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Original Communications.

*THREE CASES OF CŒLIOTOMY; AN OVARIAN CYST; A TUBAL PREGNANCY; AND A HŒMATOMA OF THE OVARY.

BY A. LAPTHORN SMITH, B.A., M.D, M.R.C.S. ENGLAND, F.O.S. LONDON, *Fellow of the American Gynæcological Society, Gynæcologist to the Montreal Dispensary, Surgeon to the Women's Hospital.*

CASE I. *Multilocular cyst of right ovary. Removal. Recovery.*

This tumor, which measures about 15 inches in length by about 9 in thickness, in its present dried condition was very much larger before its removal. The patient, Mrs. T., from whom it was removed, was sent to me from Valleyfield, on the 4th of August, the diagnosis having been made by her physician. It had a distinct ovarian expression. An ovarian tumor is often mistaken for pregnancy; but in this case, the patient was led to adopt this view of her case, more especially because there was a hard, oval lump in the right hypochondrium which, I must admit, felt very like a child's head. She had begun to menstruate at 15, normally, was married at 21, and had been married two years without having become pregnant, although she had skipped a period twice since her marriage. She had first noticed her abdomen enlarging sixteen months ago. On examination, all the evidences of an ovarian cyst were found, and the uterus, which was pushed backwards and to the left, measured three inches in depth. She entered my private hospital on the 1st of September, and the tumor was removed on the 4th, without any difficulty. The wound healed by first intention, and she made such a rapid and easy recovery, that she was out of bed in two weeks and went out in twenty-five days. The other ovary was healthy, and was not removed.

CASE II. *Tubal Pregnancy. Removal. Recovery.* The patient from whom this specimen was removed was Mrs. W., æt.

* Read before the Medico-Chirurgical Society, Montreal, 2nd November, 1894.

25, married 3 years, mother of two children, last child one year ago. She began to menstruate at 12, but was never regular. She was married at 22 and became pregnant soon after. Shortly before the first baby was born, she had a pain in her left side, which was thought to be pleurisy, although she pointed to a spot in the left iliac region as the site of the pain, which leads me to think that the so-called pleurisy was pelvic peritonitis,—a belief which is strengthened by the appearance of old and dense organized adhesions between the ovary and tube on that side. Her first labor was a severe one, necessitating the use of forceps. During the next two years she had several attacks of "pleurisy," for which she was treated by several different physicians. Every time she did a little extra work about her house she was laid up with an attack, always in left ovarian region. Five weeks before coming under my notice she was suddenly taken with a very severe pain in her left side and a fainting fit while walking on the street. She was brought home in a cab. She then began to flow, and continued flowing ever since, rather profusely. She was sure it was not a miscarriage, because she had not missed a period. After a few days she was able to get up again, but two weeks later had another fainting fit following a severe, sharp, cutting pain. Again, the same thing occurred one week before I saw her, since which she had to keep to bed With the second and third attacks she vomited. She then called in a physician (who happened to be one of my former students), who examined her, and found a badly lacerated cervix and very large and tender appendages. He called me in consultation, when I found a mass the size of a small orange in Douglas' cul-de-sac, which was exceedingly sensitive to pressure. I at once diagnosed tubal pregnancy, told her physician so, and urged immediate operation. I based my diagnosis merely on the sudden and cutting character of the pain and the vomiting and fainting in the street, coupled with a continuous flow during five weeks. She entered my private hospital, and on the 20th October I removed this beautiful specimen. In order to make her recovery a satisfactory one in every respect, I dilated and curetted the uterus, and sewed up the cervix at the same sitting, previous to the abdominal section ; and as the uterus was retroverted, I performed ventrofixation after the removal of the appendages. The five operations of dilating, curetting, repairing the cervix, removing the appendages and attaching the uterus to the abdominal wall, occupied one hour and ten minutes. Only two ounces of A.C.E. mixture were used. Since Dr. Gordon Campbell read his excellent paper on ether, I have been following his example and have been keeping an exact record of the quantity of A.C.E. mixture used and the number of minutes consumed. I will have some surprising facts to lay before you. For instance, I have several times performed from three to five operations with an expenditure of only one ounce and a half of A.C.E. mixture. The dates of the various hemorrhages was beautifully illustrated when the specimen was first removed by the clots of blood surrounding it. There was rather bright red blood recently escaped, dark and slightly organized clots, and old, hard clots very dense and firm. When washing the specimen the more recent clots washed off ; also several soft clots were sponged out of the abdomen, which was, however, closed without irrigation or drainage.

A few points may be raised for discussion. Why did I curette the uterus ? 1st, Because it was large and heavy ; and 2nd, because I wished to be able to assure you that there was no uterine abortion there. Why did I repair the cervix at the same sitting ? Because I have found it very difficult to get the patient to go through a second operation if she has not been

cured by the first. It is much more satisfactory to us, to the patient, and to the good name of surgery to do all that has to be done at the one sitting, if they can all be done in about an hour. Why did I remove the other ovary? 1st, because tubal pregnancy never occurs in healthy tubes; and 2nd, because when one tube is diseased the disease nearly always spreads to the tube and ovary; 3rd, because several cases are on record where one tube and ovary having been removed for tubal pregnancy and the other tube has been left, the patient has had to have a second abdominal section for tubal pregnancy in the remaining tube.

This patient has made the most remarkable recovery I have ever known. Her operation took place at 10.30 a.m. Saturday, 20th Oct., and she was sitting up and dressed at the same time the following Saturday, 27th Oct. Next day she began walking about her room, and 13 days after the operation she went home, walking down stairs without help. She was carefully watched, but not only was not worse for getting up so early, but is apparently much better. She has her very small abdominal incision guarded by eight silk worm gut sutures, which will be left in for four weeks after the operation. By thatt ime the incision will have become united by non stretchable material, so that there will be no hernia. The effect of the operation has been very satisfactory, the pain which she has suffered for several years having disappeared after the operation, and has not returned. In fact, she has assured me every day since that she is absolutely free from pain.

CASE III. *Hæmatoma of left ovary. Chronic Salpingitis. Removal of appendages. Recovery.* Mrs. L., 25 years of age, mother of one child, consulted me on 6th Aug. because she had never been well a day since the birth of her baby, 18 months ago, when she was confined to her bed for three months with milk leg and fever. Her labor was instiumental, and seems to have been a severe one, for she has the greatest possible dread of having another child. She has never had a miscarriage. Her periods last eight days, and return every three weeks. She suffers so much pain on coitus high up that she cannot endure her husband. She has also had a barking cough for nearly a year, but there are no physical signs in the chest.

On examination there is found a deep bilateral laceration of the cervix, and upon the left side near the uterus there is a lump about the size of a small orange. Examination by the speculum shows the cervical tissue very inflamed and of a bright red color.

I treated her by the usual means for reducing congestion of the pelvic organs twice a week during August, and up to the 6th of September, when she was still complaining greatly of the pain in her side. On that date the uterus was dilated and curetted, and the laceration carefully repaired, these operations being followed at the same sitting by cœliotomy and the removal of both appendages. The left ovary was firmly attached to the posterior surface of the broad ligament, and on detaching it, it burst, and about 2 ozs. of grumous blood escaped. As the uterus was in normal position, though large, ventrofixation was not performed. The peritoneum and fascia were closed with buried silk, and a layer of through and through silk worm gut stitches, which had been passed previously, were then tied. The patient made a good recovery, being up in two weeks, and going home in a little over three weeks. The silk worm gut was left in for over four weeks, being removed at a subsequent visit at my office. In removing the stitches I take care to draw them up, so as to cut a good distance from the knot, thus avoiding stitch hole abscess by infecting the track of the ligature. She has had no return of the pain in her side, and her cough has almost disappeared.

DOUBLE FEMORAL HERNIOTOMY IN A WOMAN 64 YEARS OF AGE; PRIMARY UNION OF BOTH WOUNDS.

Dr. S. E. Milliken, N.Y., reports a case of double femoral herniotomy at the advanced age of 64 years. Deep sutures of kangaroo tendon were used to close the crural canal, while catgut was employed for bringing together the skin wounds. The dressings were changed for the first time on the tenth day, when union was found complete and the superficial sutures had been absorbed. The highest elevation of temperature was 101° F., which occurred within forty-eight hours, and was attributed to the shock of the operation.

Conclusions:

1. Age is no contra-indication to the employment of the radical cure of hernia.

2. Asepsis and antisepsis should be carefully observed.

3. Even in cases of strangulation, the radical cure should be attempted, if the condition of the patient warrants the delay.

4. When the truss becomes a source of annoyance, or if the hernia is difficult to retain, the operation should be performed without delay, and before strangulation occurs.

36 West 59th Street.

EXTRACT OF PRESIDENT'S ADDRESS BEFORE NOVA SCOTIA MEDICAL SOCIETY, JULY, 1894.*

By C. J. FOX, M.D., Pubnico.

Gentlemen:—It is with extreme diffidence I find myself in the position I to-day occupy, and can only regret that a more representative man had not been chosen. And yet I have to thank you for the appointment as an entirely unexpected token of esteem, the more so as I was unable to be present at the last meeting of the Society. As the position is a novel one to me, I must crave your generous indulgence if in any respect I fail to come up to your ideal of what the president of this honorable body should be.

It gives me great pleasure, not only as president of this Society, but as a practitioner of Yarmouth County, to welcome all present at this the first meeting of the Association in the western metropolis of the province; and I hope it may arouse an interest in the proceedings of our organization, which, though I trust it has been felt, it must be admitted, has not been manifested very largely in the past by physicians in this part of the province.

Now, while I have no right or desire to deliver a lecture to those who do not find it expedient to attend the meeting of this or some kindred association, I have thought it might not be unprofitable to expend a few minutes in considering the matter of medical societies in general and of our own in particular. It may be properly asked: What is the object of these societies? This is a question that need hardly be answered to any here, and yet I fear there are many outside the profession who have an erroneous idea of the purpose of our gatherings, some seeming to think it a sort of secret organization for the benefit of the profession as opposed to the public.

In answer to the above questions as to what may usually be expected from meetings of this kind, I think that the first thing that would suggest itself to the minds of most of us, and more especially when we glance at the programmes issued, would be a record of experiences and a discussion of scientific medical subjects.

Now, while the exchange of professional ideas and the suggestions of new or the improvement in old methods of treating diseased conditions, will continue to hold a primary place in the minds of those who

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* Maritime Medical News.

attend these meetings, it must not be forgotten that for many hard-working practitioners it is the only approach to a holiday they have from one year to another, and they require something besides an everlasting grind of shop wherever they turn. The unexpected meeting and hearty handshake with some old friend, perhaps a college chum, out of sight for years, will be remembered when somebody's dissertation on phlegmasia dolens or the like has been long forgotten.

The feeling of brotherhood engendered will not be the least item to be placed to the credit of such occasions as the present. As we come to know each other better, it will be strange if there is not something to like in each as well as much to learn from one another. If you will allow me, I will quote a passage from an Address before the American Medical Association some years ago by Dr. N. S. Davis, of Chicago: "One of the best benefits received at meetings like this is the feeling of cheerfulness and pride in our profession inspired and a renewed determination to make it honorable, and meetings of this kind furnish us each with that magnetism which has more to do with curing our patients than our pills and powders."

I am not called on to prove the necessity for these gatherings; that proof lies in the prevalence of them. I cannot say when the first society was established, but of late years their growth has been phenomenal, for we find them now in almost countless numbers wherever the art of medicine is practised, and ranging in magnitude, if not in importance, from national associations down to county organizations.

We can understand this when we consider that man is an animal who is not at his best in a state of isolation. No matter in which rank of the industrial army he may be placed, he will be a better worker for being subject to the attrition of companionship, and this companionship, with its attendant advantages of frequent comparison of notes and experience, is out of the reach of a great majority of the practitioners of the province.

The country physician who has no confrère within reach is apt to get either careless or egotistic, and for him the only salvation is to get out occasionally and see and hear what others are doing and how much better they may be doing it than he, though I do not by this intend any reflection on country doctors in whose ranks I am honored in being placed myself. The difference between the town and country practitioner was neatly put by a recent writer, in that the former, when he met a difficult case, stepped across the street and called in help, while the latter sat down to think.

Those in more populous centres who are subject to, in some cases unfortunately hurried by, keen competition will feel the good effect of the relaxation and the atmosphere of good fellowship that as a rule pervades these gatherings. We are professionally a body of communists, and while we esteem it as our duty to share with our fellows that which falls to our lot in the shape of new ideas, we claim as a right that each one who is placed in a position to do so should make a like contribution as occasion offers, and it seems to me that no more fitting medium for the mutual exchange could be devised than such gatherings as the present, where conclusions drawn and opinions expressed will receive that keen but kindly criticism which is more to be appreciated than the calm indifference or unuttered dissent of the reading public.

Besides the social and scientific functions, medical societies have another and important object, the conservation of the legitimate interests of the profession from a legal standpoint. Now, while we ask for no invidious class legislation, we have a

right both as professional men and as citizens to be protected from the depredations of the horde of ignorant and impudent charlatans, who would in the absence of legal prohibition foist themselves upon a public who, though well informed upon matters in general, must of necessity be at a loss in regard to questions of a professional character.

With the average legislative bodies it seems useless to ask for the enactment of any measure in the direction of the elevation of the professional standing of physicians, unless the demand is backed by some more potent force than the opinion of isolated individuals, and it is only the united voice of the whole profession as uttered through their representative bodies that will reach the legislative ear.

In addition to social, scientific and medico-legal matters, medical societies have in some places been looked to to regulate affairs as between physicians themselves; but as far as this province at least is concerned, this is a function that has perhaps wisely been left largely in abeyance. No honorable man needs a code of ethics, and no dishonorable one will be bound by it.

Having referred to medical societies in general, and their duties to the profession, I may say just here that I was not aware of the title that my address was to bear until I received the programme of the meeting a few days ago, so that if the preamble is longer than the address proper, or if I have apparently not kept very rigidly to my text, I trust you will bear kindly with me. It now follows in order to consider in how far the Medical Society of Nova Scotia has conformed to what is expected of such an organization.

I have referred to the social feature of these gatherings, and what was said under that head applies especially to these meetings; they are, in fact, what they were intended to be,—a sort of family reunion.

Lastly, to what extent is the profession indebted to the Nova Scotia Medical Society for legislative measures to advance the interests of those it represents? In reply to this I could not do better than refer you to the admirable address of our then president, Dr. D. A. Campbell, in 1889, in which he refers to the first medical society of Nova Scotia in 1854, having been formed from the Medical Society of Halifax as a nucleus. I make the following extract: "Repeated efforts to obtain legislation ended in failure. The question was then taken up by the Medical Society of Halifax. A committee appointed for the purpose reported as follows: 'With regard to the improper treatment of bills presented of late years to the legislature, your committee are of opinion that the only alternative now left, by which an effectual resistance may be offered to the unjust procedure of the committees of assembly appointed to investigate the petitions of medical men, is a union of the profession throughout the province. To effect such union, your committee suggest that the Medical Society of Halifax should become a provincial association and its title altered accordingly, and, further, that the practitioners throughout the province be invited by a circular to become members of the association'."

In 1854 the association was organized, and the Hon. W. Gregor elected president, the country members having heartily endorsed the scheme. A memorial was drawn up for presentation to legislature and the Act of 1856 was introduced by the late Dr. Webster at Kentville.

It will not enlarge on this Act—as the most of you know more of it than I—further than to instance it as evidence of what can be done by united action under a body and a name after individual efforts have proved futile.

Again, where this Act of 1856 was found to be inadequate to the needs of the country, and we were in danger of being flooded

by bogus diplomas or overrun by the holders of none at all; and, further, when it became a necessity to take an advance step in order to keep the standing of the profession on a par with that of the neighboring provinces, our present Medical Society of Nova Scotia met the emergency by the appointment of a committee that drafted the bill which afterwards became the Act of 1872, that under which we are now working and which secures us all that we can reasonably ask.

I may sum up by saying that all the progressive work having in view the advancement of the interests of the profession in this province during the last quarter century have emanated directly or indirectly from this Society, and that where it was found necessary to take steps to safeguard the rights secured and prevent the destruction of the fabric erected, some of the active members of the Society were foun o the front successfully battling against influences that one time appeared to seriously threaten the existence of the present Medical Act.

I think enough has been said to convince each one of us, who will consider the matter from the proper standpoint, that this Socciety has claims upon our loyalty, that we cannot afford to disregard. It is the only organization from Cape North to Cape Sable that binds the profession into one body, and yet the question arises: Why out of nearly four hundred names on the register we have a yearly attendance of from thirty to forty? This I will not attempt to explain. It is sufficient to say that those who came are doubly repaid, in that while it is a benefit to each individually, their presence tends to exalt the profession in the estimation of the public, for the latter is apt to honor those who most honor their own.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, Sept. 21st, 1894.

James Bell, M.D., President in the Chair.

A Case of Symphysiotomy.—Dr. J. C. Cameron presented a rachitic dwarf, upon whom he had recently performed this operation for the relief of convulsions. The patient was 26 years of age, height 4 ft. 6 in. and weighed 84 pounds. The conjugate was 6.8 cent. Delivery was accomplished fifteen minutes after the commencement of the operation, the child being alive and weighing four pounds. The stitches were removed on the eighth day, the union being perfect, there being no moving or riding of the bones. The woman was now brought before the Society for fear she might be lost sight of after leaving the hospital, but a full report of the case will be given at a later date.

Old Dislocation of the Hip-Joint Treated by Resection.—Dr. Bell presented a little girl aged six, who had suffered from spontaneous dislocation of the left hip-joint during an attack of scarlatina, and had been treated six months later by excision of the head of the bone and clearing out the acetabulum. She contracted scarlatina in January, 1894, and was put to bed with her limbs in a perfectly normal condition. When convalescent in the month of February, and without having met with any accident or presented any symptoms, it was observed that the leg was deformed, and that she was unable to stand upon it or to use it. A physician was called (not the one who had diagnosed the scarlatina), who easily recognized a dislocation upon the dorsum of the ileum. Several attempts at reduction having failed, she was brought to the Royal Victoria Hospital in July, where she was chloroformed and unsuccessful attempts made at reduction. On the 17th of July the head and neck of the bone were exposed by incision. One-third of the globular head was worn away where it lay upon the ileum above the brim of the acetabulum. The capsular ligament could not be recognized posteriorly, and the acetabulum was practically obliterated with fibrous material. There was no ligamentum teres. The limb could not be sufficiently extended to replace the head in the acetabulum and extend the limb. The muscular resistance seemed to be general. (There was 1¾ inches of shortening with the limb brought down as well as possible.) There was no sign of inflammatory or other pathological change. The head of the bone was excised and the acetabulum cleared out, when the limb

fell easily into position. The patient made an uninterrupted recovery, the wound healing by first intention. The limbs remain in normal position. She has free movement in every direction and a good strong limb, and there is half an inch of shortening, although from the tilting of the pelvis it seems greater.

Resection of the Intestines.—Dr. SHEPHERD exhibited two cases in which he had resected the bowel.

Case I.—This case was shown to the Society soon after operation three years ago, and she was now again brought before the Society in order to show in what a good condition she was. The resection was for stenosis following strangulated hernia, for which operation had been performed. At the time of operation the gut had looked suspicious, but was returned; more sloughing occurred, and this was followed by the stenosis for which resection was performed. Several inches of the bowel had been removed, and the cut ends sutured end to end by an inner row of interrupted silk sutures passing through muscular and mucous coats and an outer row of Lembert's sutures through the serous coat. The patient recovered well, and when shown appeared in good health. Her age is 56.

Case II.—This was a case of resection of nine inches of small bowel in a woman aged 40. The bowel had been strangulated for five days, and was found gangrenous at the operation for the relief of the strangulation. As the patient's condition was fairly good, immediate resection was performed. The cut ends of the bowel were sutured by two rows of continuous sutures, the inner row passing through the mucous membrane and muscular coat, and the outer, a continuous Lembert, through the serous coat. The hernia was an inguinal one, and after suturing the bowel a radical cure was performed by excising the sac and obliterating the inguinal canal. The patient got well without a bad symptom, and the bowels moved naturally on the fifth day. She went out in four weeks perfectly well. It was now six weeks since the operation. Dr. Shepherd remarked that it was now his custom to use the continuous suture, and that he used no plates or other apparatus. The suturing of the bowel did not take very long, some twenty minutes. It was his experience that the divided mesentery gave most trouble on account of the hæmorrhage and its liability to tear. He was strongly of opinion that immediate resection was the best treatment in all cases of gangrenous hernia where the condition of the patient was good; in other cases it would be the better treatment to open the bowel and form an artificial anus, which could be closed by a subsequent operation.

A Case of Pylorectomy.—Dr. ARMSTRONG exhibited a woman from whom he had recently excised the pylorus. She came to the Montreal General Hospital on the 10th of May, 1894, complaining of a tumor situated in the right hypogastrium just below the seventh, eighth and ninth ribs, associated with pain and nausea after eating. Wishing to gain some accurate knowledge of her gastric condition, Dr. Armstrong sent her to the medical wards under the care of Dr. Lafleur, who made the necessary investigations.

Dr. LAFLEUR had first seen the patient in the out-door department, and under the impression that it was a case of malignant growth of the pyloric extremity of the stomach and of a kind suitable for operation, he sent her upstairs to Dr. Armstrong, who confirmed this view, but returned her to the medical department for further information as to the functions of her stomach. Her history was as follows: In December, 1893, she began first to feel out of sorts, without, however, any definite stomach symptoms. In January, 1894, there was pain in the epigastrium after eating. February, 1894, the pain persisted, but was regularly relieved by an attack of vomiting coming on after two hours after eating. She grew slowly weaker, and by the end of the month had to take to bed. These conditions persisted during the following March and April, accompanied by a steadily progressive loss of flesh She lost 37 pounds from the beginning of her illness until the date of her appearance at the out-door department of the hospital. She was a dark woman, much emaciated, but with her muscles still in fairly good condition. Examination of the respiratory, circulatory and urinary systems proved negative. The digestive symptoms were poor appetite, bad taste in the mouth, constipation, pain in the stomach and vomiting after meals. Physical signs as detected under examination in the ward were enlargement of the stomach ascertained by means of the peristaltic waves observed to traverse from left to right. The boundaries were above, extending on a line with the ninth costal cartilages on both sides, and below, reaching as far as the umbilicus, typical hour-glass contractions of the stomach were at times noticed. There was a hard tumor about the size of a hen's egg, movable in every direction except downwards, and varying greatly in its situation. No contractions could be observed in this tumor, and percussion gave a dull note. It was continuous with the funnel-shaped outline of the stomach. No nodules were observed. On May 19th a test breakfast, consisting of a small piece of bread and a cup of tea without milk or sugar, was given, and withdrawn one hour afterwards. The examination of its contents revealed a complete absence of free hydrochloric acid; the gastric juice seemed effective, but lacked the presence of the acid. The want of this latter constituent seemed to be the chief abnormal feature. A few days later a second meal was administered,

which confirmed in every way the first. From a medical standpoint the chief interest in the case was the probability of its proving a suitable one for operation, owing to the complete absence of adhesions, as evidenced by the extreme mobility of the tumor and absence of all indication of involvement of the lymphatic glands. The rule that abdominal tumors are always larger when exposed than they appear from external examination was contradicted in this case. There was no appreciable difference between its real size and that which we supposed it to be before opening the abdomen.

Dr. ARMSTRONG said that the patient having returned to the surgical ward, the question of surgical interference with all its attendant dangers was put before her to decide. So miserable was her condition that she preferred death to a continuance of life under such circumstances, and gladly chose the risks of an operation. Before anæsthetizing her, a hypodermic of morphia and atropia was administered, with a view to lessen the shock of the anæsthetic, and it had very satisfactory results. She took the ether quietly, there was no vomiting, and only 6½ ounces were used in the two hours she was under its influence. Her pulse, which was 100 at the start, fell to 70 before she left the table. A median incision was made, and the tumor brought up to the opening. It was small and well defined, quite movable, non-adherent to surrounding organs, and there seemed to be no infiltration or involvement of any of the surrounding parts. It seemed a very suitable case for removal of the growth. The greater and lesser omenta were tied off, the pylorus drawn well up, and the duodenum constricted by a soft rubber band at a point about 2½ inches from the pylorus. An incision was then made across the stomach well above the tumor, taking care to have it include all infiltrated tissue; and the duodenum was then cut across well below the tumor. A hole was then made in the posterior wall of the stomach and the duodenum united here, instead of the usual method of joining it to the head of the organ. In this way he was enabled to work right inside the stomach in the process of uniting the duodenum, which obviated many of the mechanical difficulties, and after joining it from the inside, the stomach was turned over and the parts further united on the outside by a Lembert suture. The end of the stomach itself was then closed up, the edges being inverted, united, and the serous coats being finally joined by two rows of Lembert's sutures. Her recovery was as smooth as possible, there being neither pain nor vomiting. Solid food was first administered on the fifth day, and she has been taking it ever since. She was last weighed about two months ago, and had then gained ten pounds, and has been increasing in weight ever since. She looks well nourished, and says her appetite is good.

Dr. SHEPHERD congratulated Dr. Armstrong on the success of this extraordinary operation. It was, so far as he knew, the first of the kind ever performed in Canada, and was, without doubt, the first in Montreal. He had seen the patient after the operation, and looking at her now he must say he had never seen a case do better, which, when we consider the seriousness of the condition, is saying a great deal. He thought much of the rapid improvement may be attributed to the early feeding, as, in his opinion, the patients in many of the older cases owed their deaths to the starvation which was enforced. Dr. Armstrong's procedure in bringing the duodenum through a separate opening into the stomach is regarded as the only proper method by European surgeons.

Dr. RODDICK joined with Dr. Shepherd in congratulating Dr. Armstrong on his success in this case. Early feeding, without a doubt, contributes largely to the success of these cases.

Dr. JAMES BELL said that the trouble with these cases is the fact that most of them only submit to operation when they are practically moribund, and when the disease has consequently made such progress as to render a cure under any circumstances almost hopeless. He had more than once opened the abdomen in cases of this kind, only to find the disease so advanced that, unless for the relief of a stricture or some such mechanical difficulty, an operation was unwarrantable.

An Appendix containing an Ordinary Pin as the Exciting Cause of a Perforating Appendicitis.—Dr. BELL presented the specimen, and gave history. The patient, a boy, aged six, had been brought to the Royal Victoria Hospital with the usual symptoms and signs of appendicitis with abscess formation. There was a history of two days illness. The child was operated upon, and made a good recovery. On slitting up the appendix a pin was found lying transversely across its lumen near the apex. The head of the pin had perforated (by ulceration) all the structures of the appendix, and the point of the pin had very nearly perforated at the opposite side, and at this point the appendix was strengthened by a mass of adherent omentum. This was the only case which Dr. Bell had seen with an actual foreign body as the exciting cause of the disease—except possibly a foreign body may have been the starting point of some of the enteroliths so frequently found in the appendix.

Calcareous Tumor of the Thyroid producing Œsephageal Obstruction.—Dr. BELL showed the specimen and reported the case. An old lady, aged 58, had suffered for two years and a half from difficulty in swallowing, gradually growing worse, until she was actually starving. Since March last she had not been able to swallow solids at all, and liquids only in very small quantities, and with the greatest

difficulty. She was greatly emaciated and very weak. She was short of breath on excitation, and also had one or two severe attacks of dyspnœa. A small, hard nodule was felt above the right sterno clavicular articulation, and she stated that she had suffered from goitre when a young girl, but that it had gradually disappeared. The diagnosis was substernal calcareous thyroid tumor, and operation advised. Enucleation was not difficult and not attended with hæmorrhage, the patient made a rapid recovery, and is now swallowing quite well. The tumor, which was about the size of a hen's egg, was conical in shape and flattened against the sterum and sternal end of the clavicle. The apex had apparently pressed against the œsophagus. In structure it resembled one of the tarsal bones (excepting the articular surface), having a smooth outer surface resembling compact bony tissues, and cancellated structures internally. The operation was performed on the 13th of August last.

Tumor of the Prostate.—Two specimens were presented by Dr. BELL, and brief histories given. The first was from a man aged 58, who had suffered for ten years, with symptoms of prostatic obstruction. For the first six years he had suffered greatly, and in March last he had had a large calculus removed by lateral lithotomy, which gave a measure of relief, but this was only temporary. On examination, several stones were found in the bladder, and supra-pubic section was advised for the removal of the calculi, and subsequent prostatectomy if thought necessary or desirable. On section, five (5) smallish stones were removed and the projecting prostate enucleated. Several deep sloughy ulcers were found, apparently due to the pressure of the calculi, and prostatectomy was decided upon. Only the projecting part of the prostate was removed by enucleation, and the patient made an excellent recovery. He is now perfectly well, has good bladder function (although there is some residual urine), and is quite free from pain and frequent desire to micturate.

The second case was an old, decrepit man of 68, who had suffered for a great many years, but for the past year his sufferings had been so great that he declared that life was intolerable unless he could be relieved. His urine showed no evidence of kidney disease, and after due preparation the prostate was enucleated by the suprapubic route. The points of interest were the great ease with which the bladder gland was enucleated in its entirety (making an unique specimen) very rapidly, and without hæmorrhage or shock. On the third day the patient began to grow dull and stupid, and died on the fourth day toxæmic. At the autopsy a few spots of very recent lobular pneumonia were found in the left lung, but the organs were otherwise healthy. The bladder was also presented, showing the capsule from which the prostate had been removed. Urine had flowed freely from the bladder wound, showing that there was no arrest of kidney function. In both these cases the after-treatment consisted in irrigation every three hours with boro-salicylic solution through a catheter introduced into the bladder by the penis, the outflow being through the bladder wound. Dr. Bell expressed the opinion that the operation of the future would be enucleation from the perineal side, and that this could best be carried out by means of combined supra-pubic and perineal incisions.

Dr. SHEPHERD had a somewhat similar case to the first within the past few months. A man came from the country who had been sounded many times for stone without success. Dr. Shepherd was also unsuccessful until he examined him under ether. There was no sensible enlargement of the prostate. A supra-pubic section was made, and two very rough stones were found lying in the bladder. Wherever they had come in contact with the bladder wall a sloughing ulceration had taken place. He treated the ulcers with caustic without interfering further with the prostate. This was the first time that he had ever seen such a condition of the bladder in connectton with stone; but it may be that they are more frequent than we think, as it is not possible to see them during the lateral operation, even when looked for.

Dr. RODDICK believed in removing the prostate by a perineal opening. He had removed diseased glands on two or three occasions by this method, and was surprised how easy it was to shell them out. He had no doubt that it would in time become the standard method of removing the prostate.

Dr. ARMSTRONG had recently seen Prof. McKeown, of Glasgow, remove a prostate, and had a talk with him on the subject afterwards. Some time after the Leeds meeting of the British Medical Association the professor had discarded the perineal method and adopted the supra-pubic, as there advised. His results, however, were exceedingly bad. One after another of his patients died of toxæmia and hæmorrhage, until he finally went back to the perineal method, which plan he now almost without exception adopts. Sometimes when only one lobe is enlarged, he will remove it through a lateral incision. In the perineum, he exposes the prostate by a U-shaped incision, and enucleates it without opening the mucous membrane of the bladder. In this way he avoids toxic troubles and can control hæmorrhage by packing. It seems very desirable that we should get some better method in prostate surgery than the supra-pubic one, and we would then be in a position to relieve a large class of people who now suffer from prostate disease in its last stage.

Dr. BELL often supplemented his supra-pubic

incisions by a perineal drain. This in many instances did not appear to cause any improvement in the results, and he found it hard to believe that the difference between the two methods can be so very great. Again, it is often very difficult to enucleate by the perineal method without injuring the mucous membrane of the bladder over the prostate. His idea of late has been a double incision—supra-pubic and perineal—so that instead of enucleating from the bladder only, one could enucleate from the perineum with the fingers in the bladder as an aid and guide to the performance.

Four Calculi weighing 5 *ounces* 1 *drachm removed from the Bladder.*—Dr. RODDICK exhibited four remarkable calculi, removed from a man, 65 years of age, who had been for four or five years suffering from bladder symptoms. During that time he had been several times sounded for stone, the last occasion being not more than three months ago, but without any signs of such a condition ever being detected. Enlarged prostate with symptoms arising therefrom was looked upon as his disease. Dr. Roddick, on examination, succeeded in diagnosing the presence of a fairly large stone, the size of which, in fact, made him conclude it was the only one. The existence of an enlarged prostate, and the unhealthy condition of the bladder, decided him to choose the supra-pubic method. On making his incision, a large stone presented in the wound, which on being removed was succeeded by another, and so on until four large ones were removed, weighing in the order of their size 37, 38, 39 and 50 grammes respectively. Two of them must certainy be looked upon as very large, and considering the combined size, as well as the circumstances of the history, the case is altogether a very remarkable one. The failure of the previous surgeons to detect stone by sounding is explained by the fact that the calculi were all lying in a distinct sac, or pocket of the bladder; the examinations no doubt were made with the bladder empty, and its mucous membrane folding itself over the stones deadened the touch of the sound.

Cases of Cholecystotomy.—Dr. SHEPHERD reported two cases performed during the last six weeks. In the first case the patient was a woman, and aged 36 years. For two years she had suffered much pain about the right hypochondriac region, the first attack of pain being accompanied by profuse jaundice, which lasted several months and then disappeared. There was always a pain of a dull character in the region of the gall bladder. In February last she had a severe attack of pain, high temperature, rigors, and rapidly became jaundiced. In July, she noticed a tumor to the right of the umbilicus; it was painful, and seemed to increase slowly in size up to the time of her entrance into the hospital. All this time she was deeply jaundiced, her urine was dark in color and her stools were colorless. On examining her, it was noticed that she was very thin and deeply jaundiced. She complained of dull, aching pain in the right hypochondrium; h d continuous nausea, was feverish at night and often suffered from chills. On examining her abdomen, a round smooth tumor was felt to the right and below the umbilicus; this was dull on percussion, the dullness being continuous with that of the liver. The tumor was about the size of a small cocoa-nut, elastic and freely movable. Dr. Lafleur examined the case, and looked upon it as a case of enlarged gall-bladder. The operation was performed on August 30th, and the tumor was found to be a largely distended gall-bladder projecting beyond a "lacing lobe" of the liver; it was opened, and about a pint of thick bile evacuated. A few small stones were found in the gall-bladder, but the cystic duct was not dilated. On examining further, two large stones were found in the common duct, and these were soft, and could not be broken up by needle or padded forceps, so the gall-bladder was sutured to the abdominal wound and a glass drain inserted. Patient has gone on perfectly well ever since, large quantities of bile being discharged through the tube into a rubber bag which is attached to it. The patient is up and about, and eats well. The jaundice has almost disappeared, but unless something more be done, she will have a permanent fistula discharging bile. Dr. Shepherd said that if the fistula persisted, it was his intention to do a further operation, viz., to reopen the wound and perform a cholecystenterostomy, and then close the present opening in the gall-bladder. In making a communication between the gall-bladder and intestine, it was his intention to make use of the Murphy button.

In the second case there had been severe attacks of pain with jaundice and high temperature for more than a year. The patient was a woman, aged 36, who was somewhat stout. Dr. Shepherd saw her in the last attack, and advised her removal to hospital. She had a temperature of 103°—4°, with great tenderness and pain in right hypochondrium, and she was intensely jaundiced. She improved immediately on admission to hospital, the jaundice rapidly disappearing. No stones were found in her stools. Although the pain had disappeared, there was a point of great tenderness in the region of the gall-bladder. At her request operation was performed on September 7th, to prevent further attacks. An incision was made in the left semilunar line and the gall-bladder searched for; it was hidden by adhesions, and situated deeply down beneath a high-placed liver. On opening it, a small quantity of bile escaped, and six gall-stones the size of marbles were removed; the common duct was free.

The gall-bladder could not be brought up to the surface, so a glass drain was introduced and the cavity packed round with iodoform gauze. The wound was closed by three layers of sutures. The patient went on very well. The gauze was removed on the second day, and replaced, but a day or two after a severe iodoform rash appeared, so the sterilized gauze was substituted for the iodoform. The tube was removed on the tenth day, the amount of bile coming away having very much diminished. She is now going on well, sitting up and going out. The fistula is rapidly closing, a very small quantity of bile being now discharged.

Dr. BELL also reported a case of obstructive jaundice in which the symptoms pointed to obstruction in the common duct. A woman aged 50 had suffered from pain and disturbance about the right hypochondrium for about eight months. Since March last she had suffered from paroxysmal attacks of pain with some vomiting followed by jaundice, which, although diminishing in the intervals, never entirely disappeared. Later on she had chills, and the jaundice became persistent, increasing with each attack.

Diagnosis.—Obstruction in common bile duct from gall-stone, or possibly malignant disease.

Operation July 23rd.—Incision in right linea semi lunaris. Firm, old adhesions made it very difficult to expose the undersurface of the liver, so that it became necessary to make a transverse incision from the upper extremity of the vertical one inwards nearly to the median line. The liver was shrunken and retracted beneath the ribs. The gall-bladder contained no fluid, and was contracted upon a stone which lay in the entrance to the cystic duct, and was as large as a filbert. Nothing could be detected in the common duct, but a chain of enlarged lymphatic glands were felt in the hepatic fissure. The gall-bladder was incised and the stone removed. A probe forced down the duct failed to enter the bowel. He did not feel that he had removed the cause of the trouble, but being unable to locate any obstruction elsewhere in the biliary passages he could do nothing further. As it was utterly impossible to suture the wound in the gall-bladder, which lay far back and high up underneath the ribs, to the peritoneum lining the abdominal walls, or in any other way establish a natural conduit for the outflow of bile, the wound was closed with sutures, the ends of which were brought up through the abdominal wall to fix it in position. Although there was no flow of bile during the operation, it was not thought probable that the wound in the gall-bladder would remain closed, especially as it was impossible to apply Lembert sutures, owing to the fragility of its peritoneal covering. A glass drain was carried down to the line of sutures in the gall-bladder, and carefully packed around with iodoform gauze—the idea being that the sutures would probably keep the gall-bladder closed for a couple of days until the track of the drainage tube would become closed off from the general peritoneal cavity by adhesions. This was evidently successful, as there was no biliary discharge from the tube for five days, when bile began to flow in great quantities. The jaundice then began to disappear, but the stools remained colorless and covered with oil globules. Bile continued to flow in large quantities until the 12th of August (20 days after operation), when it rapidly diminished and the stools became normal in color. Nine days later (August 21st) the wound was perfectly healed, the jaundice gone and the digestive functions normal, and the patient was discharged.

The post-operative history of this patient, I think, supplies the missing link in the diagnosis. When we remember that the gall-bladder was empty at the time of operation, that there was a chain of swollen lymphatic glands along the line of the hepatic duct, that bile began to flow from the wound five days after operation, and that it ceased to flow through the wound and began to flow through the common duct 20 days after operation, it seems pretty clear that obstruction was due to pressure from the enlarged glands from without, and that when the exciting cause was removed and the swelling disappeared from the glands, the symptoms all subsided. Dr. Bell knew of no similar case recorded.

Dr. RODDICK in April, 1892, had a case of cholecystotomy which he thought worthy of recording, especially so, since he was under the impression it was the first operation of the kind ever performed in Montreal. A lady, 64 years of age, had been jaundiced for nearly one year, accompanied by pain, etc., and her symptoms had gradually become much worse. Examination revealed a distinct tumor, which had all the signs of being a distended gall-bladder. An incision confirmed this fact, an enormously distended gall-bladder being found, containing about one pint of thick treacly-looking bile. A conical-shaped stone, about the size of a filbert, was found blocking the cystic duct; and along the line of the common duct a distinct thickening was felt, but whether of a simple or malignant character could not be ascertained. The size of the gall-bladder made it an easy matter to bring it up to the abdominal wound and suture it there, a drainage tube being inserted for the escape of the bile. A few days after the operation, the jaundice disappeared, showing that the common duct, to a certain extent at all events, was patent. Jaundice, however, returned after a time, and in a more aggravated form. Bile continued to flow through the abdominal wound for nearly three months, sometimes very little and sometimes very much, the fistula, however, never

permanently closing or being healed. Finally, the woman died of pneumonia, which was very likely the result of her condition. The operation here was made a very simple one, owing to the gall-bladder being so large and easily handled.

Dr. LAFLEUR wished to say a few words with reference to the innocuousness of bile in the peritoneal cavity. It is hard to say when the bile is septic and when not. In regard to the first case mentioned by Dr. Shepherd, he thought a diagnosis of the condition could be positively made from the physical signs. The character of the tumor was clear, because the area of dullness on either side was quite continuous with the liver dullness, an absolutely flat note being elicited from the lower border of the tumor right up to the liver. If it had been renal, as Dr. Shepherd suggested, there would be some interspace between the tumor and the liver with a lighter note. Then the feel of the tumor was too elastic for a solid growth.

Dr. ARMSTRONG said that Dr. Roddick's case recalled to his mind one of his own attended with somewhat similar difficulties. The woman went home after the operation with the bile flowing through a fistulous opening in her abdomen. After an absence of six months she returned with the bile still flowing, but with her stools pretty well colored. Dr. Armstrong then made some attempts to stop the escape of the bile by means of cotton wool plugs and collodion. A second effort in this respect was successful, and after remaining here six weeks without any sign of the flow breaking out again, she went home. The fistula eventually closed up.

ROUEN MEDICAL SOCIETY.

DIPHTHERITIC PARALYSIS.—M. Duboc called attention to the frequency of paralysis after diphtheria, and to the fact that, although the light forms are most general and yield to purely hygienic measures or tonic treatment, grave cases yield to serious complications, and sometimes even to death, by extension of the paralysis to the muscles of respiration or the heart. He reported a case from his own practice, interesting from the gravity of the affection as well as its quick and speedy cure by electricity. The patient was a married woman of 40 years, of good general health, who, eight years previously had suffered from a tubercular bronchitis, and two years previously from angina with swelling of the glands of the neck which was cured in about fifteen days. She contracted diphtheritic angina from a child with croup, the disease being of average intensity. On the twelfth day she experienced difficulty in swallowing and in talking, speech being somewhat nasal. She was treated by tonics, and as the condition grew worse she consulted M. Duboc, who found her, three weeks from the onset of the disease, very much worn out, speech nasal and incomprehensible and very fatiguing to the patient, who found it impossible to articulate. The vault of the palate was lowered, the tonsils touching the base of the tongue and entirely disappearing. The tongue deviated to the right, showing that the paralysis affected the left side more than the right. The roof of the palate remained immobile in attempts at singing, speaking, or swallowing. It was insensible to touch, and titillation of the tonsil produced no reflex. The pharynx was not sensitive, and its functions were impaired. Deglutition was difficult and almost impossible, soft food and drinks passing through the nasal fossæ, causing the patient to fear suffocation and consequently to refuse all nourishment. The tongue itself was somewhat affected; the respiratory movements were 20 per minute, while the heart-beats were but 65 per minute. M. Duboc placed a narrow rheophore upon the vault of the palate and a wide one upon the nape of the neck, using an induced current of feeble intensity. The treatment was continued for six minutes, the electrode being moved about on the affected area, and from the nape of the neck to the mastoid apophysis. The contractility of the muscles was abolished, electric sensibility being diminished but not absent, as the patient felt the opening and closing of the current. After ten *séances* complete cure resulted, and the patient could speak easily and fluently.

M. Deshayes had treated five cases of diphtheritic paralysis by electricity combined with hydrotherapy, all recovering.

INFLUENZA IN CHILDREN.—M. Brunon called attention to the large number of children who had suffered from the disease, during the recent epidemic at Rouen, from Nov. 1, 1893, to February 15, 1894. In the epdemic of 1890 the society had observed that children enjoyed almost complete immunity from the disease. M. Brunon had seen twenty-five cases in children in his practice, these belonging to thirteen families. He treated sixty-nine cases of influenza in adults in the same time, the proportion of children thus being large. The cases were nearly all characterized at the outset by vomiting, and loss of appetite, while the convalescence was long. He gave in such cases, to children over 2 years of age, from 30 to 50 grammes (1 to 1⅔ ounces) of raw meat at each meal, with a little cognac, benzo-naphthol, and laxatives. In all the cases the children rapidly lost flesh, and he found this treatment of value to counteract this. The rapidity of diffusion of the disease in a family was remarkable. In some families the children were the first to be affected, the adults becoming ill several days later.

M. Duboc had cured several cases in children by cold water baths, which he believed to be of great value in cases complicated by pulmonary troubles.—*Universal Medical Journal.*

Progress of Science.

CANCER A LOCAL DISEASE.

The evidence for this doctrine has been strongly presented by Dr. Jennings, in his work on "Cancer and Its Complications," the second edition of which has been recently published in London. If cancer be a local disease, it is imperative that not only those tissues which are seen to be subjected to cancerous infiltration, but some of the surrounding tissues and the neighboring lymphatic glands should be taken away by means of the knife at as early a date as possible. The amount of personal observation given in support of this method of treatment is not very great, but the careful analysis of the work and opinions of others, and the comparison of the methods of termination of the disease under different methods of treatment amply warrant Dr. Jennings in drawing very wide and general conclusions.—*Brit. Med. Jour.*

NEW OBSERVATIONS IN GONORRHŒA.

At the recent meeting of the German Dermatological Association, considerable time was devoted to the discussion of the etiology of gonorrhœa, and among the interesting points brought out, an observation by Wertheim is deserving of especial attention. This careful investigator has found that gonococci obtained from the secretions of chronic gonorrhœa can be cultivated so as to acquire a high degree of virulence, and when inoculated in the urethra of the patient from whom they were derived will give rise to an intense gonorrhœal inflammation. It has been quite frequently observed that patients suffering from latent gonorrhœa at the time of marriage have infected their wives, and at a later period acquired from them in return an acute urethral inflammation. Wertheim's experiments are, therefore, of importance in affording a rational and scientific explanation of this clinical observation.—*Inter. Jour. of Surgery.*

ANÆSTHESIA

Geheimrath Gurlt read the yearly report of the collective inquiry into the statistics of narcotization. The report embraces 51,846 narcoses of the year 1893, of which 32,723 were produced by chloroform, 11,617 by ether, 3896 by chloroform and ether, 750 by chloroform, ether and alcohol (Billroth's mixture), and 2769 by ethyl bromide. A number of laughing-gas narcotizations are added. These 51,846 surgical narcoses count 20 deaths, and of these, again, 17 are after chloroform. Thus, the average proportion was 1 death to 2587 narcoses and 1 death to 1924 chloroform narcoses. In the four years during which the enquiry has been carried on, only 1 death after ether has been noted, and, accordingly, the use of ether has increased from 6200 cases in 1892 to 11,600 in 1893. The chloroform-ether mixture was used 1200 times in 1892 and 3800 times in 1893. Pictet's chloroform (purified by exposure to extremely low temperature) was used 3182 times, as against 708 in 1892. In spite, however, of this and other purified chloroforms at present in use, death during chloroform narcosis has not proved preventable, and the general opinion now is that it is not caused by the chemical impurities contained in ordinary chloroform.—*British Medical Journal*, May 5, 1894.

GROWING PAINS.

In a very instructive article, Dr. P. B. Bennie (*Archives of Pædiatrics*, May, 1894) states that this malady with its concomitant growing fever, like its congener, disorders of dentition vanishing from the realm of pathology through that of fancy, is fast sinking into oblivion in the medical literature of the past. As a separate morbid entity it exists now principally as an article of faith. The cases diagnosed as growing pains have, in his experience, usually proved to belong to one of the following conditions: myalgia from the fatigue of over-exertion, rheumatism, diseases of the joints and bones, fevers, and adenitis.

TREATMENT OF HYDROCELE.

Dr. Garvin (*Boston Med. & Surg. Jour.*) has employed, during the past six years, injection of half an ounce of a solution composed of equal parts of carbolic acid, alcohol and glycerine; a small bulb syringe answers well. The fluid is allowed to remain. The skin surrounding the canula should be protected from irritation with a little gauze or absorbent cotton. The injection is practically painless, patients are able to attend to their business, and a cure is effected in from two to four weeks.

ACCENTUATION OF THE PULMONARY SOUND IN PERITYPHLITIS.

Dr. Julius Mannaberg, of Vienna, states that, of 88 cases of perityphlitis observed from 1882 to 1892 in the wards of Professor Nothnagel, he was struck by the fact that the pulmonary second sound was accentuated, though no explanation of the symptom was given. Since then 13 cases have come under observation in the same wards, and in 4 of these the sound was markedly accentuated; in 7 it was distinctly louder than the aortic sound; in the 2 remaining cases both second sounds were loud, and in 1 of these the pulmonary sound

was reduplicated. From careful observation he is convinced that in cases of perityphlitis accentuation of the pulmonary second sound is a very frequent symptom, though he is unable to account for it. It is well known that Skoda first recognized pulmonary accentuation in mitral disease, and that it is an indication of high pressure in those affections in which there is increased resistance to the work of the right ventricle. Interference with the pulmonary circulation, due to elevation of the diaphragm through increased volume of the abdominal contents, as in meteorism, ascites, and the like, is also a matter of common experience; and in this way also pulmonary accentuation may be produced. Dr. Mannaberg believes that the rise of blood-pressure after a meal is at least in part due to the same cause, and not, as Potain maintains (*De la dilatation du cœur; la Médecine Moderne*, November 26, 1892), to a reflex contraction of the lung-capillaries, resulting from digestion. In the 10 positive cases recently observed by the author, there was no distension of the abdomen, and consequently no undue pressure on the diaphragm; indeed, marked meteorism is rare in uncomplicated cases of perityphlitis. There was no dyspnœa, and the other symptoms, such as pain and pyrexia, would not account for the accentuation, which lasted after the acute stage, and was present even when the patient was recovering. Further observation is necessary to determine whether the symptom is generally present in perityphlitis and other abdominal affections, and whether it is of any special value in diagnosis.—*Practitioner*, April, 1894.

RARE CASE OF TRAUMATIC CYST OF THE STOMACH.

Dr. Ziegler describes a very interesting case of a man, aged 24 years, who was crushed between two cars on the railroad, and injured in the abdomen. He became unconscious, and was taken home, where he complained of severe abdominal pain, and suffered for twelve hours from hæmoptysis. The abdomen was sensitive, but there was no swelling. Micturition was painful and the urine bloody. The temperature was normal. Under the influence of local refrigeration and opium in large doses, the hæmaturia and hæmoptysis disappeared, the appetite returned, and the patient left his bed. At the end of three weeks the abdomen again became painful in the left upper portion, and a tumor the size of an apple, elastic and pulsatile, was felt beneath the false ribs. It increased in size until it reached the median line; vomiting, meteorism, constipation and collapse caused the case to appear like one of intestinal occlusion. Puncture gave exit to three-fourths of a litre (quart) of pus, and caused the disappearance of the pain. The tumor re-appeared, without fever, but the patient felt a sense of pressure which prevented him from eating, and caused vomiting, although his appetite was good. He then entered hospital, and, as it was impossible to make an exact diagnosis, an exploratory laparotomy was performed, when a tumor was found, occupying the entire anterior wall of the stomach, extending to the pylorus; its upper portion was hidden under the diaphragm, and its limits could not be perceived. The epiploön and posterior wall of the stomach were normal. Puncture gave exit to 3 litres (quarts) of bloody fluid, and the sac was seen to be situated in the think portion of the anterior wall of the stomach. The patient recovered without accident, and seven months later was well, through he still felt some abdominal pain on being chilled, and was obliged to eat with moderation. Ziegler attributes the formation of the cyst to detachment of the wall of the stomach by the injury.—*Münchener medicinische Wochenschrift*, No. 6, 1894.

HOMES FOR CONSUMPTIVES.

The other practical line of action is the establishment of homes for consumptives. This is truly a field with the widest scope of action for the lover of his kind. Surely we shall soon see some large-hearted and open-handed son of Ontario, whom fortune has been kind to, setting apart some hundreds of acres of the thousands of square miles which can yet be had almost for the asking, for a real "Home for Consumptives." Such exists in the New York Adirondacks solely as the realized dream of philanthropists; such, too, are found in the Grindenwald and in the forests of Brittany. My dream is to see in some Canadian forest a microcosm. We have in the province some six colonies, hundreds of acres in extent, set apart for the 4,000 mental unfortunates; but which, instead of madhouses, are becoming for them "abodes of paradise." How much easier, how much more successful, with a class of sufferers with faculties intact, with, in many cases, the fairest forms and most splendid intellects, to establish a village where agriculture and horticulture, where tree planting and apiaries, with other occupations, might all be carried on in the outdoor air; while a dozen useful occupations might be found for indoor employment. To me the hospital idea by itself for consumption is just as repellant as the mad-house idea of former times for the mentally deranged. What more depressing than sending a consumptive girl to a hospital to die? What more beautiful or health-giving than sending this bud of womanhood to live amidst a garden offlowers?—*Ex.*

NEW METHOD OF EXAMINING FOR RENAL CALCULUS.

Dr. Charles P. Noble, of Philadelphia, describes a case in which he performed an operation enabling him to examine the kidney, the pelvis of the kidney, and about one inch of the ureter. He made the usual incision in the loin down to and through the peri-renal fat, exposing the lower end of the kidney. With the index finger the kidney was then separated from its connective-tissue attachments and gradually drawn down into and out through the wound, so that it was entirely outside. It was now a very simple matter to explore the kidney by thumb-and-finger pressure, and to make certain that it was in a normal condition. It was equally easy to examine the pelvis of the kidney and to determine that this contained no stone. Perhaps one inch of the ureter also was within reach. As nothing abnormal could be felt, the kidney was replaced within the abdomen and the incision sutured in the usual way—buried silkworm-gut sutures being placed in the muscular layers, and superficial silkworm-gut sutures in the skin. Dr. Noble recommends the adoption of this method whenever the symptoms point to the presence of stone, and are sufficiently serious to cause the patient to become an invalid. Upon theoretical grounds the procedure would not be applicable in cases of abscess of the kidney, as the latter would be fixed and not easily separated from its connective-tissue bed. Moreover, it would be enlarged, and there would be the risk of rupturing the pus-sac, perhaps into the peritoneal cavity.—*American Therapist*, March, 1894.

PRIMARY CANCER OF THE GALL-BLADDER.

J. Dallemagne has had occasion to make an autopsy in four cases of this rare disease, and histological examination leads him to believe that it generally takes its origin in the epithelium of the gall-bladder, that it is usually of the scirrhous type, and that its evolution seems in no way to affect the parenchyma of the liver, which seems to oppose a special resistance against the invasion of the neoplasm. It was but rarely that he encountered small metastatic nuclei or infectious nodules in the liver. The clinical diagnosis is difficult, as the tumor progresses without causing any cachexia, icterus, or other symptom which would call attention to the gall-bladder. It is particularly a disease of the feminine sex, and is frequently accompanied by calculi, though he believes, with Stiller, Cornil and Ranvier, that the appearance of the latter is consecutive to the carcinomatous affection.—*La Clinique*, March 15, 1894.

THE URINE IN ENTERIC FEVER.

In a lengthy study of the urine in enteric fever, Oriou states: 1. The more elevated the temperature, the more active the oxidation, the fever masking a serious condition, or complicated by the so-called typhoid condition. 2. In the three clinical forms, benign, clinical and grave, whether fatal or not, as well as in complications of the typhoid state, any increase of fever is followed by an increase—if not proportional, at least parallel—of oxidation. 3. Any deviation from this principle is readily explained by one of the numerous causes capable of modifying the laws of organic exchange. 4. The typhoid state, far from owing its origin in every instance to retention in the organism of the products of combustion, often coincides with an abundant elimination of these products.—*Revue de Medecine*, January, 1894.

AN EXTREME CASE OF ASCITES.

C. C. Cotton, of Point Isabel, Ind., relates the case of a patient who died recently, a man of 51 years, who had suffered from ascites for three and one-half years. The following table will show the progress of the disease, and the increase from year to year in the frequency of tappings :—

Time.	Number Times Tapped.	Average Quantity of Fluid.	Total Quantity of Fluid.
6 months.	7	30 pounds.	210
1 year.	34	27 pounds.	918
1 year.	55	21 pounds.	1155
1 year.	71	18 pounds.	1278
3½ years.	157		3561

In addition to the extraordinary severity and duration of this case, what is possibly more remarkable is that the patient soon became familiar with the operation, and could perform it himself, which he did with his own hands more than one hundred times.—*Medical World*, March, 1894.

RENAL HÆMORRHAGE FROM AN UNUSUAL SOURCE.

Dr. Collier reports the following case: A laborer, aged 36, shortly after lifting a heavy weight, was seized with pain in the right lumbar region, and began to pass water of a dark-porter color. On examination there was very decided fullness and marked tenderness over the region of the right kidney. The urine contained a large amount of blood, varying considerably from time to time; under the microscope could be seen blood-corpuscles, large round and tailed cells, and squamous epithelium in great abundance. A fortnight from the onset there

supervened total suppression of urine, vomiting, muscular twitching, and great drowsiness; and forty-eight hours later the man died. It was ascertained that he had been under treatment four months previously for chronic rheumatism; no disease of the kidneys was then suspected. On post-mortem examination both kidneys were found much enlarged, and their substance was almost entirely converted into closely-aggregated cysts. The right kidney was about the size of a cocoa-nut. A large hæmorrhage had taken place between the capsule and the kidney, dissecting off the capsule; and had burst into one of the cysts, which in turn had ruptured into the pelvis. The ureters and bladder were perfectly healthy. —*Birmingham Medical Review*, March, 1894.

WATER IN TYPHOID FEVER.

Urge your patients to drink a great deal of cold water. The more I practice this plan, the more I am convinced of its beneficial effects. In many cases I have learned my patients to drink five quarts of cold water in twenty-four hours, and I think, to realize the full benefits of this plan, it should be carried to this extent. There are no contra-indications to this treatment. Many observers believe that its beneficial effects on a feeble heart are well marked. In this condition it certainly cannot be contra-indicated. In the lowering of the fever, disappearance of the dryness of the tongue and mouth, sedative effects on the nervous system, and the eliminative functions of the kidneys are easily observed.

This plan facilitates the oxidation of toxines, and aids nature in removing or eliminating the refuse material which always accumulates in the system in continued fevers,—a natural result to an impaired organic function. You can observe, as evidence of the increased activity of the kidneys and skin, the great quantities of urea that is eliminated by the kidneys, its quantity fluctuates with the amount of water taken into the system. This method is very pleasant and acceptable to the patient. Of course it does not influence the course or direction of the disease.—*Charlotte Med. Jour.*

TREATMENT OF RED NOSE.

Helbing (*Therap. Monatshefte*, January, 1894) calls attention to the treatment of red nose—a condition of little importance, it is true, but decidedly annoying to the possessor. The condition he refers to is the bluish-red color of some noses upon remaining for some time in a warm room, coming in from the cold air, etc. The treatment he advises is the systematic application of the galvanic current. Both poles are applied to the nose, and are continually moved about. The strength of the current he has regulated by the amount of burning complained of by the patient. Five to eight elements of an ordinary battery suffice. If the patient is very sensitive, the anode may be applied to the zygoma and the nose gently stroked with the cathode. This application is followed by an intense redness of the skin, which lasts for an interval of two to forty-eight hours. Too strong currents must be avoided on account of the excessive irritation they produce. The applications are repeated at intervals of two or three days. The method requires patience and a considerable number of applications (at least ten to fifteen), and the author has had to hold as many as thirty sittings. The author has used the method in thirty-one cases, and always with success, and gives reports of two of the more obstinate cases.—*Cincin. Lancet-Clinic.*

SECOND-HAND SYRINGES.

It is a German practice of mediæval origin attended with decided danger of luetic infection to borrow syringes from drug stores. This practice, which comes down from the time when the apothecary was expected to administer the clysters prescribed by the physician, appears occasionally in the United States. A recently imported German fraulein lately abashed a modest Chicago pharmacist by the following request: 'Dear Mr.———, lend me your injection. I will return it in a couple of hours.'"

The above extract from the *Medical Standard* brings to mind an occurrence of '61, when Tennessee was organizing her troops to join the other Southern States in their little four years' tournament that is now happily a matter of the past.

The medical purveyor at Nashville was a canny Scot, and knowing that glass manufactories did not exist in the South, in addition to all the glass syringes that he could procure from the drug stores, sent out circulars to many physicians for the purpose of purchasing syringes, even those that had seen service—these he had thoroughly cleansed and prepared for use, and issued them proportionately on the requisitions made on him.

One regimental surgeon, recognizing in those supplied to him some that had previously been used, became somewhat incensed, and wrote a very tart communication to Surgeon-General Newnan, stating that "the members of his command were first class gentlemen, and would not submit to the indignity of using second-hand syringes."

The surgeon general forwarded the communication to the medical purveyor, which was respectfully returned by the genial and witty son of "Auld Reekie" with the endorsement: "If the within mentioned first-class gentlemen would refrain from the use of other second-hand articles needless to mention, they would not need syringes of any kind."

KENTUCKY SCHOOL OF MEDICINE.

"At the meeting of the Association of American Medical Colleges, held in San Francisco, on June 7, 1894, the Kentucky School of Medicine, of Louisville, Ky., was dropped from membership in the Association."—*Exchange.*

The Kentucky School of Medicine was never a member of the American Medical College Association, but the requirements in the catalogue recently issued are higher than are the requirements of the Association. The school has been conducted in strict accordance with the requirements observed by the most successful and reputable colleges, and no school has been more respected by the honorable members of the medical profession. In laboratory, didactic and clinical work the school has adopted the most approved methods, and now that the Faculty have completed a large hospital, adjoining the College, no school in the country can offer better practical and clinical advantages.—*Matthews' Med. Quarterly.*

DANGERS OF THE LONG RECTAL TUBE.

Harrison Cripps (*British Medical Journal*, No. 1723). Traditions die hard, and notwithstanding the condemnation of the long rectal tube by Brodie, Treves, and many other eminent authorities, I still find that in most cases of obstruction or supposed obstruction the tube has been introduced. Fortunately these tubes are fairly soft, so that in a capacious rectum, when they impinge and are arrested about opposite the promontory of the sacrum, they simply coil up and do no harm. If stiffer ones are used, the patient's life is placed in imminent risk. A patient at St. Bartholomew's Hospital was to be operated on for ruptured perineum. In order to increase the supposed efficacy of the injection, a quart of soap and water, with some ounces of oil, were injected by means of a long tube. The injection never returned. A few hours afterward, owing to the acute symptoms of the patient, I assisted one of my colleagues in opening the abdomen. The soap and water and oil we found in the abdominal cavity, and a hole below a reduplicated fold in the upper part of the rectum. The patient died. The idea that these tubes can be generally passed into and beyond the sigmoid flexure is a pure delusion, save in the rarest circumstances. As a means of diagnosis, or of treating strictures beyond the reach of the finger, tubes of any kind are absolutely useless. If a stricture is actually present, it would be 100 to 1 against the long tube or bougie entering it, for it would almost certainly catch in the *cul-de-sac* generally caused by the invagination of the stricture. If a stricture be not present, the arrest of the bougie by the sacral promontory leads to delusive diagnosis. Brodie, in his lectures, alludes to a case in which a worthy practitioner had spent over one hundred and fifty hours in dilating a supposed stricture situated high up. The treatment had extended over a period of a year. Brodie who was present at the *post-mortem* examination, found there was no sign of a stricture, the bougie becoming arrested by the curve of the sacrum.

THE BEST TREATMENT OF HEMORRHOIDS.

Edw. S. Stevens (*Cincinnati Lancet Clinic*). If the cases seen by the practitioner are sufficiently numerous to justify him in providing himself with the necessary instruments, he will find the clamp and cautery method of treatment an ideal one, and it has not been intended to prefer the ligature to it without some qualification of the statement of preference. While not so simple of performance, it is followed by less distress, and recovery is usually more speedy after it than the ligature. The surgeon who permits his patients to walk out on the fourth day, however, as has been reported, does not decide for their best interest. A week or ten days should elapse, unless an examination shows the wounds healed. If resorted to, two or three precautions are best heeded. Do not use it on tumors high up in the rectum. Open the clamp slowly, and if there is any tendency to bleed, screw up the clamp and again apply the cautery. The cautery is sufficiently hot when dull red, and the part of the stump to which attention should be paid in applying the cautery is that farthest from the operator,—that is, where the vessels enter.

Before either operation see that the bowels are thoroughly emptied, and after it introduce an opium suppository.

There are one or two other methods advised, but they are not all that could be desired. One of them, called after the name of an eminent English surgeon, consisting in excision of the "whole of the pile-producing area," deserves to be forgotten, not because it is not simple, but because it is not safe.

A form of hemorrhoidal disease characterized by sessile granulations which bleed easily is best treated by the very old method of applying nitric acid. Introduce a speculum, dry the parts with gauze, and touch the whole granular surface again and again with a bit of cotton moistened with the acid, but containing so little that it will not run over the parts not diseased.

Lastly, before beginning any treatment, look out for complications. Especially in women should the pelvic organs other than the rectum be examined. In children, examine the urinary organs.

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MONTREAL, NOVEMBER, 1894.

COUNTY SOCIETIES.

More than ever are we convinced of the need of better organzation of the medical profession in the Province of Quebec. Cases of the greatest interest are occurring every day, throughout the country, the experience of which is lost to science because they are never recorded. If they were reported, whether the result was successful or otherwise, the lesson which they could teach might and almost surely would be the means of saving many other lives. So that each one has to go on sacrificing human lives until he has gained an experience for himself, and then when he has learned how to save many cases which in his earlier years he used to lose, he dies, and also his knowledge dies with him. If there had been a medical society in his town, he might before his death have imparted much of the knowledge which he had acquired during his lifetime of sad experiences to the men who were to succeed him, and thus the younger men might begin where the older men left off. It is almost incredible that there is no Province of Quebec Medical Assocation; that there is no City of Quebec Medical Society; no City of Sherbrooke Medical Society; no Lennoxville Medical Society; no Richmond Medical Society, and so on, throughout the whole list of towns in this Province, for apart from the three English and two French Medical Societies in Montreal and two county Societies which meet only twice a year in the Eastern Townships, there are no Medical Societies in the Province of Quebec, and the good work being done throughout the province is lost to the profession and the world. We consider this state of affairs a great misfortune. To give one instance as regards the City of Quebec, we recently received a visit from one of the great surgeons of the world, who mentioned that during a visit to Quebec this summer he thought he would look up some of the surgeons of that city. He had never seen the name of a Quebec surgeon in any of the medical journals, of which he is a keen reader, and it was only with difficulty that he at last succeeded in obtaining the name and address of one, Dr. Ahearn, upon whom he straightway called. The surgeon was just going to an operation, to which the great man was invited, and, to his astonishment, as he informed us, to witness one of the most difficult as well as the most skillful pieces of abdominal surgery he had ever seen. And yet Quebec is looked down upon by the medical and surgical world as a city of the dead, simply because there is no Medical Society at which such cases as the above might be reported and given to the world. At the Marine Hospital in Quebec, more than twenty years ago, a man was brought in one night with his abdomen ripped open by a dagger, the bowels cut across several places, and fæces escaping from them. The Superintendent, Dr. Catellier, washed them thoroughly, sewed the ends together with a double row of sutures, and closed the abdomen, and the man recovered. This case lies buried in the records of the Hospital, instead of being reported to a Medical Society and recorded in the Medical journal; and we know of many similar instances. The forming of a Medical Society is not such a tremendous undertaking. One of the young men of the city should call upon one of the oldest and most influential man in the city, and obtain his consent to the calling of a meeting at the Medical college, the town hall, or even at the residence of the leading physician for a certain evening. A printed post card announcing the fact is then sent out to each practitioner within a radius of several miles. The appointed hour arrives; only a small proportion of the invited ones put in an appearance at the appointed hour; a few more drop in later. All the others are waiting

to see how it will turn out. They are the selfish ones who want some one else to do all the work, and they will come in later to eat the honey which the busy bees have gathered. Do not wait for them, but go ahead; if there are only three present, elect one President, the second Secretary and the third Treasurer; make the fee one dollar a year to begin with, for there are some medical men who cannot understand that one hundred dollars a year would not be too much to pay for the benefits they would get from such a society, and anything more than one dollar a year might keep some from joining. After these three, or as many more as there may be, have organized, paid their fee to cover postage of notices, and decided on the date and place of future meetings, let them spend an hour or two in pleasant conversation, each one telling his experiences, and we will promise that they will be sorry when the meeting breaks up. When the Secretary goes home, let him sit down while the matter is fresh in his mind, and write out a page or two of a report for the CANADA MEDICAL RECORD, and we will promise an early insertion in the best part of the journal. Next day the Secretary should call upon the members, by telephone or otherwise, asking them to promise to show some pathological specimens, living cases, or to report a case or read a paper at the next meeting, and those should be put on the notice card of next meeting. If a little energy is put into the matter, the Society will be a success from the start; but don't wait for the doubting Thomases to start it. Begin with three members, and it is bound to grow until one-half the profession in the district has joined and one-fourth attends regularly. The Medico-Chirugical Society of Montreal has a membership of one hundred and twenty, and an average attendance of forty. We have been told that what has wrecked several such societies is the question of a tariff. If such is the case, pass a resolution at the first meeting that this question must not come up for discussion. It has no business at a scientific meeting, and had better be discussed elsewhere. Also pass a resolution that no charges against members can be made before the Society, but only before the council. This will avoid acrimony, and one of the greatest benefits of medical societies is the fostering of a friendly feeling between the brothers of the same profession. Our space being limited we cannot say more at present, but we trust that what we have said will lead to the formation during the next month of at least a dozen societies whose reports will find a welcome place in the columns of the CANADA MEDICAL RECORD.

THE EXAMINATION OF PATHOLOGICAL SPECIMENS.

Every medical practitioner is or ought to be able to make an examination of urine for sugar, albumen, bile, renal casts, pus, mucus. But when it comes to the microscopical examination of tissues, very few have the necessary skill or apparatus to do it properly. A well known practitioner in this city recently went to New York for the purpose of placing himself under the instruction of one of the leading pathologists of that city. The first question that the microscopical expert asked was: "How much time each day will you be able to devote to this work?" The reply was: "On some days an hour, on others half an hour, while during a busy spell no time at all for a week or longer." "Then," said the pathologist, "it is wasting time to do such work at all, for proficiency can only be maintained by spending several hours a day at the work alone. It is better to give your specimens to some one who does nothing else." How far he is right we are unable to say; but there is no doubt that many practitioners and even operators, who would like to be scientific in their work, are greatly handicapped by the want of some prompt and reliable means of having their pathological specimens examined. It is with great pleasure we read in the University (of Pennsylvania) *Medical Magazine* that that great institution has arranged for this service. Any physician has only to send in his specimen with an explanatory letter, and if his patient is able to pay, the sum of five dollars is charged; while, if he simply states in his letter that his patient is poor, the specimen will be carefully examined and a report furnished free of charge. This has already been done by Dr. Williams of Johns Hopkins at Baltimore, with the result that in many cases he has thus found some rare and very interesting conditions; and as in many cases he is allowed to keep the specimen, his pathological museum has been greatly enriched. Could not our own great Canadia

University of McGill, with its endowed Professor of Pathology and its costly laboratory and corps of trained assistants, do as much? If done at all it would have to be done conscientiously and without favor; for if the specimen is burked, and no more heard of it, unless it be sent by one of the Faculty, outsiders would soon lose confidence and cease to send them. Many surgeons throughout the Dominion would, we are sure, be glad to avail themselves of such a privilege, the granting of which we hope ere long we will be able to announce.

THE DEATH OF OLIVER WENDELL HOLMES.

SELECTED.

The genial "Autocrat" passed away on Sunday, October 7, at the ripe age of 85.

He will be missed not only by his circle of friends in Boston, the pupils whom he led through the dreary details of anatomy for so many years, and the Massachusetts Medical Society, but the older members of the American Medical Association, who remember with pride that DOCTOR OLIVER WENDELL HOLMES was one of the founders of the Association, and at the first annual meeting, as Chairman, read the "Report of the Committee on Medical Literature." * In what more competent hands could such a report have fallen? The old members recall with affectionate remembrance his scholarly articles read at the earlier annual meetings, "On the Microscopic Anatomy of Bone," † "Puerperal Fever as a Private Pestilence," ‡ and the three Boylston Prize Essays. There are but few now who remember him as he was in his earlier days, and those think with him of many a companion of those days:

> "The mossy marbles rest
> On the lips that he has prest
> In their bloom:
> And the names he loved to hear
> Have been carved for many a year
> On the tomb."

The whole world not less than the medical profession owes a deep debt of gratitude to him for the keen words of wisdom contained in his essay on the cause and prevention of puerperal sepsis, written thirty years before the era of antiseptic douches and precautionary cleanliness. The many suggestions contained in the valedictory address to the graduating class of Bellevue Hospital Medical College in 1871 conveyed in his inimitable manner to medical men generally rules for social and professional conduct, so valuable that they deserve perennial reproduction. His "Lectures on Homœopathy and Kindred Delusions" abound with that keen humor characteristic of his bright, vivacious spirit; but even in satire he always avoided needless pain and severity. He never wrote anything which could cause him to be classed among those writers of whom he wrote:

> "Their discords sting through Burns and Moore,
> Like hedgehogs dressed in lace."

As a medical teacher he invested even the most intricate details with a polish which was not merely veneer, for no one could have heard his famous dedication address at the opening of the Boston Medical Library without knowing that his wide knowledge of medical literature was one acquired not only by reason of years of love of the subject, but by hard and painstaking labor. The class of 1847 who heard Dr. Holmes' lectures on anatomy at Harvard University were astonished and delighted by his methods and pleasant manner, and annually thereafter, for nearly or quite thirty years, Professor Holmes appeared before the class with military promptness.

We have not mentioned him as he appears to the literary world, for all the world is in mourning for him to-day, and his greatness in general literature has made his writings familiar to thousands of old and young readers, who have probably learned for the first time, by reading the obituary notices, that he was a physician. He was not only a physician in every sense of the word, but a great physician, and one whose researches and observations would have made him famous had he never written a line of his illustrious prose and poetical works.

There is grief in the Massachusetts Medical Society, because he is no more, and many an eye will become dim with tears when his empty chair is placed at the annual dinner table.

In the album of a young lady, then at Bar Harbor, there was written by Dr. Holmes in his old age, the following, which shows to what thoughts his mind was tending in his last days:

> "From this fair home behold on either side,
> The restful mountains or the restless sea;
> So do the warm sheltering walls of life divide
> Time and its tides from still eternity.
>
> "Look on the waves, their noisy voices teach
> That not on earth may toil and struggle cease;
> Look on the mountains, better far than speech,
> Their silent promise of eternal peace."

—*Journal Am. Medical Association.*

* Transactions, Vol. i, p. 249.
† Transactions, Vol. iv, p. 52.
‡ Transactions, Vol. ix, p. 372.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The published transactions of this Association, extending over a quarter of a century, constitute a library of sanitary science full of promise for the future. The Montreal meeting of the Association last week adds another vo-

lume of increasing interest. The membership includes all the leading health officers of both cities, States, and the governments of United States, Canada and Mexico, also of the Army and Navy of these countries. It also includes sanitary engineers and plumbers, and officers who are dealing with questions affecting public health. From this the wide and varied character of the papers may be inferred. At this meeting sixty-one papers were read, and eight reports of the progress of science on special topics; together with one evening devoted to addresses of welcome and commendation.

A grand excursion to the Quarantine at Grosse Isle on the St. Lawrence, below Quebec, also a ride through La Chine Rapids, and a reception were given to the members. Outside of this, four days were devoted to the real work of reading and discussing the many topics.

As usual in all such meetings, a certain number of papers are poor compilations of books and pamphlets, and a certain number contain a few facts of fresh interest, that could be stated in a few printed lines, but are covered up in words that stretch over twenty minutes. A small number of papers are always extreme in assumption, and dangerously dogmatic, and other papers seem to come up to the verge of originality, but fail in obscurity and confusion of statement. Then the usual advertising and commercial papers and the enthusiast with one idea and one theory to apply to all conditions of life and living. Beyond this common experience of every meeting, some excellent scientific work was presented. The filtration and sedimentation of water was presented with great clearness, and the results of original experiments given, showing that polluted waters passing over sand beds may be deprived of 95 per cent. of all their microbes and organisms. The efforts to extend the boundaries of exact science in this direction were very clearly set forth by Dr. Smart, of the U. S. Army, in a report on this topic. The disposal of garbage was the topic of several excellent papers, showing great advance and very thoughtful suggestive work in this field. The air and water of farm houses was the subject of some striking observations. Car ventilation, the danger from sputa in tuberculosis, and the infection of milk from tuberculosis were well presented. "The Influence of the Climate of Canada on Health," "The Influence of Inebriety on Public Health," and the "Long Island Water Basin," were notable papers. Drainage, ventilation, cremation, plumbing, climate, and other topics received very substantial contributions. The fact that over four hundred members were registered from all parts of the United States, Canada and Mexico is significant of a great advance in sanitary matters.

The science of medicine has expanded to such an extent that these widely varying topics must be separated and studied by specialists. As in all new subjects, sanitary science and the questions of the prevention of disease must pass through the various stages of growth and evolution.

Health boards with their officers and inspectors should lead as teachers and instructors of public sentiment; while the general practitioner may be a good observer and reasoner of causes and effects in preventive medicine, he can not have the experience and facts to draw conclusions from that health boards possess. Yet the impression grows stronger after listening to a long list of papers by men who are in a position to know the facts, that many of these sanitarians fail to use the knowledge in their possession, or to make the original observations possible in their positions. A little reflection makes it apparent that many persons connected with these health boards owe their positions more to political influence than to scientific attainments. This readily explains the disappointment in the character and quality of some of the work of these boards. While the blighting influence of politics is not peculiar to boards of health and sanitarians in general, yet it can be seen and felt in many ways in all these gatherings. This meeting of the Association showed a marked advance in many ways, over previous gatherings, and will be noted in its history as the starting point by the publication of its transactions in a quarterly. These large gatherings of men devoted to sanitary subjects have an excellent influence on the public, and if the rule of the Association was rescinded so as to allow daily papers to publish certain papers in full, the best results would follow, and more good would be done. Over a dozen papers read at this meeting would have been printed in full by the daily press, and read by a large number of persons to their great profit, if the rules could have been changed. As it is, these papers will be buried in the transactions and only a few ever appear in the public press. The sanitarians of this country have a great field before them, and this Association is doing a work of very wide influence.—*The Journal Am. Med. Assn.*

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

This Association held its fourth annual meeting in New York City September 25, 26 and 27, under the presidency of Professor W. J. Herdman, of Ann Arbor. The scientific proceedings, which, we presume, will appear in full in the *Journal*, were more than usually interesting and systematic, the plan of pre-arranged discussions on the physics and therapeutics of

each form of current being followed. The spirit of the meeting, which was largely attended, seemed to be the discussion of the primary facts of electro-physics and their applications to medicine, and while but few new facts were announced, the full discussions elicited on these fundamentals were interesting alike to the expert and the tyro, and can not be other than highly useful in stimulating greater accuracy and thoroughness in the medical users of electricity. The presence and participation of a number of electrical engineers and distinguished physicists were significant.

On the evening of the third day the members were received by Nikola Tesla at his laboratory, and were treated to a display of the remarkable qualities of high frequency currents recently developed by this latest electrical prodigy. On Friday, through the courtesy of Mr. Edison, the whole Association and its ladies were conveyed to Edison's laboratory by special train, and escorted through the works, after which a delightful banquet was enjoyed.

That New York fulfilled its social opportunities was well proven by the reception and banquet at the Academy of Medicine, and by its private hospitalities to visiting members. —*The Journal Am. Med. Assn.*

BOOK NOTICES.

THE YEAR-BOOK OF TREATMENT FOR 1894. A comprehensive and critical review for practitioners of medicine and surgery. By twenty-four eminent specialists. Duodecimo, 497 pages. Cloth, $1.50. Lea Brothers & Co., medical publishers, 706 708 and 710 Sansom St., Philadelphia.

The great value to every practitioner and specialist of having at hand such a volume must be obvious. It covers the advances in treatment made in all departments of medicine and surgery, including all the specialties during the preceding twelvemonth. The various articles are sufficiently detailed for practical purposes, but full references to original papers are given for the convenience of those desiring to make extended research. The volume is completed with a selected list of new books, etc., an index of authors, and an index of subjects. In combination with the *American Journal of the Medical Sciences* (monthly, $4.00 per annum), or *The Medical News* (weekly, $4.00 per annum), or both ($7.50 per annum). *The Year-Book of Treatment* is placed at 75 cents. *The Year-Books of Treatment* for 1891, 1892 and 1893 can be obtained for $1.50 each, and the issues for 1886 and 1887 for $1.25 each.

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Being a half-yearly journal containing a retrospective view of every discovery and practical improvement in the medical sciences. Edited by James Braithwaite, M.D. London, obstetric physician to the Leeds General Infirmary; late Lecturer on Diseases of Women and Children, Leeds School of Medicine; Fellow and late Vice-President of the Obstetrical Society of London; Corresponding Fellow of the Gynæcological Society of Boston, U.S. Volume CIX., July, 1894. Uniform American edition. New York: G. P. Putnam's Sons, 27 West Twenty-third Street; 1894. For sale by Dawson Brothers, Montreal, $2.50 a year in advance, half-yearly parts $1.50.

We are always glad to welcome Braithwaite to our library table. The articles are as usual well selected and the abstracts very concise and clear. It is well worth the price for the physician to have it in his carriage or while waiting at a case, being full of hints of practical value.

PAMPHLETS.

PRACTICAL APPLICATION OF THE PRINCIPLES OF STERILIZATION. By Hunter Robb, M.D., Associate in Gynæcology, Johns Hopkins University, Baltimore. Reprinted from the American Journal of Obstetrics, Vol. XXX, No. 1, 1894. New York: William Wood & Company, publishers, 1894.

CAN PHYSICIANS HONORABLY ACCEPT COMMISSIONS FROM ORTHOPEDIC INSTRUMENT MAKERS. By H. Augustus Wilson, A.M., M.D., Professor of General and Orthopedic Surgery Philadelphia Polyclinic; Clinical Professor Orthopedic Surgery, Jefferson Medical College.

INTRALIGAMENTOUS AND RETROPERITONEAL TUMORS OF THE UTERUS AND ITS ADNEXA. By William H. Wathen, A.M., M.D.

A WEEK'S WORK IN GYNÆCOLOGY. By Kenneth N. Fenwick, M.A, M.,D.

DIAGNOSTIC PALPATION OF THE APPENDIX VERMIFORMIS. CASES OF APPENDICITIS. By George M. Edebohls, A.M., M.D., Gynæcologist to St. Francis Hospital, New York; Professor of Diseases of Women at the New York Post-Graduate Medical School and Hospital. Reprinted from the American Journal of the Medical Sciences. May, 1894; The Post-Graduate, April, 1894; and the New-York Journal of Gynæcology and Obstetrics, February, 1894.

PREGNANCY AFTER VENTRAL FIXATION OF THE UTERUS. A REPORT OF FOUR CASES. By George M. Edebohls, A.M , M.D., Gynæcologist to St. Francis Hospital, New York ; Professor of Diseases of Women at the New York Post-Graduate Medical Scho ol ; Consulting Gynæcologist to St. John's Riverside Hospital, Yonkers, N.Y. Reprinted from the Transactions of the New York Obstetrical Society.

MORPHINISM IN MEDICAL MEN. Read before the American Medical Association, San Francisco, 6th June, 1894. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitués.

THE MODERN AND HUMANE TREATMENT OF THE MORPHINE DISEASE. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitués. Read before the Pan-American Medical Congress, Washington, D. C., 6th September, 1893. Reprint from Medical Record, December 23rd, 1893.

DE L'AGRANDISSEMENT MOMENTANÉ DU BASSIN. Rapport lu au Congrès International des Sciences Médicales tenu à Rome du 29 Mars au 5 Avril 1894. Par Adolphe Pinard, Professeur à la Faculté, Membre de l'Académie de Médecine, Paris. G. Steinheil, éditeur 2, rue Casimir-Delavigne. 1894.

ANNUAL ANNOUNCEMENT OF TRINITY MEDICAL COLLEGE, Toronto, established 1850, incorporated by special Act of Parliament. In affiliation with Trinity University, The University of Toronto, Queen's University and the University of Manitoba ; and specially recognized by the Royal College of Surgeons of England ; the Royal College of Physicians of London ; the Royal Colleges of Physicians and Surgeons of Edinburgh ; the Faculty of Physicians and Surgeons of Glasgow ; the King's and Queen's College of Physicians of Ireland, and by the Conjoint Examining Boards of London and Edinburgh. Session 1894-5.

THE SPELLING OF SOME MEDICAL WORDS. By George M. Gould, A.M., M.D., of Philadelphia, Pa. From The Medical News, June 17, 1893.

CLASS-ROOM NOTES.

—Prof. Parvin says in cases of *Rupture of the Uterus*, when it has become necessary to perform laparotomy in order to deliver the child, and hemorrhage exists which cannot be controlled by either sutures or tampons of iodoform gauze, hysterectomy is indicated.

—Prof. Parvin says one of the best methods of getting rid of the accumulation of water that occurs in cases of *Hydræmia* is by giving the patient a hot bath for about twenty minutes and hen giving her a glass of hot water to drink, causing her to perspire freely.

—Prof. Parvin says, if immediately after the birth of the child the *after pains* are so severe as to prevent the mother from sleeping, and are not relieved by the application of hot compresses to the uterus, with compression of the uterus, opium and camphor or antipyrine may be administered.

—*Atropine and Belladonna* exert their chief influence on blondes.

—Prof. Hare says *Chronic Catarrh of the Mucous Membrane* is often relieved by alkaline diuretics.

—Dr. Wolff does not favor the use of the cold bath in the treatment of *Pneumonia*, for the reduction of the fever.

—Prof. Parvin believes that women who develop a goitre during their pregnancy should not nurse the child.

—Prof. Parvin says that the period of incubation of *Scarlet Fever* is longer in a pregnant than in a non-pregnant woman.

—Prof. Hare says creosote should not be employed in cases of *Tuberculosis* in which hemorrhage or hectic fever is present.

—In cases of *Intestinal Flatulence* combined with indigestion, Prof. Hare says chloroform will be found to be very valuable.

—Prof. Parvin says a nervous woman is more predisposed to *Puerperal Convulsions* than one whose nervous system is not over-sensitive.

—In cases where a tumor of the breast occurs, accompanied by a retraction of the nipple, Prof. Keen says that, as a rule, the tumor is a *Carcinoma*.

—Prof. Keen says in *Cancer occurring in the breast*, the whole breast should always be removed, on account of the infiltrating method in which a cancer grows.

PUBLISHERS DEPARTMENT.

At the Antwerp Exposition, Wm. R. Warner & Co. were awarded the Grand Prize for the excellence and purity of their preparations.

WASHINGTON, D.C., Sept. 11, 1894.

GENTLEMEN :—

I desire to thank you for sample of the drug, often but poorly imitated, made by your firm, and known as "Antikamnia."

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