conditions, and justly so. Particularly is this true of the c and X-ray methods.

In fact, we have now arrived at that stage where certain classes of disease can only be successfully managed in this way, and

it will be necessary for the modern physician to equip himself accordingly if he wishes to keep pace in the march of scientific therapeutical progress.

As the workers in this field hitherto have been comparatively few, we therefore look upon the results of their experience with no small amount of interest.

Every year shows distinct steps in advance, not only in the variety of conditions treated, but also in the manner of dealing with them. The transactions in the numerous topics referred to and the attendant discussions offer many suggestions of interest and worthy of the careful consideration of the electro-therapeutic student. The treatment of such affections as rheumatism, sciatica, neurasthenia, hysteria, hypertrophied prostate, certain forms of cancer, etc., have always baffled the medical practitioner, and it is to this class of conditions particularly that electricity in its newer methods of application is peculiarly adapted, bringing certainly more or less relief if not absolute cure.

The Transactions are well worthy of perusal, and we look forward with interest to similar publications in the future.

W. E. D.

A Text Book of Physiological Chemistry. For Students of Medicine and Physicians, by Charles E. Simon, M.D., of Baltimore, author of "Simon's Clinical Diagnosis." In one octavo volume of 452 pages. Cloth \$3.25 net. Lea Brothers & Co., Philadelphia and New York.

This work, from the pen of Dr Simon, is the first systematic text-book of Physiological Chemistry that has appeared in the United States. The production of such a work was desirable in view of the rapid strides made, of late years, in that department of science.

The arrangement of the subject-matter of the work impresses us favourably. Its first section treats of the origin and chemical nature of food-substances, and of the products of their decomposition. The recent advances in our knowledge of the chemistry of the carbohydrates and of the nitrogenous derivatives of the albumins are here clearly presented. The second section deals with the processes of digestion, resorption and excretion. The various digestive fluids concerned in the transformation of food-stuffs into material which can be utilized for the needs of the tissues, their action on food substances and the resorption of the final products of digestion are considered in detail.

This section is written with a thorough knowledge of the requirements of students in this department of physiological chemistry. Only the more important tests are given, and the methods of quantitative estimations are clearly and accurately described. Exception might be taken to the statement that organic acids in concentrations met with in stomach contents do not

strike a pink colour with dimethyl-amido-azobenzol. This reagent, introduced by Töpfer for the detection of free hydrochloric acid, reacts with lactic acid in a concentration of 1 in 1,500, and this acid sometimes occurs in stomach contents in the above proportion. Would it not be advisable to extract all organic acids likely to occur in stomach contents with ether before applying Töpfer's test for free hydrochloric acid?

The third section of the work is devoted to the chemical study of the tissues and organs of the body and to the products of their action.

Dr. Simon's work is well adapted to the needs of students, and we commend it as a thoroughly practical guide to workers in the Physiological Laboratory.

A. B.

International Clinics.—A quarterly of clinical lectures and especially prepared articles on all branches of Med and Surgery and other topics of interest to students and practitioners. By leading members of the Medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U.S.A., with the collaboration of John B. Murphy, M.D., Chicago; Alex. D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landort, M.D., Paris; Thos. G. Mirton, M.D., of Philadelphia, and Chas. H. Reed, M.D.; J. B. Ballantyne, M.D., of Edinburgh; and John Harold, M.D., of London; with regular correspondents in Montreal, London, Paris, Leipsic and Vienna; volume ii; eleventh series. J. B. Lippincott & Co., Philadelphia, 1901. Canadian Agent: Charles Roberts, 1524 Ontario Street, Montreal.

The present number of this popular quarterly of clinical lectures is one of exceptional interest, owing to the number of excellent articles it contains, the eminence of many of the contributors and the timeliness of most of the articles. Readers of this periodical are kept in touch with the real progress in medical science. The clinical lectures and prepared articles represent mostly the experience and accumulation of knowledge of teachers connected with colleges and large hospitals, and, being presented in the the clinical rather than text-book style of article, is at once attractive to the reader, as well as being laden with the present views and representing the experience and practical suggestions of ripe thought and observation. There are twenty-eight articles in this number, all of them being of more than ordinary interest. Among the more important are the following:—Surgical Analgesia by Injection of Cocaine into the Spinal Column, by T. A. Taffin, Paris; The Oxytocic Effect of Lumbar Injection of Cocaine, particularly to induce Labour, by A. Doleris, M.D., Paris; The Treatment of Puerperal Eclampsia, by Saline Diuretic Infusion based on Twenty-Two Cases, Robert Jardine, M.D., Edin.; The Treatment of Malignant

Tumours by an Anticellular Serum, Dr. Wlaeff, of Petersburg; Smallpox, with Particular Reference to the Prevailing Epidemic, Jaq. T. Schamberg, M.D., Philadelphia—this article is well illustrated; Actinomycosis of the Respiratory Tract, by Ludvig Hektoen, M.D., Chicago; The Diagnosis and Prognosis of Some Forms of Blood Disease in Infancy, by J. S. Fowler, M.D., F.R.C.P., Edin.; Abortions, by J. W. Ballantyne, M.D., F.R.C.P.E., F.D., Edin., also article by A. Blackader, M.D., Montreal. J. B. McC.

Progressive Medicine. A quarterly digest of advances, discoveries and improvements in the Medical and Surgical sciences. Edited by Hobart Amory Hare, M.D., Prof. of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, assisted by H. R. M. Landis, M. D., Assistant Physician to the out-patient Medical Department of the Jefferson Medical College Hospital. Volume IV., December, 1901. Lea Brothers & Co., Philadelphia and New York, 1901.

This volume is out on time and keeps up its reputation as a first-class digest of the best medical and surgical literature of the preceding three months. Where so many subjects are embraced it is impossible to allude to them in detail. Still we cannot but draw attention to the article on Anæsthetics by Dr. Bloodgood, which occupies fifty pages of the book. It is a complete review of all that is known on this most important question, and it ought to be read and digested by every operating surgeon. Ether and chloroform, of course, remain the drugs of choice in the vast majority of instances in which a general anæsthetic *must* be given. Nevertheless, other general anæsthetics have entered the field in competition and are rapidly finding their proper place, such as nitrous oxide, in combination with oxygen, ethyl-chloride and ethyl-bromide. All the anæsthetics are discussed, and the conclusion drawn is that it is unjustifiable for any surgeon to use any one anæsthetic exclusively. Stomach surgery has several important items, and though they do not occupy much space, yet operating surgeons will read them with satisfaction—for the indications for operating are definitely laid down by men who, from experience and success, have a right to speak with no uncertain sound. In Dr. Belfield's section on genito-urinary diseases, the subject of general infection by the gonococcus is fully discussed, and tuberculosis of the genito-urinary tract receives the attention which its importance demands.

The various pathological conditions of the kidneys are ably treated by Dr. John Rose Brandford. Particularly instructive is his discussion of the various forms of albuminuria and the varieties of uremia. Dr. Brubaker's section on Physiology presents the

recent advances in the physiology of the glandular system with special reference to the therapeutic value of gland extracts in their therapeutic application. He also presents the most recent conclusions on the study of artificial fertilization. The section on Hygiene by Dr. Baker is notable because of the universal interest excited by the discussion aroused by Dr. Koch's statement that bovine tuberculosis is not dangerous to man, and the recent researches as regards the transmission of yellow fever. The Practical Therapeutic referendium, by Dr. E. Quin Thornton, although placed last in the book, possesses the greatest general interest and value to all practicing physicians. All the recent therapeutic methods and remedies are presented and their merits and demerits impartially discussed. It constitutes a therapeutic manual of the most advanced methods of treatment.

In this brief synopsis of the contents only the most prominent features are touched upon. In each section every recent advance of value in relation to the diseases described is fully written of and from the most practical standpoint. The contributors are all authorities of the highest standing. The book is not a mere compilation of recent literature, but a series of critical reviews and original papers by masters of the subjects whereof they treat.

F. W. C.

A Treatise on the Acute Infectious Exanthemata, Including Variola, Rubeola, Scarlatina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M.D., L.R.C.P., London, Professor of Dermatology and Syphilology in Western Reserve University; Physician for diseases of the skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 coloured plates, 28 half-tone plates from life, and 2 engravings. Pages viii-392. Size, $6\frac{1}{2}$ by $9\frac{1}{4}$ inches. Sold only by subscription. Price, extra cloth, \$4.00 net, delivered. Philadelphia, F. A. Davis Company, publishers, 1914-16 Cherry Street.

This volume is in my opinion unique, and fills a want which is constantly being felt, owing to the class of diseases of which this book deals, being now treated in special hospitals, very generally in cities under civic control. Medical students but seldom have the opportunity of seeing them. This is a matter of regret, for it is of the utmost importance that the acute infectious exanthema should be promptly recognized. The public are constantly being made sufferers from the want of this early recognition. As a proof of this I may mention that much of the smallpox which is now prevalent in this province is due to the fact that a number of cases

which recently occurred in a village near Montreal were diagnosed as chicken-pox. In reality they were cases of smallpox, and, though of a mild character, produced some severe cases. The obstacles then in the way of bedside instruction makes this subject one of the most difficult departments of medicine in which it is possible to obtain a sufficient degree of familiarity.

The coloured plates and photo-engravings are simply superb. They could not be truer to nature. This book should be in the hands of every undergraduate and practitioner in medicine, for a careful study of the plates will enable a correct diagnosis to be made, even though a case has never been seen. The text is quite up to date.

F. W. C.

The Life of Pasteur. By René Vallery-Radot, translated from the French by Mrs. R. L. Devonshire, in two volumes. Price, thirty-two shillings. Westminster: Archibald Constable & Co., Ltd., 2 Whitehall Gardens, 1902.

These two volumes are produced in beautiful style. Volume one has as a frontispiece a likeness of Pasteur, which is admitted by his friends to be an admirable one. The biographer traces Pasteur's career from his birth, on Dec. 27, 1822, down to his death. It can well be imagined that the life of a man so distinguished in the scientific world must contain much of great interest, and it certainly does. No one can read these two volumes without being struck with the simple home-like nature which Pasteur possessed, associated with an independence and perseverance which was little short of marvellous. His departure from Arbois to attend school in Paris (and travelling in those days was no small undertaking) was a home picture which illustrated strongly his devotion to his parents. Twenty times were farewells repeated while the horses were being harnessed. His arrival in Paris and sojourn there, although he was accompanied by his greatest boy friend, was not such as inspired him to his work. He became low-spirited and excessively homesick, and, his father being notified, came to Paris and took him home. There he became annoyed at his want of courage in giving way to his feelings. For a time he tried to bury these by occupying his time in pastel drawings, but a nature such as his could not live in the quiet of his old home, and his ambition to pursue his education induced him to consent to again go away from it. This time he did not go so far as Paris, but to the College at Besançon, which he entered to prepare for the Ecole Normale. This was the turning point in his life, for his progress afterwards was steadily onward and upward. "Onward" was his motto, from an insatiable thirst for knowledge. Many successes and honours, the result of his chemical research in the laboratory, reached him, but his first marked honour came to him in 1854 when he was made Professor and Dean in the new Faculté

des Sciences at Lille. From this time, till stricken with hæmiplegia at the age of 46 years, his work had been of immense service to the various French industries. Though temporarily laid aside from work, his convalescence continued, and when the Franco-Prussian war broke out he was so improved that he looked forward to an early resumption of his laboratory work. But it was not to be till the war ended, by which time he had regained much of his strength and was able to move about. It was in 1873 that Pasteur wrote: "How I wish I had enough health and sufficient knowledge to throw myself body and soul into the experimental study of one of our infectious diseases." From this date more markedly is shown his more intimate relations with the medical profession. His views on germination, Lord Lister says, demonstrated to him the truth of the germ theory of putrefaction, and this furnished him with the principle upon which alone the antiseptic system can be carried out. He was invited to visit Edinburgh by Lord Lister "to see at our hospital how largely mankind is being benefited by your labours." From this time his work in the field of serum injections as preventative of certain diseases is well known to the majority of medical men. In hydrophobia his labours are known to lay and medical public alike.

Volume two is the most interesting to the medical practitioner, and will more than repay perusal. On the 28th of Sept., 1895, Pasteur died, leaving behind him a name which will endure, I was going to say, forever. Few men have done more for his generation than he has. His biography will well repay perusal, and we commend it to all our readers.

F. W. C.

PUBLISHERS DEPARTMENT.

LITERARY NOTE.

"No. 3000."

Not many magazines live to print their three-thousandth number, yet the issue of *The Living Age* for January 4, 1902, bears that number on its title-page. Founded by the late Mr. E. Littell, in 1844, this magazine has carried to its readers every Saturday for nearly fifty eight years whatever was freshest, most important and most interesting in the whole field of foreign periodical literature. It has retained its essential characteristics through this long period, and, while other magazines have come and gone, has strengthened its hold, year by year, upon the intelligent constituency to which it ministers. Art, science, travel, biography, literary criticism and appreciation, poetry, fiction, politics and international affairs—whatever is of broad human interest finds a place in its well-filled and clearly printed pages; and despite the multitude of younger magazines, competing for the public favour, there never was a time when this venerable eclectic was more nearly indispensable to alert readers than to-day. It is published by *The Living Age Company*, Boston.