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Original Communications.

CONGENITAL CYST OF LEFT LOIN: OPERATION: RECOVERY.

BY WILLIAM GARDNER, M.D.,

Professor of Gynaecology, McGill University; Gynaecologist to the
Montreal General Hospital.

S. M., aged 28, unmarried, was sent to me from Ottawa, on the 14th Dec., 1886, by my friend Dr. H. Beaumont Small, with the following history:—She had always had a large abdomen: her mother asserts that this was the case from infancy, but until a week previous to my first seeing her, her health had been perfect and she had always been fit for her duties as a domestic servant. The abdominal enlargement had been so marked, increasing of late, that she had often been suspected to be pregnant. Of this there was not the slightest evidence in the abdomen or genitals. Six months ago she came from England, and had been constantly at work in Ottawa as a chambermaid, till about the 8th of December, when she was suddenly seized with severe abdominal pain, rapidly increasing enlargement, chills and fever, perspirations, vomiting and loss of appetite. These symptoms had lasted for a week. When she appeared in my office she looked pale and thin, appeared to be very ill, and complained of lancinating pain in the left hypochondriac and lumbar regions; temp. $101\frac{1}{2}$, pulse 100; the tongue furred and dry. On examining the abdomen, it was found to be distended on the left side from the margins of the lower ribs

down to near the pubic bone, by a tense elastic and very sensitive tumor which extended some distance to the right of the median line. It clearly extended backwards to the loin, where the elastic fluctuation could be distinctly felt when the tumor was manipulated. Dulness on percussion existed in an area corresponding to the most prominent portion of the tumor, and also in the loin and most of the lateral areas, but resonant bowel note was most distinct in some portions.

Hymen ruptured; uterus retroflexed with a tender mass beneath it, felt through the posterior *cul de sac* of the vagina. No part of the elastic abdominal tumor could be felt by vaginal examination. Urine healthy, no bladder symptoms now or at any previous time. Menstruation always regular. The last period, two weeks ago; had ceased previous to the advent of the present symptoms. On the evening of the 15th the temperature rose to 104° ; but on the following evening it was only 100° . The diagnosis being obscure, and the condition grave and demanding prompt action, I decided to do an exploratory abdominal operation, and deal as might seem best with whatever might be found.

Operation on the 17th of December, Dr. Jas. Bell assisting; Drs. Roddick and Ross also being present. Median incision of $1\frac{1}{2}$ inches from umbilicus downwards. On getting through the peritoneum, and raising the non-adherent omentum, the transverse and descending colon and meso-colon were found projected forwards by what was now clearly seen to be a retro-

peritoneal collection of fluid. It was, however, at once obvious that it could not be advantageously dealt with through the median incision, which was at once closed. To make sure of the nature of the contents, a fine aspirator needle was now passed into the tumor from the loin behind. A dark brown fluid containing numerous iridescent crystals at once appeared.

I next made an incision $1\frac{1}{2}$ inches long over the most prominent part of the enlargement, on a level with, and three inches to the left of, the umbilicus. On exposing the tumor, a long curved trocar was plunged into it, and 70 ounces of fluid withdrawn. The trocar opening was enlarged sufficiently to admit the finger. Its edges were stitched to the edges of the abdominal wound, and a glass drainage-tube inserted to the bottom of the cyst. The fluid, on standing, deposited a thick greyish-white sediment, which the microscope shewed to be pus, with cholestearine crystals. The subsequent course of the case was toward recovery, absolutely without interruption. All pain and fever disappeared from the moment of the operation. The cavity rapidly shrank and secreted only a little thin purulent fluid, which was removed through the tube by a Lawson Tait's sucker. The glass tube was replaced in a few days by one of rubber, which was gradually shortened as the cavity contracted, and was still kept in the opening when the patient was discharged from hospital on the 14th January, 1887, twenty-eight days after the date of operation. The history and clinical characters of the dense thick-walled cyst and its contents leave, I think, no room for doubt that it was congenital; while the sudden onset of the acute symptoms can be explained only by the advent of inflammation and suppuration. Such cysts are, without doubt, very rare. The point of origin of the cyst was clearly in the neighborhood of the kidney; but there were no evidences of involvement of that organ. There was no history of any injury which might have explained the sudden onset of the acute symptoms. The interior of the cyst, as felt with the finger, was uniformly smooth.

The treatment, so far as the site of election for opening and drainage of the cyst is con-

cerned, is doubtless open to criticism, inasmuch as it involved opening the peritoneal cavity. The opening could have been made by the loin without involving that cavity. I am convinced, however, that the objectors will be found among surgeons with little experience in abdominal surgery, and who are still imbued with the traditional dread, now so fast disappearing, of wounding the peritoneum. As I write, February 7th, the patient is quite well, and a week ago took a situation as housemaid.

CASE OF COMPOUND FRACTURE OF THE SKULL.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.

(Read at Toronto Medical Society.)

J. B., male, aged 24, has always enjoyed good health. On Oct. 3rd, 1881, while patient was in a state of partial intoxication, he was struck in left temple by a piece of a broken axe-handle thrown from the hand of another person. A wound was thus produced in the scalp a little in front of and above the upper lobe of ear, which bled pretty freely. A medical man, who happened to be near at the time of the accident, cut away a little of the hair and applied some strips of adhesive plaster. The bleeding continuing, I was summoned at 10 p.m., five hours after the blow had been struck. On examination, under chloroform, I found a semi-circular flap of scalp about five-eighths of an inch in diameter, with its free border directed upwards and backwards, in the locality above-mentioned. Its edges were clean-cut, and in the centre of the flap was a small punctured wound. On passing in finger by the side of flap I found a deep wound extending somewhat upwards and backwards through the temporal muscle and skull, the aperture in the latter being apparently considerably larger than that in scalp. Some loose pieces of bone were felt at the bottom of the opening, lying about half an inch below the general level of the surrounding skull. These I attempted to elevate from their bed, but I could get no hold on them, and my efforts in this direction produced rather free bleeding.

Operation.—Having sent out for my friend Dr. Coburn to assist me, the chloroform was

continued, and, after freeing the bone from its coverings, a disk of it was removed by the trephine. Two pieces of loose bone were then easily extracted. They were very thin, and lay well down towards upper part of superior lobe of ear. The pieces of bone elevated and removed were together nearly an inch in diameter. After this was done the flow of blood seemed to cease from the deep parts, and a few minutes compression stopped all oozing from the more superficial portion of wound. As far as could be seen by the rather dim light of a hand-lamp the *dura mater* was not materially injured. A one in twenty solution of carbolic acid was then applied to raw surfaces, and the hair cut closely away for several inches around. A small rubber tube, about one and a half inches in length, was placed in wound and its edges brought together with four or five sutures. Carbolic gauze dressing and bandage firmly applied. At 1 a.m., when I left patient, he was sleeping quietly, the pulse beating at 100.

Oct. 4.—Visited at 9 a.m. He had not slept much and had vomited several times. This had probably caused some renewal of hemorrhage whereby the dressings were pretty well stained. Pulse 92; temp. 98.8°. Wound dressed under spray. The bowels not having moved, a saline cathartic was ordered. Also to have light diet and to be kept perfectly quiet.

9 p.m.—Vomited two or three times to-day. Pulse 84; temp. 99°. Bowels moved slightly.

Oct. 5, 9 a.m.—Slept fairly well. Little or no pain. Dressed again under spray. Pulse 72; temp. 99°.

7 p.m.—Pulse 72; temp. 99.2°.

Oct. 6, 9 a.m.—Had some pain over left side of head last night and did not sleep much. He also still has a feeling of nausea. Pulse 70; temp. 98.6°. As he had had no free action of bowels from saline, a drop of croton oil was ordered every two or three hours till purging occurred.

6 p.m.—Four motions of bowels from one dose of croton oil. Pulse 68; temp. 99.6°. Ordered a mixture of chloral and bromide of potassium for the night. To be taken if restless.

Oct. 7, 9 a.m.—Took half a drachm each of chloral and bromide during night. Slept fairly well. Not so much headache as yesterday.

For the first time there was noticed an inability to express himself readily in words this morning, he being unable to get the names of some of the most common objects, and sometimes calling them by wrong names. Pulse 64, temp. 99.7°.

Oct. 8.—Slept three or four hours without sedative. Pulse 64; temp. 99.2°. Ate an egg and toast for breakfast with relish. Wound dressed. Slightly turbid serous discharge. Wound all healed except at site of tube. Latter shortened. Is quite bright this morning and smiles at the mistakes he makes in conversation.

Oct. 9.—Slept fairly well without chloral mixture. Pulse 64; temp. 98.5°.

Oct. 11.—Eating and sleeping well. Little or no pain. Pulse 68; temp. normal. Seems to experience most difficulty in getting hold of words he wishes to utter on first awakening from sleep.

Oct. 12, 8 p.m.—Wound dressed. Drainage-tube removed. Slight discharge on dressings. Speech is rather better to-day. After a little hesitation he can express himself quite correctly. Pulse 68; temp. 98.5°.

Oct. 14.—Doing well. Pulse 60; temp. 98°.

Oct. 19.—Wound dressed. A very little pus seen. Pulse 62; temp. 98.8°.

Nov. 5.—Dressing renewed for the third time since last report. Probe enters a sinus where tube had lain $\frac{3}{4}$ of an inch in depth, and touches something in its course which feels like a bit of loose dead bone.

Nov. 12.—Wet boracic lint substituted for gauze dressing. Nothing can be felt in sinus to-day, although probe still enters about as far as before.

Nov. 19.—A bit of hard wood, about one-sixth of an inch in diameter, was picked out of sinus near its outlet to-day.

Nov. 23.—Part entirely healed.

Remarks.—This case is chiefly interesting, perhaps, as one more illustration of the fact that the power of speech is in some way intimately connected with the left side of the brain, and, more definitely speaking, with the convolutions in the neighborhood of the island of Reil. I regret that I did not make more observations as to the patient's ability to read and write, but I must admit that it was partly owing to my ignorance as well as, perhaps, to some care-

lessness that I neglected to test his powers in these directions.

It is evident that he had not lost command over the muscles of speech, for he could utter any word he chose when once he knew what word was the appropriate one for the occasion; but he could not always remember the name of the object or thing about which he wished to make a remark. When he used a wrong word he seemed, however, fully alive to the fact that he had made a blunder.

The difficulty in expressing himself correctly lasted only for about a week, and did not show itself for the first three or four days after the accident. It was, therefore, probably due to the disturbance of the functions of the nerve-cells by the moderate amount of inflammation which resulted from the injury, and was not caused directly by the blow itself.

I well remember a case that occurred in my youth where a man was thrown heavily on the back of his head and shoulders by a colt which he had just caught in the field. The ground upon which he fell was quite soft, and no bruise was produced which was visible on examination of the parts. He immediately arose, and again seized and haltered the animal. As he led him along he began at once to ask the person who accompanied him how he came to be where he was, and if he had not been hurt in some way. These questions were repeated again and again every few minutes for the rest of the day, he apparently immediately forgetting all about the previous questions and answers. In other respects he conducted himself as usual, and had it not been for his loss of memory of the events of the day, one would not have known that there was much, if anything, the matter with him. Up to the time of his death, which took place twenty years afterwards, he never could recall anything that happened on that day. It was a perfect blank to him.

As to the propriety of trephining in the case of an injury such as the one above, I think there can be no question. Even though no serious symptoms were present at the first, yet the depressed pieces of bone which lay on the *dura mater* would have been apt to have set up some inflammation in either the latter or the brain, which might have necessitated an operation at

a later period when its success would have been more doubtful than in the case of a fresh wound. We can see no good reason why a compound fracture of the skull should not be treated upon the same principles as one of any other bone, namely, with a view to leaving the parts in the best possible condition to insure speedy recovery, and if loose bits of bone are pressing injuriously upon the soft parts, or are likely to necrose, we should remove them. The use of the trephine to that end we do not consider enhances to any great extent the risks run.

Besides, in the present instance, the fact that there was considerable hemorrhage, proceeding apparently from some of the branches of the middle meningeal artery, rendered it all the more necessary that the depressed bone should be got out of the way in order to find the bleeding point and take the proper means to stop the flow from it. The mere removal of the pieces of loose bone seemed to be followed by the cessation of the hemorrhage, possibly because some vessel which had been but partially lacerated was thereby completely torn across.

In these days of antiseptic surgery, too, the operation of trephining is much more often safely and appropriately undertaken even in cases of simple fractures of the skull than in former days, and when there exists good evidence of compression of the brain, either as a result of depressed bone, hemorrhage, or the products of inflammation, few surgeons would hesitate now in resorting to operation for its removal.

PELIOSIS RHEUMATICA.

BY J. RANNIE LOGAN, M.D., M.R.C.S., ENGLAND,
ARDOCH, DAKOTA.

On Tuesday, Dec. 21, 1886, was called to see Mr. P— L—, farmer, aged 27, light, florid complexion, married. He gives following history of present attack. Last Saturday night felt soreness in soles of feet and about the ankles, which soon became swollen and erythematous; the soreness gradually advanced to legs and thighs and then to muscles of back, shoulders and arms. On Sunday afternoon about 3 o'clock the characteristic purpuric rash appeared, chiefly on legs and thighs and slightly

on arms. The soreness increased with development of the eruption, and diminished as it began to fade towards Monday morning. On Monday afternoon the fading purpuric spots began to revive and soon again became of a bright scarlet color, extensively covering legs and lower part of thighs, with the former increase of soreness and swelling of wrist and ankle joints. On my first visit on Tuesday, I found him sitting up, but very sore on movement of nearly all muscles. The ankles and wrists were much swollen, with fading purpuric spots on legs and thighs of dark purple color, varying in size from that of a pin's head to a dime, and in places coalescing to form larger purplish patches, though not raised above the level of the skin. The muscles of shoulders and back were very stiff and sore, and in places showed over them large nodes to the size of a walnut, in color and appearance like urticarial wheals. These continued to appear and disappear during progress of the case without leaving any of the discoloration of erythema nodosum. Yesterday when purpuric eruption was at its height an erythematous blush spread over the forearms from the swollen wrists. The occipito-frontalis muscle was sore on movement throughout its extent, and his face showed a greasy seborrheic look, quite different from his healthy appearance. Pulse and temperature were then normal.

Diagnosis—Peliosis Rheumatica.

Treatment—Salicylate of soda, grs. x, every four hours, alternating with

Ol. terebinth.

Acid sulph. arom.

Liquid ergot (normal)..... aa. ʒss.

Mucilag. acaciæ..... ad. ʒvi.

Sig.—Two teaspoonfuls every four hours. Externally a lotion of Hamamelis virg. and Fl. Ext. Belladonna to apply to the legs. Have instructed him to keep a close record of future attacks which I predict daily for some time.

Wednesday, Dec. 22—Called again in the morning and found that the eruption had again revived last night, but the spots are more thoroughly faded than at my last visit, and soreness less in extremities though now the infra-hyoid muscles are involved and swallowing is difficult. A large bony node has appeared

on forehead about two inches in diameter and paler than normal skin.

January 21, 1887.—During the month the symptoms have continued to lessen, first the rheumatic pains and swelling giving in. I discontinued the salicylate of soda. In view of the periodicity of the eruption I gave him capsules of 2½ grs. of quinine, to be taken every afternoon at 3 o'clock. These seemed to have a decided influence over the amount of the daily eruption. At this date I find the symptoms have all ceased, though as a precaution he is still taking diminished doses of the turpentine mixture.

Pathology.—This is somewhat obscure. The disease seems clearly to have a connection with rheumatism, and in this man's family there is a history of rheumatism in his mother and brother, though he has never had an attack before. If one inclines to Mitchell's theory of a nervous element in causation of rheumatism, this disease might be explained by a coincident affection of joint centres, with a vasomotor disturbance to account for the purpuric effusion. Knowing the tendency to embolism in cases of rheumatism, some writers attribute the purpuric eruption to hæmorrhagic infarctions of minute cutaneous arteries. As I cannot find that embolism of larger arteries has ever occurred with this disease, as one would expect to be the case in a certain proportion if its pathology were due to embolism only, I would hesitate to accept this theory unless proven by microscopic examination. The marked periodicity in the daily recurrence of the eruption for more than three weeks would suggest a malarial causation, though the locality is free. This would also get support from the fact that the quinine had an influence on the eruption.

Remarks.—When in London I saw some half dozen of these cases at Stephen McKenzie's skin-clinic, and was struck with the tendency of the eruption to keep relapsing for months. Oil of turpentine was the only drug which seemed to have any influence or check upon the eruption. In this case, at least, quinine was beneficial, and might be found so in others. The disease is rare, I believe, on this continent, and I may say was one of the last I expected to meet when I commenced practice on the Dakota prairie.

TREATMENT OF ŒDEMA OF THE LUNGS.

Clinic by Prof. NOTHNAGEL, Vienna.

Œdema of the lungs is a condition which always presents the greatest danger. In very many cases does it lead directly and immediately to a fatal termination; in others, the condition persists for a longer time, the œdema pursuing rather a chronic course, and the patient lying in agony for days. A varied course of treatment must naturally be pursued. The most severe cases are those in which the œdema depends in part on an increased aptitude of the lung-parenchyma to transudation—in part also on weakness of the left ventricle. Formerly in these cases venesection was performed; to day, however, this is not done. In the first place, it is our duty to strengthen the heart. This is accomplished by remedies which are given internally, when indeed the patient is conscious and can swallow, and for that purpose we give those stimulants which act most rapidly, viz., the champagne wines. Champagne has the reputation of being the strongest excitant among the wines; this is, however, not exactly correct: it is not the strongest, but the most rapid and surest in effect. It has been thought that in champagne the actions of the alcohol and of the carbonic acid are united. They are not united, however, but rather the action of one supports that of the other in this way, that the alcohol is more rapidly absorbed. Quincke years ago made experiments in reference to this, and proved that when alcohol and carbonic acid are introduced together into the stomach, the alcohol is thereby more quickly absorbed, and thus is explained the rapid, exciting properties of champagne. Stronger stimulation is produced by the heavier wines, which contain more alcohol; but, although champagne contains much less alcohol than our heavier wines, such as Hungarian, Burgundy, etc., its effect is much quicker, and therefore in cases of œdema it should be given. Secondly, we give strong black coffee with, as a rule, the addition of brandy, rum, or arrak, or we may give internally a few drops of sulphuric ether. In many cases the patients cannot swallow, and then we must try to keep up the heart-power by hypo-

dermic injections. Formerly sulphuric ether was usually resorted to for this purpose, and it is still much used, but I recommend to you as much better, injections of camphor. You can also, as is sometimes done, combine camphor with ether, although I do not consider this very advantageous. There are cases in which one must give several injections, 2—4—5 quickly after one another, because a single one does not suffice. Care should be taken lest, in the use of ether for its primary exciting action, you produce a stupefying and paralyzing effect which comes from large doses. I am in the habit of using, in my experiments on the lower animals, subcutaneous injections of ether in order to narcotize them. I make in rabbits 3—6 injections beneath the skin, and they become thereby as completely narcotized as if the ether had been inspired. An analogous result must also occur in the case of man, in whom the stupefying effects must also certainly appear. Therefore, I prefer for stimulation, subcutaneous injections of camphor dissolved in oil of sweet almonds or in olive oil. The solution according to the German and Austrian pharmacopœias is, one part camphor to nine parts fat oil, and is in the apothecary's under the name of camphorated oil, and of this you have one centigramme of camphor in each Pravaz syringeful. Our object is further to limit the transudations of fluid from the vessels into the lung tissue and bronchi. With this object ipecacuanha, benzoic acid, and other medicines have been recommended, but I know of only one treatment for these cases, and of which Traube was the author. I am not aware that this treatment is much practised. I have, however, published it for years under the authorship of Traube, and have used it in a whole series of cases with good results. I can recommend this treatment to you as the best after the stimulants. It consists in the administration to the patient of large doses of acetate of lead in powder, five centigrammes every $\frac{1}{4}$ — $\frac{1}{2}$ hour, until four or five doses have been given. When the symptoms are abated, we give it every hour or two hours, according as it is required. You are aware that acetate of lead causes contraction of the blood-vessels. A second mode of treatment, which I make use of next to the ad-

ministration of acetate of lead, is the application of vesicants, as you have seen used on our patients, extending from the nipple on one side to that on the other, and from the manubrium to the ziphoid process. You must understand that in these cases it is a matter of life or death, and it behooves us not to play with the case, but to use energetic means. I am not in the habit of prescribing many remedies. My formulæ are limited, but when it is necessary to treat cases with medicines, one must do so methodically: in chronic cases the treatment should be chronic, and in acute cases, where we must exert ourselves, energetic but always with steadiness and consistency. You apply, therefore, a large blister. One cannot say with certainty how this works. It is considered, however, that the reflex nervous action produced by the irritation of the skin causes contraction of the vessels in the lung. Lovén was the first to investigate this matter in the Laboratory of Ludwig, and since that many other observers have given attention to the subject. In reference to this peculiar condition of the vessels and reflexes, we find cases in which, through the irritation of the skin, contraction of the vessels in close proximity, or more remotely, is produced; and again other cases in which dilatation results; and, therefore, it is here probable that a contraction of the vessels takes place through this reflex occurrence, and thereby a favorable effect is produced in œdema of the lungs.—*Wiener Med. Zeitung.*

Selections.

A CASE OF SUDDEN DEATH FROM THE INTRODUCTION OF AN ASPIRATOR NEEDLE.

BY J. C. REEVE, M.D., OF DAYTON, OHIO.

The subject of this report was a man 23 years of age. He had been ill for six weeks under the care of Dr. W. J. Conklin, of Dayton, and latterly had been seen several times in consultation by Dr. J. H. Rodgers, of Springfield, Ohio, a relative. The leading symptoms of his illness had been fever, some times ranging up to 103.5°; chills, some of which were severe, but irregular as to time

of recurrence; attacks of vomiting, and right dorsal decubitus. Examination showed enlargement of the liver, which increased notably toward the last, and there was tenderness of the epigastrium and right hypochondriac region. The diagnosis was abscess of the liver. I saw him, in consultation, on the 14th December, concurred in the diagnosis, and gave full assent to the proposition to aspirate the liver. The time of operation was fixed on the following day. At the time appointed Dr. Conklin was engaged with an obstetrical case, and I was requested to operate, and proceeded to do so, Dr. Rodgers and Dr. H. C. Conklin being present. The particular time of operation had not been made known to the patient until after we entered the room. He did not seem at all alarmed, but asked if we would give him an anæsthetic. I told him that the insertion of the needle was too trifling a matter to need that, and as he expressed no anxiety or alarm, we did not resort to any local anæsthetic. He was, of course, feeble from a long and severe illness, but changed his position and assisted in raising his clothing. A point had been selected for the puncture a little over an inch to the right of the median line, and not quite two inches below the margin of the costal cartilages. While there was no bulging at this point, yet it was the seat of more pain and tenderness than elsewhere, and there was dulness on percussion all around. I took a medium sized needle of the aspirator and thrust it in at this point, upward and backward, to a depth of about three inches. As the stop-cock was turned, and I looked to see if pus appeared, my attention was attracted by the heavy breathing of the patient; I looked at his face, saw the head drawn to the left, the eyes turned and fixed, a slight convulsive tremor passed over his features, which bore the plainest impress of death. I found his pulse gone; no movement of his heart could be felt. After a brief interval of entire cessation of breathing, he drew one deep inspiration, which was the last manifestation of life. I should estimate the whole time from the puncture of the needle until he was gone at not over one minute and a half.

A partial post-mortem examination was made

the next day. Upon opening the abdomen the liver was seen to be enlarged, reaching down to the level of the umbilicus. The puncture of the liver by the needle was plainly visible, surrounded by a small patch of ecchymosis. Upon lifting the organ up to remove it, an abscess of the right lobe gave way upon the under side near the centre, from which eight or ten ounces of pus escaped. The heart was, in appearance, healthy. The right auricle was extremely distended, and there was a difference of opinion as to whether its walls, and those of the right ventricle, were not considerably thinner than usual. In texture the organ was somewhat softer than normal, tearing easily. No microscopic examination was made. The valves were normal.

This case is not unique in medical records, yet it is one of deep interest, and especially in regard to the action of anæsthetics. It is useless to speculate upon what might or might not have been done. I cannot, however, abstain from expressing one or two convictions. First, that under full anæsthesia this man would not have died at the time and in the manner that he did. Second, that with *partial* anæsthesia, his death would have occurred as it did, and gone to swell the list of casualties from anæsthetics. He evidently died from inhibition of the heart's action, the impulse being transmitted from the puncture. The mode of death was precisely similar to those which have occurred from tooth drawing under chloroform when movements of the patient, etc., were proof that the anæsthesia was not profound.—*Med. News.*

ON THE TREATMENT OF OBSTRUCTION OF THE TRACHEA AND BRONCHI BY CROUP MEMBRANE AFTER TRACHEOTOMY.

Translated from the Centralblatt für Laryngologie by Dr. McDONAGH.

Pieniaczek, of Krakau, describes two forms of obstruction:—1. The mild form, which is characterized by collections of mucus, etc., set free in the lower part of the trachea by the croupous exudation. Steam inhalations must be used in such cases of collection and drying of the mucopurulent secretions. 2. The severe

form. In these cases false membrane forms in such quantity that the trachea beneath the canula becomes plugged. In larger tracheas, as in older children, the collection occurs at the bifurcation; and in smaller tracheas, at the end of the canula. In such cases are indicated emetics, inhalations of steam, sprays, syringing small quantities of fluid into the trachea in order to excite cough, or irritation of the mucous membrane with a feather. For inhalation Pieniaczek uses biborate of soda, lime water, lactic or boric acid, resorcin, etc., without ascribing special value to any of them, inasmuch as they only excite cough and thereby cause the expulsion of the exudation. If the canula becomes stopped up by the accumulation, it must be removed and cleaned, the separation of the membrane being usually thereby facilitated. If this does not suffice, and symptoms of suffocation appear, mechanical removal is then absolutely indicated. This is best accomplished by means of the soft elastic catheter, which is to be preferred on account of its flexibility. The separation of the exudation from the mucous membrane is made easier by having the end of the catheter cut obliquely. After the introduction of the catheter, the exudation is aspirated and removed, and when necessary, artificial respiration performed. In this way false membrane extending as far as the bifurcation can be removed. If there is extension even into the bronchi, this experiment is insufficient, and then one has recourse to Schroetter's laryngeal forceps. This instrument is introduced into the wound with the blades opening forward and backward, so as to avoid wounding the division between the bronchi. In this way the author has removed croup membrane from the bronchi in a few children, overcome the fatal asphyxia, and saved the patient. In order to determine the point of stenosis, the author uses a long ear speculum, which allows, when the neck is well forced backward, a view of the lower part of the trachea. The deeper the situation of the false membrane, the greater care is required in the manipulation of the forceps to avoid wounding the parts. Artificial respiration must be performed if the dyspnoea continues in spite of the removal of the membrane. Such an experiment is, of course, useless when there are marked evidences of blood-poisoning, and is only to be tried in suitable cases.

INFLUENCE OF CASCARA SAGRADA ON THE DIGESTIVE SECRETIONS.

The virtues which were discovered in cascara sagrada, through the empirical use of the drug, were so pronounced as to attract to it the attention of the physiological experimenters; and although nothing new has been recently advanced, the evidence that the original claims for this tonic laxative were well founded is rapidly accumulating. Dr. Tschelzen, who has studied cascara sagrada experimentally, has arrived at the following conclusions, which he publishes in the *Journal de Médecine de Paris*:

1. Cascara sagrada is efficacious when a prompt cathartic action is looked for.

2. It acts as a purgative only after it has been introduced into the stomach; when injected into the skin or into the vessels, it does not cause an intestinal evacuation.

3. It does not increase the salivary secretion.

4. It causes an increase of the gastric juice which is often continued during the process of digestion; it increases also the biliary and pancreatic secretions.

All these effects have been obtained when the remedy has been introduced into the stomach.

When it is injected into the vessels, animals undergo partial and often fatal collapse. The blood-pressure is rapidly decreased, even after partial dissection of the pneumogastric.

Dr. Thompson has employed the extract of cascara in more than 300 cases, administering a dose of 5 centigrams combined with 10 centigrams of berberis aquifolium, in pill form, in the morning and evening, against habitual constipation. The remedy preserves its activity even when its use is continued through several months.

Dr. Landousk has stated that the laxative effect of the powder of the bark can be obtained with a dose of 25 centigrams, and permanent effects are obtained when this dose is given three or four times a day for a few months.—*Medical and Surg. Reporter.*

Barker's work on *Puerperal Diseases* and Emmet's *Gynecology* have recently been translated into German and published by Abel, of Leipzig.

TREATMENT OF THREATENED RUPTURE OF THE UTERUS BY MANIPULATION AND POSTURE.

BY E. P. DAVIS, M.D., OF PHILADELPHIA.

The following case will serve as a type of some of those in which this serious accident is threatened, and the mode of treatment was found conservative and efficient.

A. B., primipara, a well-formed brunette, aged twenty, had entered the first stage of labor. Abdominal palpation demonstrated that the foetus occupied the right half of the uterus, its back at the mother's right; the feet in the right upper segment of the uterus; the heart sounds heard plainest on the right side below the umbilicus; the head at the symphysis pubis. Upon vaginal examination the frontal suture was found extending obliquely to the left sacroiliac synchondrosis: the greater fontanelle lay in the centre. The os uteri was permeable for only two fingers. The inspection of the abdomen showed at the upper border of the lower uterine segment and upon the right a well-marked bulging; it was evident that the distention of the uterus at this point was excessive. Meconium was constantly escaping in small quantities; labor pains were regular, but of moderate strength; foetal heart sounds were regular and strong.

The foetal position was evidently strong cephalic extension, and it was probable that operative interference would be necessary: the danger most imminent was uterine rupture.

In the non-dilated condition of the os uteri it was determined to endeavor to secure rotation and spontaneous birth by posture and external manipulation. The patient was accordingly placed upon her left side; an attendant was ordered to sit beside her, and, by gentle manual pressure upon the abdominal projection, aid in rotation; the foetal heart and the maternal temperature were carefully watched; the pressure made was gentle and intermittent. In less than three hours the tumor had become smaller, and vaginal examination showed an improvement in the position of the head. This improvement continued; the labor was tedious, but operative interference was not necessary; and in about twelve hours from its beginning

labor terminated normally, and the puerperal period was without complication.

In cases of this kind which occur where a trained attendant is not obtainable, a method employed by Betz, and described in the *Wiener med. chirurg. Centralblatt* for Nov. 26, 1886, will commend itself. Betz used a sandbag weighing five or six pounds, which afforded continuous pressure from a broad and perfectly applied surface. This was laid upon the projection formed by the head, and its position changed from time to time as the sensations of the patient indicated. In five hours the natural forces effected rotation, and the labor ended spontaneously.

These simple methods of aiding flexion and rotation at a period of labor when operative interference is difficult and dangerous are certainly worthy of consideration, especially when so serious a complication as uterine rupture is threatened.—*Med. News.*

ANTIFEBRIN.

From the reports in our German exchanges we notice that this new remedy has received an extensive trial, and the results so far seem to indicate that another valuable antipyretic has been added to our resources. Antifebrin is a neutral body prepared by heating aniline with acetic acid, and, when purified by successive crystallizations, it forms a white, odorless powder, with a sharp but not unpleasant taste. It is insoluble in cold water, but soluble in warm water or alcoholic fluids.

Cahn and Hepp, who introduced the drug, have been studying its effects in Kussmaul's wards at Strassburg, and in Nos. 1 and 2 of *Berliner klin. Wochenschrift*, 1887, give a full account of their observations based upon its use in sixty cases. It is given in doses of from five to fifteen grains. Eight grains is the usual dose, and it may be administered in warm water, or in a little alcohol or water, or in capsule. In larger doses it is not poisonous, and from sixty to ninety grains have been taken in the day without any ill effects. Fever patients rarely require more than thirty grains a day in divided doses. It is best to give a single dose of eight grains, to be followed, if

necessary, by smaller amounts, in order to keep down the temperature. The effect is usually manifest in an hour, and, as a rule, there is a reduction of from three to five degrees in as many hours. Sometimes the fall is more rapid, and within two hours there may be a drop of five or six degrees. Copious sweating is almost invariably associated with its action. Chills have not been observed. The drug is well borne by the stomach, and in no case caused nausea or vomiting. The duration of action is variable; but in the acute fevers, after four or five hours the temperature gradually rises again. The administration of smaller doses may check this tendency. In typhoid cases an improvement in the general condition was often noticed after its use, and the mind became clearer. In other instances the patients expressed themselves as more comfortable; and in no case was there the depression which is sometimes seen after the administration of antipyrin or thallin. The pulse is also reduced in frequency, and the secretion of urine increased. The authors doubt if antifebrin has any specific action in typhoid fever, but in acute rheumatism it seems to act like antipyrin, not only on the fever but also on the inflammation, reducing the swelling and relieving the pain.

We can confirm these observations on the use of antifebrin. We have found that it acts promptly in comparatively small doses, is easy to take, and is free from the unpleasant after-effects of some other antipyretics. It is a cheap drug, costing not half the price of antipyrin, and seems likely to prove a valuable addition to the pharmacopœia.—*Med. News.*

SPURIOUS VENEREAL DISEASES.—Mr. Jordan Lloyd, after careful study of the subject, arrives at the following conclusions concerning spurious venereal diseases:

1. That a large number of urethral discharges in the male, although sexual in their origin, are not specific.
2. That many penile sores of sexual origin are neither chancres nor chancroids.
3. That idiosyncrasy plays an important part in the contraction of venereal diseases of all kinds.—*Birmingham Medical Review.*

SELF-ABUSE IN ITS RELATION TO INSANITY.

Dr. E. C. Spitzka, the author of the paper, after citing the views of the classical writers, stated that the question of the existence of a special form of insanity, due to self-abuse and to nothing else, was complicated by the existence of another well-demarcated affection known as the insanity of pubescence. The mental diseases due to self-abuse usually occurred at the same period of life as the latter disorder. This fact explained the similarity of many clinical features between them. The question was further complicated by the fact that hebephreniacs—sufferers from pubescent insanity—are often addicted to self-abuse, and that thus the features of one disorder may be engrafted upon the other.

The continental authorities do not recognize a special form of masturbational insanity in their tables. Schüle, it is true, speaks of *onanistic insanity* in the sense in which Maudsley uses that term; but he assigns no part to it in his classification, and disposes of it in a few lines. Kraft-Ebing recognizes the vice as an etiological factor, and speaks of such and such forms of insanity on a masturbational basis. He, as well as Schüle, with the majority of recent German writers, follows Ellinger in attributing to the *masturbatory neurosis* a relation to the development of insanity analogous to hereditary and other admitted predisposing and determining factors. I have yet to find any dissent expressed by these authorities from the position taken by Emminghaus, who claims that owing to its casual relationship to widely differing forms of insanity it is not proper to speak, as Skae does, of a special form due to masturbation. This critical remark would seem to be supported not only by the clinical facts accessible to every observer, but also by the confusion existing among those writers who have attempted to define and demarcate such an affection. Skae speaks of a peculiar imbecility and shy habits as characterizing the disorder among the youthful, and suspicion and fear, and scared looks, palpitation and feeble bodies as found in older victims, who gradually pass into dementia. The most distinguished

follower of Skae attributes the following symptoms to that form of insanity of which masturbation is the chief cause and "the chief symptom present," giving "the whole case distinct features." Exaggerated self-feeling, conceited, shallow introspection, frothy, emotional religious notions, and a restless, unsettled state, with foolish hatchings of philanthropic schemes. Luther Bell, who, with Isaac Ray, was among the earliest to attribute special symptoms to insanity caused by masturbation, furnishes a very faithful picture of certain cases, whose particular feature he describes as being a tendency to dementia, a loss of self-respect, a sulky, mischievous, and dangerous disposition, and a subjectively irritable and depressed state of mind. Griesinger, who does not recognize a special form and denies specific characters, admits that the majority of cases are marked by a profound dullness of sentiment and mental exhaustion, by religious delusions and hallucinations of hearing, and a rapid transition to dementia in the event of incurability, which latter is the usual issue.

The effect of masturbation on the mind and nervous system varies according to the age at which it is commenced. Like other agents which are injurious to the developing brain, such as epilepsy, alcohol, and syphilis, its effect is most rapid and serious in younger children, less so in adolescents, and least marked in adults, unless protracted. For very young infants it causes a profound deterioration, manifesting itself in convulsive, choreic disorder, and imbecility. In those who masturbate between the fifth and tenth years the effects seem to be manifested chiefly in brain nutrition. Spontaneity of thought and action is absent with such children; they do not play as their comrades do.

There are a number of other circumstances which modify the development of mental disturbance in masturbators. The age between twenty and thirty-five is pre-eminently the period of somatic introspection. It is at this period, if at any, that the average man begins to think about his bodily condition. In these years men weigh themselves, discover that they have too much or too little flesh, develop slight gastric or intestinal disorders, reflex nervous

symptoms, or indulge to excess in tobacco, in baccho, and in venere, and consequently are on the qui vive for the occurrence of cardiac, renal or venereal disease, or of sexual disability. *It is at this period that the results of masturbation are most deeply felt by a large proportion of the victims of that habit. The prevalent tendency of his age and of his associates of the same age carries him into a veritable nosomania. Perhaps also he attempts under lay or medical advice to accomplish coitus, and fails. It is for this reason that we find the larger portion of cases of insanity due to masturbation developing between the twenty-fifth and thirty-fifth year, classified as "hypochondriacal paranoia."—*Dr. Spitzka, on Self-Abuse in Its Relation to Insanity.*

EXCISION OF THE KNEE.

In the *British Medical Journal* for January 15, 1887, Herbert Allingham describes a method of excising the knee-joint, which he believes to be new, but which really originated with Ollier, of Lyons. As it possesses decided advantages over the ordinary procedures, and as we do not doubt that it will prove to be new to the majority of our readers, no apology is needed for bringing it to their notice.

An incision, carried from two or three inches above the patella, over that bone, and down to the tubercle of the tibia, splits the quadriceps tendon into the synovial pouch above the joint, as well as the ligament of the patella, and the bone itself is sawed into two equal halves. These halves being held out of the way, the crucial ligaments are divided; and, the leg being flexed, the condyles of the femur are pushed forward on the tibia, and a slice of bone removed. The leg being next completely flexed, the internal lateral ligament is carefully separated from the corresponding semilunar cartilage, through which the tibia can readily be carried forward, and a thin layer be removed with a knife or chisel. The entire synovial membrane is then carefully removed, and openings are made for drainage at the postero-lateral aspects of the joint. Should the patella be extensively diseased, it is shelled out of the quadriceps tendon; but if the cartilage be merely eroded, it is re-

moved. If the patella is sound, the halves are sutured together with strongest catgut and the ligament of the patella and quadriceps tendon are dealt with in a similar manner. The skin is united separately, and antiseptic dressings applied.

It will be observed that the fascia lata, the lateral ligaments, and the prolongations of the vasti muscles to the tibia and fibula are not divided, through which the support to the joint, both during and after healing, is much greater than after other methods of operating. Dislocation of the tibia backward, and tilting of the femur forward are prevented, the quadriceps forming a strong antagonist to the hamstring muscles. Finally, progression is greatly improved, as the quadriceps is neither divided transversely nor shortened, as happens when the usual incisions are made.

These are manifest advantages, and certainly entitle the operation to a fair trial. It is certainly well adapted to cases of strumous synovitis, and cases in which the cartilage and bones are not extensively involved. Whether, as Allingham hopes, it will secure a movable joint, the future alone can determine.—*Medical News.*

ANÆSTHETICS IN OBSTETRICS.

Dr. Fordyce Barker, in his paper read before the Medical Society of the State of New York, as reported in the *Medical News*, says:

I may here say that I have long regarded chloroform as the best and safest anæsthetic in obstetrics, and that since 1830 I have used no other.

My reasons for this preference are briefly these:

1. Its odor is to most persons much more agreeable, and it is much less persistent. When sulphuric ether is used, it frequently, at first, produces more or less irritation of the fauces and bronchi and an annoying cough or choking is excited. The effect of this is bad, both on the patient and on the surrounding friends. It excites apprehension which more or less tend to counteract the influence of the agent.

2. The influence of chloroform is much more rapid and a much less quantity of this agent is required than of ether. We are thus saved,

in a majority of cases, the preliminary stage of excitement which the ether produces, and we are able to use the chloroform for each recurring pain, the patient in the interval being comparatively free from the influence of the anæsthetic. Thus, in the aggregate, not only is a much less quantity of the agent required, but the patient is exposed to the dangers from the anæsthetic, if any danger there be, for a much shorter period of time.

3. By chloroform we are able to regulate the degree to which we may desire to carry anæsthesia with a certainty and security that are not possible with the ether.

4. The danger from anæsthesia by ether, where disease of kidney exists, first pointed out by my friend Dr. Thomas Addis Emmet, and now confirmed by several observers, has not been noted by any one as resulting from the use of chloroform.

GNOCOCOCI.—The manner in which gonococci give rise to specific urethritis is thus given by Dr. Bockhart ("Monatshft. f. prakt. Dermat"): By the infecting contact the gonococci land upon the pavement epithelium of the fossa navicularis, where they thrive and increase. They then rapidly press downward between the epithelial cells toward the papillæ of the mucous membrane, loosening the epithelial layer on their way through it, destroying some of its cells, and causing many of them to be shed, thus producing little apertures. Within eighteen hours at most the gonococci reach the papillary portion of the mucous membrane. During this process the secretion from the urethra is clear, and contains epithelium and a few gonococci, either isolated or seated upon an epithelial cell. But now the gonococci, by their presence upon the papillary portion of the mucous membrane, induce a reaction on the part of the blood-vessels; white blood-corpuscles escape from them, in which the gonococci increase and form little round heaps. The urethral discharge is now sero-purulent, and consists of pus cells, epithelium, and gonococci. Now the gonococci enter the lymph spaces of the mucous membrane, and press into its deeper layers, increasing rapidly. With this there is a great increase in pus cells,

and the discharge is composed chiefly of them, the gonococci being few and only in the pus cells in the form of heaps. The constitution of the mucous membrane is slowly very much altered by the migration of the pus cells. These take up more and more of the gonococci, and carry them out in the secretion, which then consists only of pus cells with heaps of gonococci, the loss of epithelium having ceased. In the light of these observations, Bockhart does not believe in abortive treatment, as at the time the patient presents himself the infection has gone too far.—*N. Y. Med. Jour.*

THE PURITY OF MID-ATLANTIC AIR.—In the course of an address on the Action of Micro-Organisms on Surgical Wounds, Professor F. S. Dennis, of New York, states that during his last trip across the Atlantic he made some experiments to test the purity of the air about 1,000 miles from land. He employed capsules of sterilized gelatine, and exposed them for fifteen minutes. One capsule was exposed in the state-room upon the main deck of the steamer. Within eighteen hours over 500 points of infection had developed. Two capsules exposed in a similar manner in a cabin on the promenade deck, where the circulation of air was free, showed five or six points of infection each ten days afterwards. A capsule exposed over the bow of the ship was found to be entirely uncontaminated. These experiments are on the same lines as those of Pasteur and Tyndall upon the mountain air of Switzerland, and, so far as they go, they show the germless condition of mid-oceanic air, and also the need for much more efficient ventilation in the state-rooms of even the first-class American liners.—*Medical and Surg. Reporter.*

PURPERAL DISEASES, GENERAL TREATMENT OF.—Kunge, in *Centralb. f. Gynäkologie*, finds that large doses of alcohol, baths, and full diet of nourishing food, in the treatment of the diseases of child-bed, yields in his hands the best results. The alcohol is the most important of these and must be used in large amounts. The baths should have a temperature of 22 to 24 degrees. This treatment assists the system in resisting the toxic effects of the absorbed mat-

ters. The pulse, as in typhus fever, is improved, the inspirations strengthened, and the appetite increased. Of nine severe cases of septic infection treated in this way only one died. Antipyretics, on the other hand, at most only bring down the fever, and destroy the appetite.—*Archives of Gynecology.*

IODIDE OF POTASSIUM IN HABITUAL ABORTIONS.—The *Pratch* recommends prolonged and systematic internal administration of iodide of potassium to pregnant women disposed to habitual abortion. The proposal starts from the view that "habitual abortion is almost exclusively caused by syphilitic and inflammatory diseases of the maternal genital apparatus and ovum." The author recites the histories of two cases in which there were scarcely any syphilitic symptoms to be discovered, but which, on being put on the iodide, in five-grain doses three times a day, the patients went on to full term and the children were born living. In one of the cases the next pregnancy went on to full term, happily, without further treatment.—*Archives of Gynecology.*

INTRAUTERINE DISINFECTION.—Although the whole medical world has reason to thank Koch for the announcement of his discovery, in 1881, that a solution of bichloride of mercury, of the strength of 1:1,000, was absolutely fatal to the hardiest forms of microbes and their spores, and while this antiseptic agent has given brilliant evidence of its efficiency in obstetrics, it has not, unfortunately, shown itself to be the ideal disinfectant, fatal to the infecting parasites, but innocuous to their host. It is now clearly proven that the danger of fatal poisoning after the use upon absorbent surfaces of a solution of the strength already mentioned is by no means slight. Having employed it extensively, and seeing no bad consequences, Carl Braun, of Vienna, recommends that a solution of thymol, also 1:1,000, be substituted for corrosive sublimate in intrauterine injections, not only directly after delivery, when the danger of absorption and poisoning is, of course, greatest, but also later in the puerperium in those cases in which there is decomposition of retained fragments of the placenta, or mem-

branes. In such cases the uterine walls are scraped with a curette, the thymol solution is injected, and a bougie of iodoform is inserted into the cervical canal, this plan of treatment giving the most excellent results.—*Med. News.*

SALICYLATE OF SODIUM IN GONORRHOEAL ORCHITIS OR EPIDIDYMITIS.—Pignoret, of Paris, thus concludes a paper on this subject:

1st. In gonorrhoeal orchitis, salicylate of sodium will bring about a diminution of pain in a few hours, and in a longer time it will cause its disappearance.

2nd. It acts well above all in cases that have acute epididymitis.

3rd. When the inflammation of the cord is intense, the remedy will fail.

4th. In the large number of cases treated, the resolution of the swelling commenced very much quicker than in cases submitted to other treatment, and in a week or ten days the cure was complete, leaving nothing but a slight induration.

5th. This medication, then, has the advantage of allowing the patient to get about within a day or two at most. It is simple, harmless, and appears to be superior to all other forms of treatment in this complication.—*Phil. Medical Times.*

USE OF NAPHTHALINE.—Coremenos, of Paris, shows that it was employed long ago, in 1843 by Dupasquier, in doses of fifty centigrammes up to two grammes, given in syrup, in cases of pulmonary catarrh. Naphthaline is insoluble in water, and should be triturated for a long time with gum, when it may be given in teaspoonful doses three times a day. Its use as an expectorant is still continued, and outside of its rather disagreeable taste it is excellent for this purpose. It has also been employed as a remedy in skin-diseases, such as lepra vulgaris and psoriasis, and again as an antiseptic dressing. Mention has already been made in our letters of its employment as an intestinal antiseptic in typhoid fevers in the service of Professor Bouchard, in Paris, and it will be recollected that he claims that it is the least toxic of the intestinal antiseptics, being some sixteen times less so than iodoform. It has been used also

with success in combination with powdered charcoal in chronic forms of diarrhoea, particularly in children, proving especially useful when there were intestinal parasites. The favorable action of naphthaline when fetid urine exists is shown by the writer of this thesis, and he advises its use in the powdered form, given in doses of one-half up to one gramme. As high as five grammes per day may be given, in doses of ten to twenty centigrammes of the drug mixed with equal parts of sugar and perfumed with a little mint. Naphthaline has also been employed lately made up in capsules of keratin, which would digest only in the intestines. The author sums up its virtues as follows:

1st. From our experiences with the lower forms of vegetations and parasites, naphthaline possesses the power of arresting the development of the inferior organisms.

2nd. In the powdered form it is sixteen times less toxic than iodoform, and it is a much more powerful antiseptic.

3rd. Taken internally, it possesses all the advantages of charcoal powder without any of its inconveniences.

4th. It has given most remarkable results in patients who suffered with fetid urine.

5th. It not only destroyed the microbes, but also the larger forms of intestinal parasites. It finally has a good use in agriculture.—*Phil. Med. Times.*

HAY'S METHOD OF TREATMENT OF SEROUS EFFUSIONS.—In *The Medical News*, Dec. 11, we find a lecture by Prof. Wm. Osler, in which, after citing a number of cases of pleurisy with effusion, he calls attention to the use of concentrated solutions of saline cathartics in the treatment of these cases, as advocated by Prof. Mathew Hay, of Aberdeen.

The treatment is based upon facts observed by Dr. Hay when studying the physiological actions of the salines. He found that when administered in concentrated solution, when the intestines contained very little fluid, the rapid extraction of serum from the blood to form the intestinal secretion, produced marked and rapid concentration of the blood, the number of blood corpuscles per cubic millimetre being increased in one case from five million to nearly seven

million. In a few hours this increase was no longer apparent, as the blood had so rapidly abstracted the tissue fluids and replaced the amount lost by the free purgation.

When administered therapeutically in cases of pleurisy, etc., the plan advised is to administer, an hour or so before breakfast, four to six drams of the salt in an ounce or two of water. Prof. Osler prefers the sulphate of magnesia to the sulphate of soda, as being the more soluble salt. The patient must not drink after taking the salts. Usually four to eight watery stools follow without pain or discomfort. It rarely disagrees, though rarely nausea and vomiting may be produced. The salt produces a diuretic as well as cathartic action.

Prof. Osler strongly recommends this treatment, not only for cases of pleurisy, but for general dropsy, renal or cardiac, in all of which excellent results have been obtained.—*St. Louis Courier of Medicine.*

DIAGNOSIS OF CANCER OF THE STOMACH.—Professor Debove, speaking recently at the *Société médicale des hôpitaux*, on the question of cancer of the stomach, said that it was very often extremely difficult to make the diagnosis, and he called attention to the fact that the German writers had written a good deal of late years to show that the absence of hydrochloric acid in the stomach liquids was a very important sign of cancer of that organ. Dr. Debove himself has been making a long series of experiments to see if this is of any value, and all his cases seem to prove that the fact is certain—so much so that he does not hesitate to declare now that it is an absolute rule in all patients attacked with cancer of the stomach that there will be found not the slightest trace of hydrochloric acid in the stomach juices. He presented to the society a patient who was a fresh example of the sign he wished to prove. Early in 1886 this man, who was about forty years of age, began to have some digestive troubles, accompanied with vomiting, and in August last he suffered with sharp pains in the epigastric region, and then came into Dr. Debove's wards. At first he was taken for a simple dyspeptic patient, but the gastric juice was examined, with the result of constantly finding

lactic but never hydrochloric acid. About a month ago a tumor was found in the usual region, which to-day is as large as an egg, and shows all the characteristic signs of cancer. As the sign of absence of hydrochloric acid existed when the patient was first seen, and when he was legitimately considered as only a dyspeptic patient, Dr. Debove is disposed to accord to it the utmost importance in the diagnosis of the disease. In the case cited, although there was some loss in weight, the patient was not cachectic, nor had he hæmatemesis or melæmia, so that it was impossible to say that he had anything but dyspeptic symptoms. It is to be hoped that physicians will at once report all cases of the want of hydrochloric acids in the fluids of the stomach, and state what relation it bears to cancer, as, if this sign is sure, a very simple and easy mode of early diagnosis is discovered. Dr. Debove does not approve of the old method (Spallanzani's) of causing the patient to swallow a small sponge, and then withdrawing it, to obtain the gastric juice, but prefers to use a stomach-tube, and he also examines the vomited matters. As to re-agents, he uses gentian-violet and Poirier's No. 4 orange-color for the hydrochloric-acid test, and perchloride of iron and carbolic acid for the lactic acid. The gentian-violet gives a blue color, the Poirier's solution gives red, and ten drops of watery solution of carbolic acid, with three drops of solution of perchloride of iron, will pass from an amethyst-blue to yellow in the presence of lactic acid. It should be stated that experiments were first made on healthy subjects, to get and test the normal hydrochloric acid from the gastric juice, and that these trials should be made during digestion.—*Paris Correspondent N. Y. Medical Journal.*

ON THE TREATMENT OF DIPHTHERIA.—Dr. Focke, of Bremen, says that the efficacy of chlorate of potash in diphtheria depends upon the large amount of oxygen contained in it. This oxygenation comes into effect when the salt is brought into contact with a mineral acid. Dr. Focke first tried hydrochloric acid and chlorate of potash simultaneously in patients suffering from the diphtheria of scarlet fever. The results were encouraging. He has now

used these two remedies against diphtheria in a fairly extended practice for twenty-three years, exactly as recommended by Dr. Heydër, that is, of a 2 per cent. solution of chlorate of potash on the one hand, and of a 1½ per cent. solution of hydrochloric acid on the other, he orders to be given every one or two hours day and night—a tablespoonful to adults and from a half to two teaspoonfuls according to age to children. He has observed thereby rapid disappearances of the fever after 36 to 48 hours, only slight swelling or infiltration of the glands of the neck, no evidences of septicæmia even when the false membrane is reproduced and also no disturbance of the general system. Dr. Focke admits, however, having seen slight paralysis, although rarely, and also stenosis of the larynx and tæpsis when the patient has come too late under treatment. The efficacy of this medication depends upon the fact that true chloro-chloric acid is given off in the nascent state.—*Centralblatt für Therapie.*

DIFFERENT METHODS OF TREATING CERVICAL CATARRH.—Dr. L'voff, of Kazan, has reported to the *Meditzinskoe Obozrenie* a number of observations made on the comparative value of different methods of treating catarrh of the cervix uteri. The total number of cases was eighty-two. Of these thirty-six were treated by mechanical scraping of the mucous membrane, eighteen by means of powerful caustic applications, and twenty-eight with weak caustics. The method of applying the weak caustic was, after washing out the vagina with warm water or a solution of boracic acid, to swab the cervical canal with tincture of iodine or a ten per cent. solution of chromic acid. This was done once a week, plugs soaked in glycerine of tannin being also used every other day. The strong caustic application consisted of a bougie made of sulphate of zinc and alum fused together. This was allowed to remain in the canal till it had all dissolved, which took place usually in one or two hours. Afterward the mucous membrane presented a white appearance, due to the eschar. This fell off in five or six days, during which time warm vaginal douches were administered and plugs of glycerine and iodoform inserted every alternate day. In the

cases treated by scarification an iodoform glycerine plug was left in for twenty four hours, and the patient was then sent home. The result of these different methods of treatment were that the mild caustics ultimately effected a cure, but required at least two months to do so; while the severer methods—that is to say, the fused zinc and alum and the scarification—produced a permanent cure in about a fortnight. The author adds that no unpleasant symptoms were caused by either the caustics or the sacrifice in any of the eighty-two cases.—*Lancet*.

GUAIACUM AS AN EMMENAGOGUE.—Sir James Sawyer, *Birmingham Medical Review*, Jan. 1887, says that his experience leads him to regard guaiacum as a remedy in promoting the menstrual secretion in a large proportion of cases of amenorrhœa; it is most efficient where there is no obvious spanæmic deterioration to which the menstrual inefficiency is referable. He gives ten grains of the powdered resin, stirred in a wineglassful of milk, every morning before breakfast. The remedy may be given safely for some weeks. It occasionally produces abdominal pain and purging. He also looks upon the ammoniated tincture of guaiacum as a reliable remedy when given during the painful period, in those cases of dysmenorrhœa in which there is no mechanical obstruction, and no sign of local inflammation or plethora. He recommends half a drachm to a drachm in a wineglassful of water every two or three hours till the pain is relieved.

USE OF IODOL IN THE TREATMENT OF LARYNGEAL PHTHISIS.—Lublinski *Deut. Med. Woch.* advocates the use of iodol in larynx tuberculosis. Large quantities given to rabbits caused albuminuria, low temperature, general paralysis and death. Post mortem—fatty degeneration of the various organs is found; but Marcus has shown that three or four grains may be introduced into the blood of rabbits without any ill consequences; it follows that in man two or three grains must be quite harmless. Lublinski applied the powder directly to the larynx by means of insufflation through a tube. This organ is not in the least irritated by it, no cough is provoked, unless some of it gets into

the trachea. The powder remaining for some time at the place applied, causes a superficial eschar (Aetzschorf). Lublinski treated fifteen patients suffering from laryngeal phthisis in this manner; they did not feel any discomfort. Generally iodol was applied once daily, occasionally only two or three times a week. Two cases resulted in complete cure of the laryngeal phthisis. Time only can decide whether this effect will be permanent. The pulmonary consumption of these two patients continue unchanged. In the other cases marked improvement of the laryngeal ulcers was brought about. Healthy granulations sprang up, the difficulties in swallowing diminished, and the patient felt better generally. Iodol produces its beneficial local effects much more rapidly, and with greater certainty than tannin, boracic acid, lactic acid, and the other usual remedies.—*Medical Chronicle*.

TREATMENT OF ANGINA PECTORIS BY COCAINE.—*Revue de Médecine*.—In this paper the author strongly recommends the use of cocaine in angina pectoris, in the doses of $\frac{1}{2}$ to $\frac{1}{3}$ of a grain three or four times daily. He quotes four cases of this disease which were benefited greatly by this treatment. If the attacks do not cease immediately after taking the remedy, they completely yield to it, however, in about three days. Under its use the pulse becomes slower but fuller, and the quantity of the urine is augmented. The author refers to some observations previously made by him, which appeared to show that the inhalation of oxygen in this disease did much good; he therefore suggests that it should be tried in conjunction with the internal administration of cocaine.—*Med. Chronicle*.

CALOMEL AS A DIURETIC IN HEART DISEASE.—Some further testimony to the value of calomel as a diuretic has appeared since the publication of the results obtained from its use by Jendrassik and Collins. Stillier confirms the statements of these observers that calomel in some cases promotes a profuse flow of urine. He used it in cardiac dropsy, and saw as much as 10 pints of urine passed in one day after the administration of the drug. If diarrhœa fol-

lowed its use he combined it with opium, which did not interfere with its diuretic effect. Mendelsohn likewise found that in cardiac dropsy it acts satisfactorily, three grains three times a day producing copious diuresis in 48 hours. When the increased urine flow is well established, he thinks it well to discontinue the medicine, resorting again to it when the discharge of urine becomes lessened. He finds it most useful when the tension of the pulse is not much reduced. It acts sometimes in cases where digitalis has failed to do good. Locke suggests the diuretic effect of calomel as due to the increased production of urea which it causes. Noel Paton, he says, has shown that hepatic stimulants increase the production of urea, and urea is a powerful diuretic.—*Medical Chronicle*.

TERMINATION AND TREATMENT OF EXTRA-UTERINE PREGNANCY.—Maygrier, in a recent thesis, writes as follows on this subject: "Whatever be the anatomical peculiarities of a case of extrauterine pregnancy it must terminate in the rupture or retention of the foetal cyst. Rupture, which is exceptional in abdominal pregnancies, is the rule in tubal pregnancies, and often occurs at the second or fourth month. Occurring abruptly, it produces death by hemorrhage, peritonitis, strangulation, or septicaemia. Recovery can occur when the rupture occurs during the first weeks; early rupture produces the symptoms of periuterine hæmatocele, and the diagnosis cannot be made positively without an exploratory incision."

In exceptional cases recovery may occur in cases further advanced, the foetus dying and undergoing absorption, or living until viable. A retained foetus may become encysted as a foreign body, and undergo calcareous degeneration; this degeneration presents great varieties.

It is well, with Barnes, to advise patients in whom encystment has resulted favorably to avoid subsequent pregnancies, as the retained cyst may become the occasion of dangerous accidents: when new pregnancies occur they may give rise to inflammation and suppuration in the cyst, and peritonitis follow.

Spontaneous evacuation of ruptured cysts

occurs through the intestines, the abdominal wall, the vagina, and the bladder.

Treatment varies with the stage of foetal development.

In early months, before the rupture of the cyst, it should be removed by laparotomy; the foetus may sometimes be removed per vaginam.

When the cyst ruptures immediate gastro-tomy is the only treatment; in Lawson Tait's hands 21 of 21 patients so treated recovered.

In the last months of pregnancy, when the child lives, laparotomy will save the mother from the dangers which threaten; when the child is dead, the expectant plan should be followed, and laparotomy done only as dangers arise which necessitate it.

When the foetal cyst is only partially opened, the intervention must vary with the case.

In summing up, the author considers laparotomy indicated in the first months of extrauterine pregnancy, and at the rupture of the sac; in the later months of pregnancy, when the child lives (with special care against placental hemorrhage), and when the child has been dead for some time.

Elytrotomy is preferred when the foetus is fixed in the pelvis, when the placenta is not lying between the cyst and the vaginal wall.—*Revue de Chirurgie. Med. News.*

THE TREATMENT OF RHEUMATISM IN THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.—Dr. Osler employs in mild cases, with only one or two joints involved and the temperature not above 102° F., the citrate of potash in ʒss doses every four hours. If there is much pain and the patient is restless, Dover's powder grs. x at night. In more severe attacks, with polyarthritis, and fever above 103°, he orders salicylate of sodium grs. xv every two hours, with a similar quantity of the citrate of potash. The important influence of the salicylate is believed to be in the reduction of the pain and fever. It is not thought to have much influence in lessening the duration of the disease; and, on the other hand, when pushed for many days and in large doses, it is thought directly to favor the occurrence of relapse. Hence, as soon as the pain is relieved, the amount of the salt is reduced, and it is stopped



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Specific Effects and Instructions for Use.

To STIMULATE THE APPETITE.—Take half the Tonic Dose, as directed, in very cold (not iced) water fifteen minutes before eating.

To STIMULATE DIGESTION AND ASSIMILATION.—Take the remaining half of the Tonic Dose during meal-time, in water.

To INCREASE RAPIDLY IN WEIGHT.—Take the Tonic Dose, as directed, and adopt the free use of new milk in addition to the regular food.

To SUSTAIN MENTAL EXERTION.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

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FOR CONVALESCENCE from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

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DOSES.

TONIC.—One teaspoonful at each meal in a wineglassful of water (cold). For CHILDREN, the doses should be regulated according to age; viz.: from 9 to 12, one-half. From 5 to 9, one-third. From 1 to 5, one-quarter.

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Employ the TONIC DOSE for sleeplessness, loss of memory, loss of voice, lack of energy, timidity, despondency, night sweats, dyspepsia, hysteria, hypochondria; palpitation, and interrupted action of the heart, weak respiration, and congenital incapacity.

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DOSE—For an adult, one table spoonful three times a day, after eating; from seven to twelve years of age, one dessert spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

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as soon as possible. It does not probably influence, one way or the other, the occurrence of endocarditis. When the temperature is above 103.5° antipyrin, grs. 20, is ordered. With fever of 105° the cold pack is employed. Lemonade and carbonated waters are allowed freely. An unstimulating liquid diet is given. Blankets are preferred for the bedding of the patient. Special care is enjoined in changing the clothing, and a wad of cotton-wool is placed over the front of the chest. The joints are wrapped in cotton-wool, or, when very painful, in spongipiline, or flannel, soaked in Fuller's lotion (hot) (Liquor Opii Sedativus, $\bar{3}$ j; Potass. Bicarb., $\bar{3}$ iv; Glycerin., $\bar{3}$ ij; Aquæ, $\bar{3}$ ix). If the salicylate and the local application fail, as they sometimes do, to relieve pain, opium is freely given. During convalescence iron and tonic doses of quinine are ordered—*North Carolina Medical Journal*.

THE OPERATION OF SHORTENING THE ROUND LIGAMENTS.—An excellent paper on this subject, read before the Baltimore Academy of Medicine, Feb. 1st, by Dr. Thomas A. Ashby, professor of gynecology in the Baltimore Polyclinic and Post-graduate Medical School, ended with the following summary of conclusions:—

1. The round ligaments are designed to hold the uterus in its axis in the pelvis, and to draw the fundus of the organ toward the symphysis pubis. They have little, if any, sustaining power in preventing procidentia, except in extreme degrees of descent, where the organ has escaped outside the vulva. Posterior displacement of the uterus can only take place when the round ligaments have been relaxed or stretched by prolonged tension. 2. Shortening the round ligaments is a practical method by which the uterus may be lifted into its normal axis and be retained in position by a restoration of its normal supports. 3. This operation is admissible in all cases of posterior displacement where the uterus is not fixed by adhesions, but perfectly movable in the pelvis, and where other methods of support are not of service. 4. The operation can prove of little value in cases of procidentia, except when employed in conjunction with other methods instituted to overcome this form of displacement.

5. The operation can be easily performed by one who is familiar with the anatomy of the parts. It is almost devoid of danger if ordinary safeguards are employed. 6. In the class of cases to which it is limited, the benefits secured are striking and important.—*New York Medical Journal*

THE THERAPEUTICS OF ASTHMA.—Within the past few years the interest of medical men in the subject of the treatment of asthma has received a fresh impetus from the birth of a new theory of the pathology of the affection. As is well known, Hack and a number of other observers have drawn attention to abnormal changes in the turbinated bones, and in the mucous membrane of the nose and the pharynx, as the chief factors in the causation of a large percentage of the cases of asthma. Hack laid particular stress on swelling and hypertrophy of the inferior turbinated bones, and recorded several cures brought about by cauterizing or removing the hyperplastic tissue. Since the publication of his article, specialists and general practitioners have, with the aid of highly magnifying reflectors, seen hypertrophied turbinated bones in many an asthmatic patient, which there was a great temptation to reduce, either with some ingenious instrument, with the galvanic cautery, or with a powerful escharotic. Although the results have not been so gratifying as Hack's, they have gone far toward affording an apparent verification of his theory; for, if the so-called hypertrophied turbinated bones could be detected at first only with the aid of magnifying reflectors, it was not long before they were sufficiently hypertrophied to be distinct even to the naked eye.

The pendulum, however, is beginning to swing back, as is evident from a recent lively and protracted discussion at several consecutive meetings of the Berlin Medical Society. A number of speakers took part in the discussion, and there seemed to be a consensus of opinion that cases in which asthma was benefited by cauterizing the nasal mucous membrane or the turbinated bones were extremely rare. Such treatment, it was said, should not be employed until a careful examination had been made with a sound, the parts having been made

anæsthetic with cocaine, and an area discovered a touch upon which would call forth an attack. Scadewald broached a novel method of treatment, based on his no less novel theory of the pathology of the disease. He maintained that bronchial, or true, asthma was due to a neurosis of the trigeminal nerves, and should be treated by faradization of those nerves, the applications being made during an attack, as, if made in the intervals, they would call forth a paroxysm. Lubinski emphasized his previous remarks as to the benefit to be derived from inhalations of pyridine, but the drug must be used with caution, as disagreeable and alarming symptoms may follow its injudicious use. Amyl nitrite, nitro-glycerin, and sodium nitrite act in the same way as pyridine, but all these remedies find their more appropriate application in cardiac asthma.

If any drug deserves the title of a specific in this affection, it is potassium iodide. The remedy was first recommended in asthma by Trousseau, but this use of it fell into oblivion for a number of years, to be only recently restored by the publications of Leyden and Germain Sée, the latter of whom recommends its administration with lactucarium. Potassium iodide is of great service also in the purulent bronchitis which occurs as a sequel to asthma. In many cases of this condition the various balsams are efficacious; and Lubinski has observed excellent results from the use of Peruvian balsam combined with myrrh, the former in doses from a grain and a half to three grains three or four times a day. If there is really a nasal affection, it should be treated according to its character, and not on any far-fetched theory of its ætiological importance. But, in the treatment of asthma, it is of the greatest moment to distinguish true, or primary, asthma—by no means a common affection—from that which is secondary to disease of the heart and lungs. We need scarcely say that we have had only the former in view in this writing.—*N. Y. Med. Jour.*

COCAINE IN HERPES ZOSTER.—In a case of herpes zoster, occurring in a child of 7 years, in which all ordinary remedies failed to give relief, Weissenberg applied a five per cent. solution of

cocaine every two hours over the seat of the eruption. That night the child slept quietly, without being awakened every five minutes, during the previous night, by the burning pain and itching. The following day the pain had ceased, but there remained an itching, which was attributed to the astringent action of the cocaine, which found in the ruptured bullæ an easy mode of penetration to the Malpighian layer. The itching soon disappeared, and at the end of twelve days no trace of the eruption remained. The cocaine, in addition to its anæsthetic properties, was thought to have hastened cicatrization.—*Alg. Med. Central Zeitung.*

HYPERIDROSIS PEDUM.—In the experience of the editor of the *Journal of Cutaneous and Genito-Urinary Diseases* in the treatment of habitual hyperidrosis pedum, the best results have been obtained from the employment of foot baths of a strong solution of extract of pinus canadensis (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid mixed with lycopodium, oxide of zinc or other inert powders, constantly applied inside the stockings. Hebra's treatment with diachylon ointment undoubtedly constitutes a most efficacious method, but the inconvenience attending its application, often temporarily interfering with the occupation of the patient, renders its employment impracticable in many cases.

A NEW TREATMENT OF GONORRHOEA.—Castellan, of St. Mandrier Hospital, starting with the view, now popularly entertained, that gonorrhœal urethritis is a parasitic disease, and being led by observation to believe that the microbe can only live in an acid medium; finding, moreover, that in this disease the discharge is, as a rule, acid, proposes to treat gonorrhœa in the acute stages by urethral injections of sodic bicarbonate, three or four injections being made daily of a one per cent. solution. For this treatment, which is but a logical inference from the premises, he claims remarkable success, although the cases on which it has been tried in St. Mandrier, as yet, number only a dozen. The injections of bicarbonate of sodium are commenced as soon as the discharge appears,

or the patient comes under observation; the urethral secretion is tested every day with litmus-paper, and the injection is kept up till the discharge becomes alkaline or neutral. For internal treatment the patient is given flaxseed tea, with occasional doses of bromide, if there seems to be any indication for the sedative effects of this salt. His conclusions are as follows:

1. The urethral pus in the first stages of the disease is generally, if not invariably, acid; this acidity is quite pronounced.

2. The treatment by bicarbonate of sodium rapidly lessens the discharge; it also diminishes or removes the pain in micturition.

3. In old urethrites, and in those which have been treated by the usual injections, it speedily brings about a cure.—*Boston Medical and Surgical Journal.*

THE MEDICATION OF PHTHISIS.—In a recent number of the *Progrès Médicale* the editor discusses the changes in the treatment of phthisis which modern pathological researches would indicate. Recent suggestions in anti-bacilli treatment are the inhalation of hydro-fluoric acid and the rectal injections of sulphurous gas. We are able, however, to hope for very little from these methods. The means for combating tuberculosis which seems most worthy of serious attention is the use of iodoform. This substance has been tested by injection in cold abscesses, by inunction in tubercular meningitis, and by giving internally in enlarged glands and pulmonary tuberculosis. The purity in which iodoform is now made, our better knowledge of its solubility, and its poisonous properties, enable us to use it as a most important agent in the extirpation of a local tuberculosis before the organism can become effected; it has thus an important part in preventive and hygienic medication. We must agree with Jaccoud in placing the administration of nutritious elements as still our most important duty to the phthisical patient. Cod-liver oil, to the extent of 4 ounces daily, is of the greatest benefit, and especially those oils which contain iodine and phosphorus in greatest amount.—*Therapeutic Gazette.*

Therapeutical Notes.

CHRONIC ULCERS.—A mixture of animal charcoal and camphor equal parts, is used by Barbocci in excavated chronic ulcers. The offensive smell is removed and healing promoted.

JAUNDICE.—Bartholow says that when the cause of jaundice has been removed salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

URTICARIA.—Lassar cuts short the duration and lessens the frequency of violent attacks of urticaria, by 24 grain doses of salicylate of sodium, repeated every two hours until three doses have been taken.

It may not be generally known that a poultice of digitalis leaves, to cover the whole abdomen, will act both on the heart and kidney in scarlet fever or other conditions, when its administration by the stomach is contraindicated.

COCAINE COTTON FOR TOOTHACHE.—

R. Cocain hydrochlor . . . 50 grains.
Aq. destill 150 grains.
Gossypii pur 150 grains.

Dry with gentle heat.

—*Pharmac. Zeit.*

Dr. Longstreth recently exhibited a case of tertiary syphilis at the Pennsylvania Hospital, which would not tolerate either the iodide of potassium or mercurials, locally or internally; but in which good results were being obtained by the following:—

R Cadmii iodidi gr. v.
Lanolin ʒj. M

Sig.—Us³ locally.

The *Medical World* says that if you want as sure and speedy action from your drugs as if you gave them hypodermically, administer them in hot water. One-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the force of the drug thrown upon the system at once. Few people realize how long the dose will remain in the stomach if that viscous be

chilled. Beaumont found that a glass of ice-water stopped digestion for one hour. This method of administration is particularly suitable for the vegetable preparations, opiates, etc.

IODOFORM IN PHTHISIS.—Huchard combines iodoform with creasote in the treatment of phthisis as follows :

R.—Iodoform,
Creasote,
Pulv. benzoin,
Balsam tolu. āā gr. j.—M
Sig.—Two to four pills daily.
—*Journal de Médecine.*—*Med. News.*

SNUFF FOR NASAL CATARRH.—Rabow recommends the following powder in nasal catarrh :—

R Menthol pulv. 3 grains.
Coffea tostæ
Saach. alb. āā 50 grains.
Fiat pulv.

To be used like ordinary snuff.

—*Deut. Med. Woch.*—*Medical Chronicle.*

MENTHOL IN URTICARIA AND PRURITUS.—Among the myriads of remedies for these troublesome affections, we have no other which affords such complete and instantaneous relief as a solution of menthol. Not only is the itching relieved for the time, but a cure seems to be effected. In pruritus and in eczema, moistening the parts with menthol solution causes an immediate cessation of the pain. The solution should contain from two to ten grains of menthol to the ounce of water.—*Amer. Jour. of Pharmacy.*

POSOLOGY AND USE OF SOME NEW REMEDIES.
—**Agaricine:** Best administered in combination with Dover's powder. Dose, 1-12 to $\frac{1}{2}$ grain. Used for night sweats.

Aloin: From $\frac{1}{2}$ of a grain to 3 $\frac{1}{2}$ grains, in pill form.

Bismuth salicylate: Dose, from 5 to 7 grains in pill form. In typhoid this dose may be doubled and repeated every hour, up to ten or twelve times.

Canabinone: From $\frac{1}{2}$ to 1 $\frac{1}{2}$ grain. Best administered mixed with finely ground roasted coffee. Sedative and hypnotic.

Colocynthin: Used subcutaneously. The dose is from $\frac{1}{8}$ to $\frac{1}{2}$ grain. It may also be administered in pill form, by the mouth, the requisite dose being from $\frac{1}{2}$ to 1 grain.

Convallaramin: Internally, in pill form. The dose is from $\frac{1}{4}$ to 1 $\frac{1}{4}$ grain.

Euonymin: Best given in pill form, combined with extract of belladonna or hyoscyamus. The dose is from 3 to 10 grains.

Nitroglycerin is best given in alcoholic solution. The dose is from 1-150 to 1-60 grain, repeated several times a day. Rossbach prefers ether as a solvent. His formula for its use is as follows: Dissolve 1 $\frac{1}{2}$ grain of nitroglycerin in sufficient ether, and add the solution to a mixture consisting of two ounces of powdered chocolate and 1 ounce of powdered gum arabic. Mix very thoroughly, and divide into 200 pastilles. Each pastille will thus contain 1-333 grain of nitroglycerin. Used in angina pectoris and as a diuretic.

Picrotoxin: In aqueous solution. Dose from $\frac{1}{8}$ to $\frac{1}{6}$ grain. Used in epilepsy.

Liquor Magnesii Bromide: Under this name an aqueous solution of magnesium bromide has originated and been employed in the Philadelphia hospital, more particularly in the insane department of that institution, with such success as to warrant its more general trial and employment.

Osmic acid (Os O₄), or the Tetroxide of Osmium is a volatile, very odorous, crystalline compound, produced by the action of Nitrohydrochloric Acid on osmium or either of its lower oxides. Its vapor is very pungent and poisonous. Claus recommends cautious inhalations of sulphuretted hydrogen as an antidote. In medicine it is used in a 1 per cent. solution injected subcutaneously. Neuber recommends it against peripheral neuralgias. Mohr extols it highly in Ischias rheumatica. Szumann and Eulenberg recommended parenchymatous injections in goitre, and Delbastille injects it in sarcomata and lymphomata.

Apiol, the oleoresin, first obtained from the fruit of Parsley, by Joret and Homolle, in 1885, has the odor of parsley with a pungent taste. Alkalies form with it a kind of emulsion. It is insoluble in water, but soluble in alcohol, ether, chloroform, and glacial acetic

acid. Dose, 10—15 drops, best given in gelatin capsules. Largely used throughout France in intermittent fevers. Used in amenorrhœa, scanty menstruation and dysmenorrhœa, in which cases apiol has established quite a reputation for itself. Dose 4 grains, given two or three times daily, four or five days before the menstrual period. Large doses, 30 to 60 grs., produce stupor.

Caffeine: Extensive research has proved Caffeine to excite the heart and respiratory movements, and increase arterial tension, stimulate the brain and spinal cord, retard tissue change and increase the flow of urine. Caffeine has been in use so long now, and its applications have become so numerous, that it may suffice to mention but a few of the most important. It is the remedy par excellence in headaches, especially in the so-called nervous or sick-headache, or when due to fatigue or over-work, or the abuse of intoxicating liquors. It is used as an antidote in opium poisoning, as a diuretic, especially in dropsical effusions from heart disease. Dose, from 2 to 5 grs. Of the numerous salts of caffeine the citrate and bromide have met with most favor, being perfectly soluble and not deliquescent. It may be used by the mouth or hypodermically.—*Technics.*

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, MARCH, 1887.

**ABDOMINAL SURGERY IN
LIVERPOOL.**

We referred not long ago to an action for damages which had been brought against Dr. Imlach, of Liverpool, by the husband of a patient from whom he had removed the uterine appendages, which resulted in favor of the doctor; at the same time there was much adverse criticism among members of the profession respecting the work of this same surgeon. There were 106 abdominal sections for the removal of the uterine appendages in the Liverpool Hospital for Women in the year 1885, of which 85 were performed by Dr. Imlach.

The Liverpool Medical Institution, at a meeting held on February 4th, 1886, adopted the following resolution:—"In view of the large and increasing number of cases of abdominal sections in the Hospital for Women in this city, this meeting is of opinion that a special committee be appointed for the purpose of investigating the grave question of practice and ethics, involved in the performance of these operations, and to report to a future meeting." The committee appointed consumed some months in making full enquiries into all abdominal sections for the year, being 106 in number, and reported that cases of ovariectomy and exploratory incisions were justifiable, and done satisfactorily. They expressed some doubt about the advisability of the operation called Oöpherraphy, *i.e.*, the replacement and fixation of prolapsed ovaries: in the 106 operations for the removal of the appendages nine deaths followed, showing a mortality of between eight and nine per cent. They found that relief was afforded in many cases; in very nearly an equal number the relief did not seem to have a decided or lasting character, while in some the operation had been positively injurious. They expressed the opinion that, considering the risks and uncertain nature of the results, sufficient discrimination had not been shown in the selection of cases for operation. They recommended that a more frequent use of consultations be made for the future, and more care be observed in appraising the patients of the nature of the operations and the possible results.

Mr. Lawson Tait, in a letter to a resident of Liverpool, agreed for the most part with the recommendations of the committee, but thought that the statement that only half the patients had been permanently relieved was not to be relied on, because the full benefits derived from the operation are often delayed two or three years.

While we approve of the conservative character of the recommendations, we regret that bitter personalities were introduced too frequently, and while we are free to admit that Dr. Imlach did not always display sufficient sound judgment, although we are by no means certain on that point, we think it scarcely creditable to certain members of the profession,

that their words and actions were so extreme as to amount to a positive persecution of a very able surgeon.

It has been a very serious matter for Dr. Imlach. We have the authority of Mr. Tait for saying that his health has been shattered, his practice—for a time at least—ruined, and his loss in costs, for his defence in the courts, very serious. There is a lesson in these proceedings—let those who practice abdominal surgery in Canada learn it!

THE COUNCIL EXAMINATIONS.

The professional examinations of the Council of the College of Physicians and Surgeons, Ontario, will be held in Victoria Hall, corner Queen Street E. and Clare Street, Toronto, and in the City Hall, Kingston, commencing on Tuesday, April 5th, at 9 a.m.

The oral examination for final students will commence at Toronto on Monday, 11th, and at Kingston, on Wednesday, 13th April. That for primary students will commence at Kingston, Thursday, 14th, and at Toronto, Friday, 15th April.

For particulars, see advertisement.

BRITISH GYNÆCOLOGICAL SOCIETY.

This society has just completed the second year of its existence, and its prospects at the present time are exceedingly bright. From the address of the retiring President, Mr. Lawson Tait, delivered January 12th, we learn that there are now four hundred and sixty Fellows of the society. A journal is published by the society, and notwithstanding the heavy expenses incurred the financial position is very satisfactory. It appears, in fact, that the publication of a good journal by any medical association adds much to the chances of success. The *British Medical Journal* has been the most important factor in the wondrous success of the British Medical Association. The journal of the American Medical Association promises to do much for that organization.

Mr. Tait's account of the work done by his society during the year of 1886 is very interesting, and shows that much valuable work has

been done. The brilliant deeds in abdominal surgery of recent years, which have been performed chiefly by Gynæcological surgeons, have done much to raise the status of Gynæcology; and a society such as this, in the metropolis of that country, which by common consent takes the lead in this branch of surgery, is likely to have a bright future before it.

Mr. Tait has a worthy successor in Dr. Granville Bantock, who is President for 1887. We are pleased to notice that our worthy countryman, Dr. Gardner, of Montreal, is one of the Vice-Presidents.

A NEW HOSPITAL AMBULANCE.

We are pleased to hear from Dr. O'Reilly that two of his friends are about to present a fully equipped ambulance waggon to the Toronto General Hospital. Dr. O'Reilly will shortly visit New York, Buffalo and other American cities, with a view to securing the latest improvements in build and outfit. It is intended to equip the ambulance with a case of medicines, which shall include the antidotes to the more common poisons; anodynes, stimulants and restoratives; also a stretcher, stomach-pump, hypodermic syringe, torsion forceps, tourniquets, splints, bandages, compresses, and in fact everything that might be required in case of emergency.

It will now be in order for some other philanthropist to supply and provide for the support of a horse, to be kept in connection with the hospital, so that the ambulance will be part and parcel of the hospital appointments. This, we think, would greatly enhance the efficiency of the ambulance service.

There is at present one ambulance waggon in the city, but it lacks the conveniences which more extended experience in ambulance service has suggested, and, though it has rendered very good service in the past, it has been found quite inadequate to the demand which the increasing popularity of the hospital has created. It might be advantageously used for the conveyance of infectious cases, such as diphtheria, scarlatina, erysipelas, etc., which, in the present order of things, are carried either in express waggons or hacks, to the great discomfort of

the patients in the one case, and to the possible detriment of the public health in the other.

In the city of New York, where the large number of hospitals begets a spirit of rivalry in the acquisition of patients, the ambulance service is highly proficient. Each hospital has one, two, or three ambulance waggons, perfectly equipped as regards appliances, and in charge of an "ambulance doctor," who wears a uniform and has a corps of trained assistants under his control. The horses are kept in readiness day and night, and having the "right of way" are on their way to the scene of the disaster at the highest possible speed, within a few minutes after the receipt of the telephone message. Arrived at the seat of accident the ambulance doctor seeks out the injured, and, with his assistants, removes them to the hospital with the least possible delay. In this way very effective work is done, and undoubtedly many lives are saved and much suffering avoided.

Though New York is comparatively a large city, we think Toronto might support at least one ambulance similarly equipped. There would be no difficulty in securing a reliable and qualified 3rd or 4th year student, who would undertake the duties of ambulance doctor for the experience he would gain.

BACILLUS OF SYPHILIS.

In the course of the past year numerous authors have described methods of staining sections made from chancres and gummatous deposits for the purpose of proving the presence of a pathogenic micro-organism, but to Lustgarten is due the honor of having brought to notice a procedure which, though tedious, is effective in bringing to view a bacillus which resembles closely that of tubercle. They are to be seen occasionally slightly curved, often appear with an enlargement at one end. They are not found free in the tissue, but lodge mostly in the large oval cells in groups of from two to eight. Lustgarten observed them in sixteen cases of syphilis which he examined, and also in one periosteal gumma in a congenital syphilitic. Alvarez and Tavel, in the laboratory of Prof. Cornil, and also Ritter, have detected bacilli in the smegma præputii, which,

morphologically and in staining, correspond with those of Lustgarten. Further investigation will be necessary to establish the position which these bacteria hold in the propagation of this disease.

A NEW LARYNGOLOGICAL JOURNAL.

We have received the first issue of the *Journal of Laryngology and Rhinology*, a new medical monthly, edited by Drs. Morrel Mackenzie and Morris Wolfenden in London, and intended as an abstract of the current literature of the throat and nose rather than a vehicle for the publication of new matter. The editors have secured the co-operation of numerous eminent physicians in Europe, while America is represented by Dr. John N. Mackenzie, of Baltimore. The plan of the journal is identical with that of the *Centralblatt für Laryngologie* in Berlin. It is issued in convenient form, and printed in good type, and, as it is the only journal of the kind published in the English language, it ought to be well supported in this country.

MEDICAL COUNCIL BUILDING.

The corner stone of the new Medical Council Hall was laid on Tuesday the 26th of January by the President, Dr. H. H. Wright, in the presence of the building committee. Unfortunately the profession of the city had not been notified, and the ceremony passed off very quietly and with but few in attendance. The stone was put in place and dedicated to the profession of Ontario in the name of Galen, Hippocrates, Harvey and John Hunter.

A NEW UNIVERSITY IN LONDON, ENGLAND.—

We have heard much during the last few years about the establishment of a new university in London, with no department except that of medicine. The degree of M.D. from the London University is highly prized, but the requirements for graduation from that Institution are so high that only a very small proportion of English students take its examinations. A joint committee from the two colleges of Physicians and Surgeons of London, appointed some time ago to consider the question, has

recommended that the two Boards hold conjoint examinations, and confer on the successful candidates the degree of M.D. It has been suggested that this combined examining body shall become the University of Westminster.

TORONTO GENERAL HOSPITAL.—The number of patients seeking advice last January was greatly in excess of the same month of last year. The total number treated as indoor patients during that month was 400, while 431 were seen at the outdoor clinics. There were but twelve deaths. The Medical Superintendent, Dr. O'Reilly, intends to have the *post-mortem* room enlarged, in order to afford accommodation to the large class of students now attending the hospital.

POVERTY OF GUY'S HOSPITAL.—The revenues of Guy's Hospital have been much reduced lately on account of the general agricultural depression, the properties from which it derives the greater portion of its income being lands. It is stated that the annual income has fallen from forty thousand pounds to twenty-five thousand pounds. The position of affairs has been placed before the public, who are asked to contribute one hundred thousand pounds.

COCAINE IN LABOR.—Dr. Hertzhorne recommends (*Lancet*) the use of a compound of six parts of cocaine, twenty-four of vaseline, and twenty of glycerine, to be applied to the parturient canal during the second stage of labor for the purpose of producing anæsthesia of the parts, and so vastly lessening the pain incident to that stage.

JOSH BILLINGS ON DOCTORS.—Doktors are not all quaks; you hav got wrong noshuns about this. Doktors, lawyers and ministers have a hard row to ho; they hav to deal with kredulity, knavery and fears ov the people—three ov the most difficult traits in human natur tew handle. If i was a doktor and understood my bizziness, i should doctor my pashunts, and let the disease take care ov itself. More folks are cured this way than enny other.
—*Med. Times.*

Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, JANUARY 20TH, 1887.

The President, Dr. McPhedran, occupied the chair.

PATHOLOGICAL SPECIMENS.

Dr. Temple presented a uterus, in the anterior wall of which was a large fibro-myoma. The specimen had been removed from a patient, aged 28 years, unmarried. The growth commenced more than two years ago, and latterly has increased rapidly in size. The patient had also failed greatly in flesh and strength, having decreased in weight 32 lbs. within a few months.

The operation performed was supra-vaginal hysterectomy. An incision as short as practicable was made in the median line. The broad ligaments were transfixated at either side, and tied in two sections—one of which contained the ovarian, and the other the uterine artery. The uterus was then eventrated and amputated about one-half inch above the external os, the stump being held in Lawson Tait's uterine clamp. The edges of peritoneum were then stitched over the cut margins of the broad ligaments, and the abdominal wound closed with deep and superficial stitches.

The tumor was a sub-peritoneal fibro-myoma situated upon the anterior wall of the uterus. In this variety of tumor there is not much enlargement of the uterine cavity, and consequently metrorrhagia is not a marked symptom. Patient is now in her fifth day and doing well. Highest temperature, 102°; highest pulse, 104.

Dr. Ross exhibited a specimen of hæmato-salpinx occupying one tube without producing occlusion of its lumen. The patient is the mother of seven children. She suffered from menstrual irregularity, having perhaps no discharge for about six weeks, and then an almost continuous flow for an equal length of time. The discharge had an extremely bad odor—a circumstance strongly diagnostic of hæmato-salpinx. The patient had been in ill-health for three years, dating from a miscarriage with a bad result which occurred at that time. The tubal cyst was ruptured during the first vaginal examination, and acute peritonitis developed

within twenty-four hours. Operation was advised. A short incision was made in the median line, a mass of clotted blood which was found in Douglas' *cul-de-sac* was removed, as were also the ovary and tube of the affected side. The abdominal cavity was then carefully washed out and the wound closed. The recovery was uninterrupted, the temperature never rising above 100° F. This case illustrates a condition even the existence of which was, until recently, denied by Emmet.

Dr. Cameron showed a cystic tumor of the ovary which had been removed from a young married woman. The patient had suffered for four years with attacks of intense pelvic pain, evidently due to circumscribed peritonitis. During the first of these attacks obstruction of the bowels occurred, and an abscess formed and ruptured into the bowel. She had been pregnant twice, and both gestations were accompanied by a great deal of pain, especially on the right side. Of late the attacks of pain had increased in frequency and severity, and operation was advised. The right ovary was found to be cystic and was removed. The case was uncomplicated and the recovery uninterrupted.

Dr. Cameron also showed the right ovary and tube from a case with the following history: The patient had suffered from stenosis of the cervix, and Goodell's operation was performed. Inflammation followed, resulting in occlusion of the tubes. As no improvement took place after several months of treatment, Tait's operation was performed. The right ovary was found to contain three or four hæmatic cysts (Savage). It was removed with its tubes with difficulty, being firmly bound down by adhesion. The left ovary was so embedded in inflammatory deposits that it could not be removed. A good recovery followed.

Dr. Powell exhibited a tumor about the size of an orange which had been removed from the left forearm. It proved, on microscopical examination, to be a spindle-celled sarcoma, which had undergone myxomatous degeneration. As permission to amputate at the elbow joint could not be obtained, the tumor was dissected out as thoroughly as possible, and the wound closed with sutures. In about three months the

tumor reappeared, and the surgeon under whose care the patient then was, amputated about the middle of the arm. The axillary glands and lungs became affected however, and the patient ultimately died of the lung affection. It seems fair to assume that had amputation been performed as advised in the early stage, the disease might have been eradicated.

Dr. Cane exhibited the brain from a patient dying of general paralysis of the insane. The patient was a male aged only thirty-six. His character previous to his cerebral trouble, had been good. He was a temperate man and had always enjoyed moderately good health. On 11th May last, he was brought to the Toronto Asylum with all the evidences of general paresis. He steadily grew worse and died January 19th. The specimen showed great thickening of the dura mater, and also of the calvarium, which was markedly indurated. A large amount of serous fluid was found beneath the membranes. The arachnoid and pia mater were thickened and milky-looking. The adhesions between the brain and membranes were marked on the convolutions, but in the sulci no such adhesions were found. On forcibly stripping the membranes from the convolutions, the convexities of the latter showed a roughened appearance which has been compared to mouse-nibbled cheese, and is somewhat characteristic. Contrary to the generally received opinion this disease is not one of old age, but generally affects those in the prime of life, the majority of its victims being between 35 and 40 years of age.

Dr. Geo. Wright presented the kidneys of a man who had died of Bright's disease complicated with bronchitis of the smaller tubes. The urine contained albumen and casts. Epistaxis was a marked symptom, and pericarditis developed towards the last. The kidneys were markedly cirrhotic.

Dr. W. H. B. Aikins showed a larynx, the vocal cords and arytenoid cartilages of which were covered with tuberculous ulcers, in which the microscope revealed the bacilli tuberculosis in abundance. The interesting point in connection with this case is that no tuberculous deposits were found in the lungs.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, DECEMBER 17th, 1886.

J. C. Cameron, M.D., President, in the chair.

ANEURISM OF THE INNOMINATE ARTERY.

Dr. W. G. Johnston exhibited a specimen of aneurism of the innominate artery, which had eroded the sternum and first and second ribs on right side. The arch of the aorta was unaffected. The right carotid and right subclavian were given off from the sac. The left carotid and left subclavian were pressed upon and pushed over towards the left. The superior vena cava was obliterated through pressure at a point two inches above its origin. Azygos vein enlarged to the size of the ring finger, and communicated by a large branch with the superior intercostal vein. Superficial anastomoses of epigastric and hypogastric veins were prominent. Hemorrhoidal veins normal.

Dr. Ross said that the patient had been under his observation for eighteen months, and was never recognized as a case of aneurism of the innominate artery, but the symptoms pointed more to the arch of the aorta. The earliest symptoms were pain at the back of the neck and shoulder, of a neuralgic nature, accompanied with cough. These were relieved by potassium iodide. The patient got better of his first attack, but was frequently laid up in hospital. Enlargement of the superficial veins of the abdomen and thorax was early evident, but lately the superficial veins were tortuous and as large as a man's finger. The patient also exhibited signs of intra thoracic pressure—such as paralysis of the right vocal cord, rattle in the larynx, and signs of pressure on the trachea.

Dr. R. L. MacDonnell had had the case under observation for the last fourteen months, both in his wards in the Montreal General Hospital as well as during the past summer, when the patient was earning his living as a night watchman. There were two points of clinical interest in the case. In the first place, the results of the use of the sphygmograph were deceptive. The tracings obtained showed very marked interference with the blood cur-

rent through the left radial, hence he had assumed that the aneurism was situated on the arch at a point beyond the giving off of the innominate artery, the fact being that the great dilatation of the innominate artery caused not an impediment through that channel, but by its bulk had pressed upon the subclavian and disturbed the flow of blood to the left upper extremity. In the second place, the relief afforded by the iodide of potassium had been most effectual. Whenever the drug had been discontinued, or whenever the patient had been unable to obtain it, the pain and dyspnoea had increased. This effect had several times been noted, and particularly by the patient himself.

Dr. Wilkins referred to a case in his practice where there was obliteration of the superior vena cava from clot, which produced no varicosity.

Dr. Ross said one of the early symptoms of the case was a suffused appearance of the face, but the varicosity did not progressively increase; it was sudden at the last.

TYPHOID COMPLICATED WITH DIPHTHERIA.

Dr. Johnston exhibited for Neilson specimens from a case of typhoid fever complicated with diphtheria. There was a well defined membrane covering the fauces and extending through the larynx to the smaller divisions of the bronchial tubes. The spleen was enlarged, and there were typhoid lesions in the intestines.

CONGENITAL ABSENCE OF THE PETROUS PORTION OF THE TEMPORAL BONE.

Dr. R. L. Macdonnell exhibited the skull of an idiot which had been dissected at McGill College. There was on both sides deficient development of the petrous portion of the temporal bone. The base of the skull, as seen from within, was flat, the petrous bone not forming the normal ridge between the middle and posterior fossæ. The organs of hearing had never reached development, there being in reality but a rudimentary tympanic cavity. The foramina through which the various nerves passed were small. No previous history of the case had been obtained. The subject presented several other abnormalities: 1. The right com-

mon carotid divided into its external and internal division opposite the lower border of the thyroid cartilage. 2. The left common carotid did not divide at all, but was continued upwards as the internal carotid; the superior thyroid and lingual arteries were given off this common trunk, and the facial from the lingual. 3. The hypoglossal nerve was given off from the pneumogastric. 4. There was deficient development of the teeth. The bicusps were represented by small round pegs. The molars were ill formed, small, and rounded like milk teeth.

Dr. Wilkins, 1st Vice-President, then took the chair, and

Dr. Cameron read a paper on

ASEPTIC MIDWIFERY.

Discussion.—Dr. Kennedy agreed with Dr. Cameron in his conclusions. He rarely allowed a patient to have a douche; always believes in using it in person, as he found nurses, as a rule, unreliable. He could tell by the temperature chart in the hospital which nurse had charge of a ward. He did not believe in the use of a douche unless there had been operative procedures.

Dr. Roddick said he was always interested in antiseptics, and had long believed antiseptics to be as important in midwifery as in surgery, but from his experience, as well as from the facts in the paper, he now regarded it of even more importance in the former. In 1877 he had been asked to give some rules for the guidance of a friend, then superintendent of the Hamilton General Hospital, and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. Alloway thought no subject was of more importance than aseptic midwifery. Owing to its acceptance, the mortality had notably decreased during the past five years. It is rare now to hear of septic cases, much less of death. For the last five years he had been an antisepticist,

and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he had seen many cases of septicæmia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper, of New York, reports 40,000 cases in Vienna with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. Trenholme said he had never had a case of septicæmia in his practice, though he never uses a tube, and believes this result due to his great care in removing the membranes and placenta entire.

Dr. Shepherd called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. Cameron, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger carrying in air with the douche, and for that reason prefers the dry dressings.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The ordinary monthly meeting was held on Friday evening, Feb. 4th, Dr. Rutherford, the President, in the chair.

Dr. Bray reported a case of double synchronous amputation of the upper extremities, in a boy seven years old, with a good result.

The injury necessitating this operation was a crush of both arms by a shunting railway-car. One arm was taken off two inches from the shoulder-joint, the bone not being shattered into it, and the other about the middle of the forearm. Dr. Bray wished to know if his treatment was correct, or should he have disarticulated at the shoulder. Most of the members present thought he pursued the proper course.

Dr. Rutherford related the case of a boy shot in the palm of the hand, the bullet lodging about two inches above the wrist. The bullet

was removed and both wounds closed with lint soaked in compound tincture of benzoin, with compresses of wadding over this. Both wounds were perfectly healed, and the boy able to return to his work in four days.

Dr. Holmes narrated a case of suppression of urine, which will be published in full at some future time.

Dr. Bray read a paper on

THE TREATMENT OF PNEUMONIA,

dividing his cases into children, adults, and those over forty-five years old.

Children.—First, clear out the bowels with oil or rhubarb and soda, with a little grey powder, then give a mixture of spirits mindererus, aether nitrosi, and in some cases, tincture aconite, with small doses of quinine. At the same time he envelops the chest and back with hot linseed poultices, applying a leech or two over the chest if there be much dyspnoea. After the acute symptoms have subsided, substitute a cloth soaked in chloroform liniment B. P. and covered with oiled silk, for the poultices. If cough be troublesome a stimulating expectorant of carbonate and muriate of ammonia with squills and senega is given. Diet on milk, adding lime water and pepsine, when necessary. He rarely gives anodynes to children, except when acute pleurisy is present. If the latter be subacute with much effusion present he applies iodine or cantharidal collodion.

Adults.—Much the same treatment will suffice. Pain must be controlled by opium. If the heart be weak, leave out the aconite, and add digitalis to the mixture given in the acute stage in children, also give stimulants in the form of brandy or whiskey. The great danger in these cases is from heart failure, and this must be guarded against by every possible means, medicinal and dietary.

In the last class of cases stimulants must be given from the first, unless the pyrexia be very high, and even then they often act well, slowing the pulse and lowering the temperature. In these cases especially, avoid blisters and all depressing measures. The reader of the paper has seen nothing to convince him that pneumonia is contagious; but believes that climatic and atmospheric influences produce epidemics

or epidemics of it. When this latter is the case, the prognosis must be guarded and stimulants given early.

All present joined in the discussion following this paper, and in general agreed with the reader of it.

Obituaries.

MICHAEL BARRETT, M.A., M.D.

No man in Canada was better known in connection with educational matters than Dr. Barrett. For more than forty years his life's work was devoted to teaching, especially in the Toronto School of Medicine and Upper Canada College, though his labors were by no means confined to these two institutions. Although, to a certain extent, he felt the infirmities of age during the last few years, still his faculties and perceptions were unimpaired. He gave his regular lectures as usual during the present session in the Medical Schools. On Friday last he delivered lectures in the Woman's Medical College and Toronto School of Medicine, when he appeared as well as usual. On the following afternoon he seemed in ordinary health and spirits when he was seen by his daughter at 2.30 p.m. At 2.45 his dead body was found lying on the floor of his office.

He was born in London, England, August 16th, 1816, and was therefore in his 71st year. He received the greater part of his education in France. During his school days he acquired a burning desire to travel. It was thought that a short time on the sea would suffice to satisfy his boyish ambition, and he was allowed to go. Contrary to the expectations of his friends he remained a sailor for about two years, being during the greater part of this time an "ordinary hand before the mast." After this he came to Canada with his father (an English barrister), who brought his family to Toronto. The elder Barrett soon removed to Natchez, Mississippi, with the greater portion of his family, while young Michael went to the Georgian Bay, where he bought a vessel, and for a few months indulged his tastes for nautical pursuits. During the Canadian rebellion he engaged on the side of the loyalists, and was

for some time stationed in Penetanguishene where he was acting as quartermaster. While there he was married to Miss McCallum, of Toronto.

After the rebellion he went to his father's residence, in Natchez, where he remained about three years. He then came to Toronto, and studied law in the office of Messrs. Strachan and Cameron for two years. At this time a vacancy occurred in Upper Canada College, and he was appointed to fill it. He was then 29 years of age, and retained his active connection with that institution for 35 years—from 1845 to 1880—being first a teacher in English, after a time in French, and finally in Physiology and Chemistry. After entering upon his duties in Upper Canada College he gave up the study of law and went through an arts course, graduating in Toronto University, in 1849. He then went through a course of medicine and passed before the Provincial Medical Board in 1852, and received the honorary degree of M.D. from Victoria University in 1855.

He became lecturer in chemistry in the Toronto School of Medicine in 1852, and with the exception of one interval of one session and a half in 1880, 1881, retained his connection with that School till the day of his death. When the difference arose between the late Dr. Rolph and the other members of the Faculty, Drs. W. T. Aikins, H. H. Wright, Uzziel Ogden, and Barrett severed all connection with Dr. Rolph and carried on the work in the school under the original charter, which had been granted in 1843. These were dark days for the energetic and able young faculty, whose work for many years was a labor of love, under the most discouraging circumstances; but the proud position of the school to-day with its fine building, fully equipped, and filled with zealous students, and its hundreds of flourishing physicians in all parts of the world, is a living monument of their noble work. Let us hope that in future times their exertions will never be forgotten, but rather that due credit will always be given to those who were practically the founders of the Toronto School of Medicine.

When the late Dr. Bovell resigned his position as lecturer in Physiology, Dr. Barrett was appointed to the chair. At the same time he

was made lecturer on physiology in the Veterinary School of Toronto, which position he held till the present time, with great satisfaction to the veterinarians and himself.

During the troubles in Kingston, four years ago, arising from the presence of female medical students, Dr. Barrett conceived the idea of organizing a college exclusively for females who desired to study medicine. During the summer of 1883, with the assistance of a few friends interested in the matter, he succeeded in establishing the "Woman's Medical College of Toronto," which to day exists in a flourishing condition, mainly through his untiring, unselfish, and unremunerated exertions.

The last few weeks of his life were saddened by the loss of his estimable wife, who died three months ago, and by the severe affliction of his eldest daughter, who has a hopeless malignant disease; but notwithstanding these circumstances, he was cheerful and bright as ever, evidently wishing to live and work for those depending on him. He leaves four sons and two daughters. Of these the sons are away from home. Mrs. Campbell will soon follow her father. Miss Florrie, who has been as his right hand for some time, and the grandchildren will be left. Into their grief we will not dare to enter, but will simply pray that a kind Providence will assuage it as far as possible.

We have scarcely command of words to describe the character of our friend who is gone. He was, as a man, cultured and refined: he was possessed of those characteristics of innate nobility, which made him absolutely incapable of doing a dishonorable act: he was kind, patient and efficient as a teacher: he was a true and steadfast friend: in his family relations he was a loving husband, a considerate and indulgent father and grandfather.

DR. J. W. PATTERSON.

Dr. J. W. Patterson died in Toronto, February 20th, at the age of 33. He was a graduate of Toronto University in Arts (1879) and Medicine (1884). During the last year of his course in the Toronto School of Medicine he was a Resident Assistant in the Toronto General Hospital (1883-1884). His devotion to his work

there undermined his constitution, not naturally strong, and phthisis finally caused his death. He practised two years in Harrowsmith, and removed to Toronto in the spring of 1886. His death is a sad blow to his young widow and his many friends, by whom he was much beloved. In a few words, we may say, his character was as nearly perfect as anything in this world can be, and he possessed all the abilities and good qualities which combine to make the highest type of an honorable and successful physician.

Professor Carl Schröder, of Berlin, one of the ablest and best known gynecologists in the world, died in February. He was about 50 years of age. We learn that nearly at the same time two distinguished Parisians died: Professor Gallard, a gynecologist, and M. Raige-Delorme, a physician.

Professor Baumgartner, for a long time Director of the Medical Clinic, at Frieberg, died recently, aged 88.

At Listowel, on Dec. 30th, 1886, of typhoid fever, A. M. Sloan, M.D., son of Dr. W. Sloan, of Blyth, aged 27 years.

Book Notices.

Vesical Irritation in Women. By Virgil O. Hardon, M.D.

Sterility: Management of the Secundines. By WM. H. WATKIN, M.D., Louisville, Ky.

The Medals, Jetons and Tokens Illustrative of Obstetrics and Gynecology. By HORATIO R. STOVER, A.M., M.D., Newport, 1887.

President's Address at the Tenth Annual Meeting of the Detroit Medical and Library Association. By O. J. LUNDY, A.M., M.D.

Further Remarks on Hepatic Phlebotomy and Puncturing the Liver's Capsule as Remedial Measures in Hepatic Diseases. By George Harvey, M.D., London.

Index Methodique et Catalogue Descriptif des Livres et Journaux Anciens et Modernes, Français et Etrangers sur les Sciences Médicales. Paris: Librairie, J. B. Baillière et Fils. 1887.

Pharmacopœia of the Montreal General Hospital. Gazette Printing Company, Montreal. This is prepared after the manner of the Pharmacopœias of the London hospitals, and will compare very favorably with any of them.

Popular Science Monthly.—The March number of *The Popular Science Monthly* will contain a portrait of the late Professor E. L. Youmans, engraved on steel by Schlecht. The likeness is considered remarkably vivid, while the execution of the work is much superior to ordinary book-plates.

Alpine Winter in its Medical Aspects. With Notes on Davas Platz, Weisen, St. Meritz and the Maloja. By A. TUCKER WISE, M.D., L.R.C.P., M.R.C.S.

The third edition of this volume of the Alpine Climate Series has reached us. In addition to interesting and instructive matter contained in the previous editions, a special portion of the book has been devoted to the description of the Maloja Kursaal, a residence constructed on sanitary principles, and having apparatus for introducing ozone and volatilized remedial agents into any pair of chambers without infecting other rooms. On the whole, this little book forms an excellent guide to those contemplating a visit to that bracing Alpine health resort.

A Clinical Manual of the Diseases of the Ear. By LAWRENCE TURNBULL, M.D., Ph.G. Philadelphia: J. B. Lippincott Company, 1887.

The second edition of this work has been presented to the profession, enlarged and revised by the author's extended hospital experience, which has been very large. Advantage has also largely been taken of the writings of other eminent men, Profs. Gruber and Politzer, of Vienna, Kramer, Toynbee and others, and extensive quotations are made therefrom. A feature of the work is the great part which the author's case-book plays. Short histories of cases in

note form are given to illustrate the various affections. This practice is carried out very extensively, but it is questionable whether it is to be commended. The chapter on the Physiology of Hearing is very interesting. The treatment of the diseases of the nervous apparatus (nervous deafness) by electricity, is fully described and commented upon. The chapter on Deaf Mutism is most complete. The history of the education of deaf mutes, the methods of instruction, the institutions in the United States (thirty-three in number), and in other countries, in fact, almost everything in connection with this important subject is fully discussed. In the frontispiece are four or five chromolithographic plates of the anatomy of the ear, but they are too small to be of value in the study of it. The work on the whole is praiseworthy. It is well printed in clear type, and will doubtless have an extensive sale.

A Text-Book of Medicine for Students and Practitioners. By DR. ADOLF STRUMPELL, formerly Professor and Director of the Medical Polyclinic at the University of Leipsic. Translated by permission from the Second and Third German Editions, by Herman F. Vickery, A.B., M.D., Physician to Out-Patients, Massachusetts General Hospital, etc., and Philip Coombs Knapp, A.M., M.D., Physician to Out-Patients with Diseases of the Nervous System, Boston City Hospital. With Editorial Notes by Frederick C. Shattuck, A.M., M.D., Visiting Physician to the Massachusetts General Hospital, and to the House of the Good Samaritan. With 111 Illustrations. Very large octavo. Cloth. Pp. 981. Price, \$6. New York: D. Appleton & Co.

Dr. Shattuck, in his editorial notice, says that "the work has achieved great success and has been adopted as the text-book in the theory and practice of medicine in Harvard University." In Germany and Austria it has taken the place of Niemeyer's famous work, and is considered equal with Eichorst's practice of medicine, being recommended as the text-book in the medical department of Vienna University. Strümpell has accepted Koch's theory of the bacterial origin of some diseases in its fullest extent and leaves no doubt in the minds of his readers that cholera, typhoid fever, asthma, tuberculosis and

relapsing fever are due to pathogenic micro-organisms which can be demonstrated microscopically. The chapter on malarial disease is accurate, although we expected to see incorporated the recent researches of Dr. Councilman in addition to those of Marchiafava, Celli, and Tommasi-Crudeli. The chapter on pneumonia is excellent. Friedländer's capsule coccus is mentioned as a casual possibility, and we hope to see in the next edition the diplococcus pneumoniae of Weichselbaum take a prominent place as an ætiological factor in the production of lobar pneumonia. Tuberculosis of the lungs is dealt with fully, while the diseases of the heart are rather condensed. Stress is laid on the diagnosis by means of the sphygmograph in the four chief valvular lesions. The sections on diseases of the spinal cord are without doubt the best we have seen, being illustrated and forcibly written and are more instructive than even the renowned volumes of Bramwell and Gowers. The work throughout is well illustrated, and is one which can be read and studied by the student, general practitioner, and specialist with both pleasure and great profit.

Personal.

Dr. John Leeming will commence practice in Chicago.

Dr. H. J. Hamilton has located in Woodbridge.

Dr. Pomeroy, of Dresden, has returned from Vienna.

Dr. Outhbertson has opened an office on Bay Street.

Dr. Baxter was selected Speaker of the Ontario Legislature.

Dr. J. Caven and Chas. Trow are now in Strasburg, Germany.

Prof. Osler will read a paper before the Toronto Medical Society in April.

Dr. Watson Cheyne, the London Bacteriologist, was recently married.

Prof. Billroth was appointed by the Emperor a peer of the Austrian Empire.

Dr. J. O. Carlyle has successfully passed the examination for the triple qualification, Edin.

Dr. Charles Trow, Pepler, McKeague, and Maxwell have passed the L.R.O.P. examination in London.

Dr. Cotton, of Mount Forest, now in New York, is expected to join the 207 doctors in Toronto on his return.

Dr. Lehmann, of Mitchell, leaves this month for a two years absence in Europe. Dr. Woods takes his practice.

Drs. A. A. Macdonald and Baines have returned from a protracted visit to the gynaecological clinics of New York.

The profession will be well represented in the Dominion Parliament, Dr. McDonald, of Wingham, being among the number.

Prof. Virchow, of Berlin, elected to the German Parliament, is an able politician as well as an eminent pathologist.

Miscellaneous.

Prof. Parvin states that pruritus vulvæ may be sometimes due to wild hairs.

The next meeting of the British Medical Association will be held in Dublin, in August, 1887.

According to Ricker's *Almanack of Practitioners* for 1887, there are sixty-three women practising as physicians in St. Petersburg, thirteen in Moscow, and three in Kharkov.

It was indeed an ingenious physician who traced the cause of a case of lead poisoning to the patient's habit of holding a *lead-pencil* in the mouth. But then the patient did not know that lead-pencils do not contain lead—*American Druggist*.

TO DISTINGUISH OLEOMARGARINE FROM BUTTER.—J. Horstler recommends the following procedure: A piece of oleomargarine, the size of a hazel-nut, is placed in a test-tube, and the end made air-tight. In another test-tube a like quantity of butter is treated in the same way. When both test-tubes are held in the hand, the oleomargarine soon liquefies, forming a clear solution; whilst butter requires double

the time for solution, and when dissolved is not so clear as the oleomargarine solution. When the tube is filled one-third with ether, the oleomargarine is easily dissolved, and does not produce any turbidity or precipitate on the addition of alcohol. Butter when treated in like manner yields a precipitate.—*Microscope*.

CASES OF SKIN ERUPTIONS AND SYPHILIS TREATED WITH HORSFORD'S ACID PHOSPHATE.—It appears to me that the "Acid Phosphate" originally prescribed by Prof. Horsford, of Cambridge, U.S., is not so well known in this country as its merits deserve. A glance at the formula will however readily convince one of its value in suitable cases. Each fluid drachm gives on analysis $5\frac{1}{2}$ grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success.

Mr. G., aged 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., aged 46, consulted me in December, 1885, for psoriasis, all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with marked good effect. Patient had been much exhausted by continuous nursing on an invalid mother.

Mr. C., aged 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., aged 63, consulted me in November, 1885, for lichen rubra, which was accompanied with intolerable itching. He was a nervous, irritable man. I prescribed the acid tonic with the effect that in December he presented himself quite convalescent.—*Mr. James Sartin, in the Medical Press, London, Eng.*