Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XIX. TORONTO, DEC., 1886. No. 4.

Original Communications.

REPORT ON OBSTETRICS.*

BY H. M. MACKAY, M.D., WOODSTOCK.

Obstetrics has, during the past year, engaged its full quota of enthusiastic and active workers. And while there has been no specially marked departure by way of new discovery, a great deal of earnest and thorough work, in investigating and discussing the old landmarks, has taken place.

The subjects receiving the greatest prominence were the various operations in the abdominal cavity, for diseased ovaries, Fallopian tubes, pelvic abscess, extra-uterine pregnancy, Cæsarean section, hysterectomy, and Alexander's operation. Albuminuria of pregnancy, placenta previa, and puerperal fever have also claimed their share of attention.

To open the abdominal cavity is now considered so trivial and easy an operation, that the surgeon who is not able to report a series of such cases in his practice, is in danger of being rated as very commonplace. The particular organ upon which the greatest amount of tender solicitude has been expended, of late, is the ovary, which is either an oft-offending or a much-maligned member of the female anatomy, and occupies at present a somewhat precarious place. With the tendency to so frequently, associate the ovaries as a chief factoral cause in so many female diseases, there is, undoubtedly, danger that they may, at times, be unwarrantably sacrificed; and it is scarcely to be wondered at if we now and again meet with protests against a too great readiness, verging on recklessness in "performing capital operations on the possibility of relieving diseases not necessarily fatal in themselves." And it is quite possible that, occasionally, cases supposed to have been improved by the removal of an ovary or ovaries, have derived from the operation but the benefit of reflex sympathy, that might have been equally marked had a finger or an ear been removed instead. Nevertheless, there is no doubt but öophorectomy is now established, as an important and successful advance, in obstetric surgery; and though not originating during the past year, it has been on trial, and its claims vindicated as the best, and indeed the only, recourse in many cases where other treatment holds out not even a ray of hope to the patient. The same remarks apply to the removal of the Fallopian tubes.

Ovariotomy, as an operation, has reached such perfection, as scarcely to admit of further improvement.

Cæsarean Section, until recently regarded as a desperate alternative, is now, in view of the confidence with which laparotomy is undertaken, considered an ordinary operation, and recommended to take the place of craniotomy. This is approved of by many authorities. In Crede's clinic, three women are reported as having been subjected to that ordeal, when the indication was merely relative, and delivery would have been easy with craniotomy.

Extra-uterine pregnancy has come in for a good share of attention, and the following opinions have been emphasized: That the disease is not so rare, nor necessarily so fatal, as is generally supposed; that the diagnosis is at times most difficult, as shown by failure at the hands of the some of the most experienced diagnosticians; that early diagnosis is most important. In differential diagnosis the most reliable signs are the absence of the placental souffle and uterine contractions—both well-marked symptoms in uterine gestation. The treatment most in favor is to destroy the fœtus early, by electricity or puncture, and then leave the case to nature, long enough for placental vessels to atrophy, before resorting to further operative procedure, when laparotomy is recommended.

Alexander's operation, for misplacements of the uterus, has been tested and its merits discussed at the obstetric and gynecological societies. From these the inference is that the operation has not yet met with a favorable reception.

Albuminuria of pregnancy: The consensus of

*Read before the Can. Medical Association, Aug., 1886.

opinion seems to be that the parturient suffering from albuminuria should be under vigilant observation during the later months of gestation, and the urine frequently examined quantitatively and qualitatively, and in case alarming symptoms should develope, to bring on labor. Should eclampsia supervene, pilocarpine, chloroform, potassae bromide, chloral hydrate, and morphia are the remedies most in favor.

Placenta previa has not yet reached a definite and finally accepted line of treatment, applicable in all cases, and probably never will. The following may be taken as a safe general guide:—Patients living in the country and beyond the reach of immediate attendance, should, on the first alarm of the nature of the case, be either prematurely delivered, or left in the charge of an intelligent nurse, who could plug the vagina, awaiting the arrival of a physician; or, the patient should be moved into town, to be within easy reach, when nature might be trusted a little longer with the conduct of the case. Should hemorrhage become alarming, a choice of three methods is recommended, in each of which prompt action is indicated: First, plug vagina, and await the advent of labor and dilatation of the os. Second, rupture membranes, that the hard presenting part of child may arrest the hemorrhage. Third, to sweep the finger within the cervix, so as to separate the placenta from the lower segment of the uterus. If bleeding still continues, turn, bring down a foot, and either leave the case to nature or hasten delivery, according to the urgency of the symptoms.

Therapeutics.—The subject of antiseptics in private obstetric practice has been discussed, but no definite conclusion arrived at as yet. The general opinion seems to be: Use cleanliness *severely*, and interfere with natural processes as little as possible. In cases that required, or had been subjected to, extraordinary interference, the vagina and external genitals should be gently and carefully sopped with some disinfectant, but on no account with such violence as might uncover abrasions and open avenues for the absorption of products in process of decomposition.

The following remedies have lately come into deserved prominence: Viburnum prunifolium, in miscarriage; jaborandi, in albumuria and eclampsia; cocaine in vomiting of pregnancy, sore nipples and vaginismus. Perchloride of mercury gets the first place as a disinfectant or antiseptic.

Bibliography.—Many new and valuable additions have been made to the literature of obstetrics during the past year. So numerous, indeed, that a mere list of the titles of the works would occupy too much space for this report. I have had the pleasure and satisfaction of looking into two of them, "The Science and Art of Midwifery," by Mr. Thompson Lusk, and "A System of Obstetric Medicine and Surgery, theoretical and practical," by Messrs. Robert and Fancourt Barnes. Both works have been highly commended, and together make a fairly complete obstetric library for the ordinary practitioner.

A monogram, by our esteemed and energetic president, Dr. Holmes, on "Puerperal Mania," has been well received and favorably commented upon.

INTRACRANIAL INJURIES.*

BY DR. BLACKSTOCK, THOROLD, ONT.

My object in presenting the two cases described in this paper is not to herald any new mode of practice, either medical or surgical, but to demonstrate the possibility of recovery from traumatic injuries to the brain, however appalling they may appear to be. On the 28th of Nov., 1879, a frightful catastrophe occurred in a shingle mill in Saurin, a small village on the North Simcoe Railway. No one seemed to know exactly how or why the accident occurred, but the shingle saw jumped from its attachments, about eight feet to the north end of the mill completely severing the left arm of the sawyer about the middle humerus, after which it cut through four ribs, penetrating several inches into the lung tissue, and inflicting other severe wounds. I will dismiss this case by stating that with the assistance of my partner, Dr. Gould, I re-amputated the severed arm, and dressed the other wounds in the ordinary way, and the patient was able to walk about on the twelfth day after the accident, making a good recovery. In the south end of the mill a lad named Edward Denton, aged twelve, was packing shingles. The balance wheel, the rim of which was about three inches in diameter, parted in two, the end of one

Read before the Ont. Med. Assoc. Toronto, June, 1886

half of which is supposed to have struck young Denton, who was about forty feet distant, above the ear crushing in a portion of the skull almost circular in shape, and about three and a half inches in diameter, involving the squamous portion of the temporal and inferior portion of the parietal bone. Saurin is about eight miles from Hillsdale, where I was then located, hence I did not arrive at the scene of the accident until about two hours after its occurrence. The boy was lying on a lounge in a semi-comatose condition. I found a fearful looking wound, in which blood, brain-matter and comminuted portions of the skull were freely mixed together, there being in particular one solid mass of brain-matter, weighing at least an ounce, upon the external surface of the wound. I could find but one small fragment of bone detached. There were four distinct openings in the scalp, and upon removing all the clots, both external and internal to the scalp, thus relieving the brain compression, the patient became conscious but could not speak; in fact, it was about six weeks after the accident before he could articulate at all, and even at present writing his powers of speech are not perfect. As might have been expected, there was more or less paralysis of the arm and leg on the opposite side, although he recovered the power of the lower limb sufficiently for purposes of locomotion in about a year, but the arm still remains almost totally useless.

There were in all eighteen fragments of bone, which were removed or came away from the wound during a period of about six months after the accident.

Brain-matter was discharged freely from four openings for two weeks, but the severed portions of scalp finally cicatrized and the patient recovered so far that in about two years after the accident he could earn his own living by soliciting orders for magazines, books, etc. His mental faculties, when I last saw him, were perfectly normal.

The next case I shall lay before this Association was that of a young man named Deans, aged 18 years whose family resided near Gibson P. O., in the Township of Tiny. I was called to see him on the 8th October, 1881.

The patient had gone out shooting the previous afternoon. The event proved it was doubtful which end of the weapon was most dangerous when discharged. His friends found him next morning in the woods, he having lain there all the previous evening and night, during a heavy rain storm, and conveyed him home.

I arrived there (about 15 miles from Hillsdale) about 2 p.m. on that day. I found the patient stretched upon a sofa with a vertical wound in the upper part of the forehead, nearly in the median line, about three inches in length. Upon passing my finger into the wound I detected the small end of a screw nail, which I tried to remove by gentle traction. Failing in this I seized it with a strong pair of incisor tooth-forceps, directing two strong men to hold his head and shoulders firmly while I exerted all the muscular force I was master of in a vain endeavor to dislodge it. I then with a bone forceps removed a portion of the bone around the opening, after which, by a prolonged and supreme effort, I succeeded in removing not only the nail but the entire gun-breach to which it was attached, weighing in all exactly two ounces. As may be understood the screw nail passed through the projecting end or clip of the breach, and I suspected at first that it had in some way got bent upon itself at right angles, and the portion of it I could not see was caught behind the frontal bone. Therefore during my manipulations for its removal with the forceps I rotated the screw nail, and consequently the entire body of the gun-breach through the whole of the anterior portion of the cerebrum. The flow of brain-matter was so copious during each of such sweeping revolutions of the foreign body that I was forced to place a towel over the poor sufferer's eyes, nostrils and mouth, to prevent his being blinded or suffocated.

Strange to relate the patient was perfectly conscious and sensible during the whole of the operation which must have lasted at least half an hour and at times during the sweeping revolutions of the breech complained most bitterly that I was dragging his eye-balls into his brain. The patient recovered perfectly without a single bad symptom, and without the impairment of any of his faculties mental or physical. My assistant Dr. McGill or myself made several visits to him after the accident for a period of about three weeks. The wound cicatrized in due course and the young man attended school the following winter, and was I believe, preparing himself for a school-teacher, and enjoyed so far as I could learn the very best health. However about one year from the date of

the accident he was at a thrashing bee and was suddenly seized with vomiting and died before I could see him, so that whether his death was in any way connected with the accident or not I cannot state, although a post mortem would have been very interesting.

The treatment in both was essentially similar. Both patients were kept fully under the influence of morphia given in small and repeated doses. I ordered a pledget of absorbent cotton, saturated with a weak solution of carbolic acid to be applied lightly and constantly to the respective wounds. But my main reliance in both cases was the constant application of crushed ice in bladders to the whole of the head for from ten days to two weeks, thus playing, if I may be allowed the expression, a vigorous and successful game of "freeze out," with the threatened cerebral inflammation. Mr. President and gentlemen, the above is a "round and unvarnished tale" of the above cases written in haste and from memory merely. Had I been living in Hillsdale I could doubtless have been able to present you with the gun-breech and screw nail, as well as young Denton in the flesh. I may state, however, that I had the benefit and pleasure of my having friend Dr. Powell in consultation in the case of Denton, and am happy to state that I possess some of the larger pieces of bones removed from the skull of that interesting patient.

THE IMPORTANCE OF CIRCUMCISION.

BY H. G. ROBERTS, M.D., NEW GERMANY, ONT.

This operation is one that has been practised from the remotest ages. It is customary at the present day with the Christian Copts of Egypt, the Abyssinians, and many of the wild African tribes. It is older than the Koran with the Mahommedans, with whom and the Jews it is practised as a sacred rite. By many it is regarded as belonging peculiarly to the latter people. In America it is not practised at all except when circumstances demand it. The original object of the custom was probably the promotion of cleanliness, which is doubly necessary in hot countries. The fact must be apparent to every medical man that the want of circumcision, and consequently the want of cleanliness, is the direct cause of great discomfort and many diseases, both in old and young, even in temperate Canada; and I unhesitatingly say there are many lives lost yearly, and many suffering from balanitis posthitis, phimosis and cancer, that might be perfectly well, if this ancient custom were more generally practised. As an example of the fatal tendencies which follow a neglect of this operation, I will cite two cases I met with in practice last summer.

1. George K—— æt. 3 years and 6 mos. Was called to see him in July last. Had been under medical treatment for 4 months. Was given up to die of tuberculosis of the intestines. Found him very much emaciated, so weak he could not stand alone. He was evidently at death's door. He had exacerbations for 2 or 3 days of every week, when his temperature would be 103° F. or more, pulse 140 to 160. He seemed on my first visit to have inflammation of every organ between pubes and larynx, as he cried with pain on even the slightest pressure on abdomen or thorax. Face was covered with boils, stools fetid and mixed with blood, which seemed to confirm diagnosis of tuberculosis. Examined the penis which did not look at all sore, found the foreskin so contracted that I could hardly pass the probe; dilated it with dressing forceps and found it was adherent to the glans. Determined to operate having gained the reluctant consent of the parents who were very incredulous. From the state of the lungs and heart, I considered it unsafe to administer an anæsthetic, so I had the boy firmly held. I slit up the foreskin to a little above the corona. Had much difficulty in peeling the mucous lining from the glans, found lumps of smegma behind and adherent to the glans; stitched the mucous lining on either side to the integument, and washed the parts thoroughly with a solution of boracic acid. The boy never had a bad symptom afterward. His fever disappeared, the heart became regular, the appetite good, and he gained flesh and strength very rapidly. To-day he is a strong healthy lad.

2. George G——, æt. 3 years, was always a delicate child, so much so, that he had never walked. When called to see him he commenced to cry, and the similarity of the sound to the noise made by the boy in the former case, attracted my attention and directed my observation to the same organ, which I found in a similar condition. I performed the same operation and with a similar result. The little fellow was soon running around enjoying good health.

I am at a loss to account for so much constitutional disturbance from so small a cause, *i. e.*, the adherence of the prepuce to the glans. Is it altogether reflex irritation? or may it not be absorption of smegma and consequently blood poisoning? I would like to hear from some of your many readers on the subject.

Correspondence.

FOOD vs. PHYSIC.

To the Editor of THE CANADA LANCET.

SIR,—"God sends the meat but the devil sends the cooks" is so true that it requires no argument, and I am inclined to think no one gets more experience on this painful subject than the country doctors. How many drunkards have been made, how many just on the dangerous brink, have gone down to the pit from bad cooking will never be known, and let me add, how many obstetrical operations have not turned out as expected from the same cause; let me give one case that might have had a different termination. I had been called out of bed, was up a good part of the night, tired and faint, and had to eat or try to eat the vile stuff that was set before me. The case was one I well knew, contracted cervix, with a very slow dilating os. I began to think I should fail, so I declared I must go home, and would be back in two hours. I told my wife for heaven's sake to get me some dinner. A well-cooked mutton chop and a glass of ale made a new man of me, and I went back and used the forceps, and both did well, all owing to the chop. We all know Domine Sampson was a different man, after partaking of the contents of Meg's kettle, to what he was before. Verily, said the Domine, verily I feel mighty elevated and afraid of no evil which may befall me. Now, if those who are in good health suffer so much from poorly cooked food, what must it be to the sick, and woe be unto the patient if the doctor knows nothing about cooking. And how is the young doctor to know if he is not taught? Is it not possible to have a short course of dietetics added to the curriculum. There is no need for more lectures—let the materia medica be purged of all the obsolete articles, and let the time devoted to them and to the preparation of chemicals, be utilized for this subject. Let the student be taught plainly what food to give in certain diseases and in certain states of the system, and full explanation *why* such food is required. Then how to cook it, and to judge if it is done properly. It is very properly said, send a young fellow into a carpenter shop to learn the use of tools if you intend him for a surgeon. So I say to make a real good physician, send him into the kitchen. Among the sick, food is of as much consequence as physic. Let me also add a word of praise for that excellent work—Manual of Dietetics by Forthergill.

F. C. MEWBURN. M. D.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY.

Montreal, 5th Nov. 1886.

The regular semi-monthly meeting was held this evening. Dr. Cameron in the chair.

Dr. Proudfoot exhibited a very interesting specimen, the brain of a young woman who had died from cerebral abscess, following the removal of polypus of the ear about a week before death. The woman had been infected with syphilis some few years ago. The symptoms of abscess were not well defined, or otherwise it would have been a hopeful case for trephining.

Dr. Johnston exhibited a specimen of colloid cancer of the rectum.

Dr. Shepherd shewed a sacculated kidney—part of the cells were filled with pus and part with clear fluid. On microscopic examination it was found to be of a tubercular character. Dr. S. also exhibited a most interesting specimen of stone (℥ii and ℥iij) removed from the pelvis of the kidney. It is probably the largest specimen on record, and the patient is doing well.

Dr. Kennedy exhibited the ovaries and tubes of a patient, who some years ago had been infected with gonorrhœa; the fimbriated extremities of the tubes were occluded.

Dr. Wm. Gardner gave a paper upon "Glimpses of Abdominal Surgery in Europe during the past summer." The paper was interesting, but brought out no new facts of interest, not already known to the profession. The Dr. is a great admirer of Mr. Lawson Tait, about whose dexterous operations he chiefly spoke, crediting Mr. Tait (upon hearsay evi-

dence) with performing an ovariotomy and "all being over" in *five* minutes.

Dr. Trenholme questioned the possibility of even emptying a fair sized ovarian cyst (say of 40 lbs.) in five or even eight minutes, let alone the completing the whole operation in five minutes. Such a statement he would receive with "a grain of salt." Dr. Hingston spoke of Keith's quiet deliberate mode of operating, and the marked success to which he had attained.

Montreal, Nov. 19, 1886.

The regular fortnightly meeting of the society was held November 17th, Dr. Cameron in the chair.

Dr. Major exhibited a patient with paralysis of the left vocal cord, the result of a tumor of the neck pressing upon the nerve. He also exhibited a case of incipient phthisis of the larynx—also a case where the local application of pure alcohol was benefitting a patient suffering from papillomatous growths of the larynx. Six years ago the Dr. had removed some growths but they had returned. All were now removed except one, and the patient was doing well.

Dr. Johnston exhibited a specimen of perforated cystic duct of the gall bladder. A gall stone was found impacted in the gall duct. Dr. R. P. Howard spoke of some of the clinical features of this case. While the patient died from general peritonitis, there was remarkable absence of pain throughout the four days illness—also there was no collapse—these features were unusual in cases of peritonitis from perforation.

Dr. Schmidt showed a specimen of cancer of the liver, stomach and pancreas in same person.

Dr. Geo. Ross exhibited a specimen of malignant disease of the œsophagus, where death resulted from the rupture of an abscess in the brain.

The secretary read a communication from Dr. J. W. Mills, giving some interesting information respecting embolism of the coronary arteries.

Selected Articles.

DISEASE: A STUDY.

BY J. MILNER FOTHERGILL, M.D.

Ease—bodily ease—how little do we regard it in health. When in its place comes disease (*dis* ease) how vividly we realize the advantages of ease. Ease then is a treasure whose value we never properly estimate till we have lost it.

We know nothing of the perpectual restless activity of the intestines till colic reminds us We never ponder over the complex mechanism of breathing until want of breath forces it upon our consciousness. We never realize all the advantage of motility in joints till that motility is interfered with by disease, or injury. We rarely consider the relations of the brain to the periphery till pain calls our attention thereto; or of the brain to motion until the motor power is impaired, or put in abeyance. Probably few ever think seriously of the sheer pleasure of thinking and being able to think, and what an exquisite delight a cultured brain is, until this power is waning or being lost. Who troubles about the elaborate arrangements for washing the waste *débris* of the body out of it by a water channel, until some obstacle or obstruction to the outflow is developed. The heart is a hollow muscle, emptying and filling with regular, even, rhythmic stroke, pumping the blood out of the great venous reservoirs into the arteries. We reck little of it, and its doings until something has gone amiss, and we experience discomfort therefrom.

That suffering, much abused organ, the stomach, has to endure any burden the palate may impose upon it until it enters in its inarticulate protest—the pain of indigestion—which compels the reason to put the palate in bonds.

The liver receives even less consideration. It cannot get rid of offending, or embarrassing matters by ejecting them, as can the stomach and bowels; it can only put the appetite in abeyance, and so relieve itself from over-taxation. Its protest is a purely negative one, *i.e.*, the cessation of the pleasure of eating. When by physiological rest it has regained its lost power, the evidence of its restored capacity is the return of the appetite.

In disease we find something more than the loss of ease, the substitution of discomfort for a pleasant sense of existence. There is something more in disease than this. In its maladies the body manifests the impress of its inheritance; and at other times bears the stamp of its embryonic development—the record of its evolution. Looked at from this point of view disease has widespread and far-reaching relations. A few considerations of this aspect of the subject will not only light up some obscure morbid conditions, but will lend them an interest and an instructive power, which will enable us to grasp them with a wider hold and a tighter grip.

What do we see in relation to gout—a very common malady. Gout, whatever its Protean form, rests basally upon the presence of uric acid in the body; and what have we, the Bimana, to do with uric acid? The waste matters of the body are cast out by the kidneys, as Galen knew; but he also knew that the constituents of urine

are formed in the liver. That mighty gland elaborates the food material borne to it by the current of the portal vein. It also converts waste matters into forms which admit of their being cast out of the body by the kidneys. When kidneys first appear we find the form of excrementitious matter to be uric acid. Uric acic as urates, belongs to animals with a three-chambered heart and a solid urine—Birds and reptiles. When the higher mammals appear we find them possessed of a four-chambered heart and a fluid urine. The nitrogenised waste now takes a soluble form, viz., urea. So long as the liver can practically convert waste and surplus nitrogenised matters into the soluble urea, so long indulgence in gout-producing food is compatible with impunity from unpleasant consequences. But the mammals never quite escape from the ways of their ancestors; and a small portion of the uric acid of their far away progenitors clings to them—like original sin. If from any reason, as the inheritance of an inefficient liver, or the viscus is impaired by excessive demand upon it, or, what is less frequently realized, the weight of prolonged care tells upon it and its delicate processes,—its functional capacity is diminished, we see the liver fall back upon the primitive urine product. It becomes less equal to the formation of urea, and reverts to uric acid. And what ensues after that? Either the kidneys become injured by the output of these primitive products of the liver, and we get chronic Bright's disease in time: or the urates are retained in the body and we get gout in all its numerous and Protean forms. Gout and Bright's disease with many and wide-spread complications, are the effects of a *materies morbi* formed within the body, and possessed of toxic properties. Like a fire embarrassed by its own ash we find the body may be poisoned, partially or fatally, by its own waste matters. The urine of one animal introduced into the veins of another is fatal to it.

Certain animals, as the poison snake, and the scorpion, distil a venom within them for offensive and defensive purposes. Serpent venom is a deadly poison. But poisons are formed by other animals than snakes and scorpions. Dr. Lauder Brunton, F.R.S., has pointed out ("Indigestion as a cause of Nervous Depression"), that malproducts formed in the digestive act may be toxic. These poisons oppress the brain and depress the action of the heart. They are excreted by the kidneys, while the liver, acting as a sieve, obstructs their entrance into the general circulation. In old gouty persons, the liver—as a porter at the gate—is impaired; while the contradicted kidneys fail in their duty of excretion. Hale old gouty persons are sometimes found dead in their beds after an unusually good meal, and a post-mortem examination of the body throws no light upon the cause of death. The learned doctor believes in these cases death is really due to toxic alkaloids formed within the body.

In one member of the Mustelidæ, to which belong the civet and the pole cat, we find a curious and singular weapon of defence in the shape of glands in the lower bowel which secrete, and emit a most offensive fluid. Ill-smelling products in human intestines are formed as scanthal and indol; and these bodies give a decided fœtor to the breath of some individuals. At other times they lend an indescribably offensive odour to the urine; not as a product of decomposition, but formed in the body and cast out in the urine when voided. Something derived from a common ancestor gives the fœtid fluid of the skunk, and the indol series in perverted conditions in man.

Then let us look at the relations of fœtal development to the diseases of later life. The epiblast, the outermost of the three early layers of the embryo gives the cerebro-spinal system, and the sensitive skin. From the hypoblast, or innermost layer, we get the glandular epithelium of the viscera. From the mesoblast spring bone and muscle, blood-vessels, and nerve sheath, as well as the packing material of the body. How much of the disease we encounter is due to the after growth of this connective tissue at the expense of the tissues derived from the other embryonic layers? Inflammation, involving all tissues of an organ, we are now told takes its initial step in an impaired state of the connective tissue, which leads to dilatation of the minute blood-vessels—thus deprived of the usual support given by the packing material. Parenchymatous inflammation, induration, or cirrhosis, is a growth of connective tissue at the expense of the glandular elements of the viscera, or at the expense of the pure nerve structure in cerebro-spinal sclerosis. So is arteriocapillary fibrosis. Tubercle is a growth of lowly connective tissue amidst the products of the two other layers of the embryo. The glands of the intestine, and the epithelial lining of the bowels are its seat in early life, while tubercular growth of intra-cranial seat presses upon the true cerebral structures. After puberty cell-proliferations of tubercular character are common in the lungs. Indeed, the encroachments of the connective tissue of the mesoblast gives us a large array of morbid conditions in after life.

Cancer, also, Virchow says, is not a heteromorphic histological element. Scirrhus has been described as a hetertopic growth of cartilage cells. Sarcomatous growths consist of muscular tissue. Encephaloid cancer is the hetero-chronic growth of the marrow cells of fœtal bone we are told. Melanotic cancer is a pigment growth. While it is asserted that colloid cancer is undistinguishable under the microscope from the sarcode of the umbilical cord. As to cancer of the breast, Dr. Creighton has shown us that the histological elements thereof are identical with the materials

which swell the breast before lactation commences, and found in the breast after lactation has ceased until the gland acquires it wonted size. Curiously, too, we find cancer to have a marked tendency to crop up where the epithelium changes. Thus we find it at the lip where skin and mucous membrane meet; and also at the other extremity of the alimentary canal where skin and mucous membrane meet once more. Again, we see the tendency in the growth of cancer in the sulcus of the preputial fold. In the female we find cancer developing where the columnar epithelium of the uterus gives place to the squamous epithelium of the vagina.

Another curious clinical fact with which we are familiar is the different manifestations of gout in various persons. "The broad gouty persons suffer rather from articular gout, gouty disease of the heart and eczema, who are usually free from dyspepsia and nervous disorder of the heart, but who certainly are liable to bronchitis. The gouty man of thin flank is not so liable to articular gout, heart disease, or bronchitis, but is liable to nervous disturbances, skin trouble, and dyspepsia. Just as the external appearance or physique differs, so does the form of their gout, and also the treatment of each. The massive, solid, gouty folk might be fitly spoken of as the Norseman type, while the other slighter folk of highly developed nervous system, but lighter in the bone, might be classed as of the "Arab type;" of course there are blends" ("The Diseases of Sedentary and Advanced Life") Now what relation do these morbid manifestations bear to early fœtal devolopment? We find gout in the large massive people, fixing itself upon the outcomes of the mesoblast, the motor layer. The articulations suffer in the Norse gouty man, and the heart, which in some respects closely resembles a joint (Hilton on "Rest and Pain"), while in the persons of high nervous development, but lighter in the bone—the gouty Arab—disturbances of the nervous system and the skin rather are manifested; both derived from the epiblast, the one from the corneal, and the other from the medullary division of that outer embryonic layer.

Valvular lesions of the heart cause also a reversion, or return to an earlier primitive form of heart. The original primitive heart consists of a pulsatile muscular sac emptying and filling rhythmically; a certain amount of blood flowing backwards as well as forwards at every systole. Gradually, valves are developed by which regurgitation on systole is prevented, and so the muscular power is economized. What do we see when these valves are injured and rendered incompetent by disease —a return to the condition of the primitive muscular sac. The heart becomes lowered or truly degraded, approaching the primitive form of heart. Deprived of the advantage gained by the development of valves, we look to hypertrophy of the muscular wall to compensate the valvular injury, *i.e.*, in other words we hope to secure a heart of lower type. With the extent of the lesion, that is the injury to the valves, goes the general capacity of the body, and the completeness of the muscular compensation. If the lesion be a small one the muscular compensation is readily secured, and well maintained, the individual being little worse. But if the injury be a large one, so that the heart is greatly degraded, and approaches a valveless muscular sac, the muscular compensation is necessarily imperfect, and quickly wears out, the organism being seriously crippled.

Degeneration in the nervous structures gives us a striking example of dissolution as compared to evolution. The large cells and coarse fibres of the primitive brain centres developed at an early period of embryonic life are followed at a later period by "the finer cells and thin fibres of the accessory portion of the brain." When degenerative changes are afoot we see the nerve structures dissappearing in the inverse order of their appearance. Those which came late go first; while those which came early manifest greater resisting power. The vascular supply has something to do with this fact, the nerve centres of early development being more favourably situated as regards their blood supply, than those which follow.

From these illustrations we can see, as through a glass darkly, that disease is not merely morbid change, but to a certain extent, the undoing of evolution; a species of degradation or reversion being entailed thereby, or in other words, a dissolution, or return to more primitive and lower forms of life.

We can recognise the law of development acting within closer and more restricted limits in the spread of disease amidst races unprotected by experience, as for instance, in the spread of smallpox amongst aborigines, and phthsis among the South Sea Islanders. On the other hand, it is a notorious fact that the negro is practically safe against, and exempt from yellow fever.

The history of "Yellow Jack" throws a curious and lurid light upon the recognised clinical fact. Yellow fever hangs around the harbours frequented by slavers in the old days of the iniquitous slave trade. Any one who has seen pictures of the way the unhappy negroes were packed to economize space in the slave-ships can comprehend what must have been the miseries and the horrors of "the middle passage" in the heat of the tropics. Myriads perished on the way: and the slave ships reached the American shores charnel houses simply. Discharging the remnant of their cargoes—their wretched human freight—these ships were then thoroughly cleansed and scoured; and the foul discharges of the ill-fated Africans were cast out into the sea. There they were deposited as a sediment at the bottom of these harbours; many of them

comparatively tideless bays. There they remain the unseen evidence of the wrongs suffered by the black races at the hands of the white man; and when from any cause this toxic mud is disturbed, up springs an endemic outbreak of yellow fever, which claims the white man as its victim, leaving the negro comparatively untouched. The avenging deities indeed have their feet shod with wool?

Yellow fever is then the echo or refrain of the horrors of "the middle passage." The unsought revenge of the enslaved African upon his white-skinned oppressor!

Such then are some of the aspects of disease forced upon us by extending information and deepening insight. They reveal to us far away mysterious, curious links and associations with the past. Disease, pain, suffering, incapacity, mental and bodily, which in our text-books are referred with shallow penetration to immediate palpable causes, we find really depending for their foundation upon something lying deeper down than etiology. We can see that many morbid manifestations involve inheritance extending backwards to far away ancestors. Others we see are but further and later extensions of embryonic development; the elements of one layer preying upon and despoiling those of the others under abnormal and favouring circumstances. The practical outcomes of such study of disease is to recognise how underlying, unrecognised proclivities and potentialities may be awakened and roused into active existence, —often by the life-habits of the individual.

Thus indulgence in alcohol may start up a superabundant growth of connective-tissue encroaching upon and destroying the true gland elements of a viscus in cirrhosis. We can realize how prolonged abstinence from fat can bring about, in those predisposed by descent thereto, a growth of tubercle—lowly connective tissue often too degraded to live, and carrying with it to its grave the organism in which it has developed. We can comprehend how indulgence of the palate overtaxing the liver can set on foot a retrograde movement which brings the human liver down to the grade of the liver of reptiles. When gout is set up we can discern it moving on certain lines mapped out in the early embryo in its different victims; which we unconsciously recognise when we apply the term "diathesis" thereto. When nervous degeneration is afoot we see the latest nerve groups to be developed are the first to go —the latest outcomes of evolution the first to perish in involution. We can even perceive a certain moral retribution in yellow fever, the scourge of the white man, passing over the lowly African, and haunting the resorts of slave-traders. We can see, indeed, the present resting upon the past in a thousand ways.—*The Med. Press and Circular.*

THORACENTESIS FOR PLEURITIC EFFUSION.

Among the subjects which occupy a sort of middle ground between the general practice of medicine and that of surgery, none is of greater interest or of greater importance than the question of the proper management of serous effusion into the pleural cavity. In regard to the treatment of empyema there is little difference of opinion; but in the treatment of purely serous effusion different practitioners hold diametrically opposite opinions. Some rely almost exclusively upon medicinal remedies, while others believe in early operative interference.

There are two principal reasons assigned for preferring medicinal treatment: First, it is sufficient in the great majority of cases to effect a cure, and it is safe; and, second, operative procedures are not more efficient, while they are dangerous.

In the defence of operative interference these reasons are directly reversed, and puncture of the wall of the thorax is asserted to be the best way of getting rid of the immediate and remote effects of an effusion, while, if properly conducted, it is almost entirely devoid of danger.

To decide which of these opposite opinions is correct, or what mean between them may be adopted, is not an easy task. But something may be gained by examining the grounds upon which they rest.

The efficiency of purely medicinal measures in the treatment of moderate pleural effusions cannot be doubted, nor can the assertion that it has sufficed for very large effusions be denied. To select but a few illustrations of this fact, Barbe, who is not afraid to operate, reports, in the *Archives Générales de Médecine* for May, 1885, a large number of cases cured by the use of iodine externally, and of certain internal remedies. In some of his cases the effusion was estimated at as much as four pints. By the method which Kōrner of Graz, first used in 1863—which consists in the withholding of fluids from the patient and in the administration of salt — some remarkable results have been reported. Thus Glax, in the *Zeitschrift fur klinische Medicin.*, Bd. ix. Heft 5, records twelve cases in which the exudate filled or almost filled the pleural cavity, and in which a cure was effected in an average of twenty-two days. Similar results have been reported by other trustworthy observers.

In the face of such facts, and of the opinion of many of the best clinicians, it must be acknowledged that in most cases the medicinal treatment of pleural effusion is entirely efficient, so far as getting rid of the effusion is concerned. Whether or not it is entirely safe, depends somewhat upon the way in which this word is applied. It is safe enough so far as the immediate result is

concerned. But is it safe when the ultimate issue of the case is considered? Those who favor puncture of the chest wall assert that there is great danger to the lung from delaying its expansion, danger of adhesion, of consolidation, of retraction of the chest wall, and of permanent dislocation of other organs.

These accusations are somewhat vague, and, so far as we know, are not supported by any carefully prepared statistics. Still they deserve consideration, and the well-recognized fact that attacks of pleurisy often precede the outbreak of phthisis, to which Chauvet has recently called attention in the *Lyon Mèdicale*, May 24, 1885, may indicate some imperfection in the method of treating pleurisy. This point, however, should not be strained any more than another, which is made against operative interference, that the outbreak of phthisis which sometimes follows is to be attributed to it.

The negative evidence in favor of the medicinal treatment of pleural effusion lies in the asserted danger of puncturing the pleural cavity. This is said to consist in the risks of septic infection, of converting a serous effusion into empyema, of arousing into activity a latent tendency to tuberculosis, and a certain danger of wounding the lung. The last of these dangers is hardly of much significance, the next to last probably owes its terrors to the mistake of taking *post hoc* for *propter hoc*. The danger of septic infection and of converting a serous effusion into an empyema is very real, and there have been only too many exemplifications of it. But it is an error to suppose that the danger is inevitable. With proper antiseptic precautions there is scarcely any reason why tapping the chest should subject the patient to risk of this sort. It is possible, of course, that the aspirating needle or trocar may pass through the fluid and wound the lung, so that from it a source of putrefaction or of specific disease shall gain access to the cavity of the pleura. But this is very unlikely to happen, and no virulent material ought to come from without if the operation be done correctly. That this, however, does sometimes take place only shows that those who have had such results have something to learn in regard to the principles and practice of asepsis.

It cannot be maintained that there is any considerable danger in the operation of thoracentesis when done carefully, and the choice between it and medicinal treatment must be determined by the estimate of their relative efficiency, and especially by the suitability of either to each particular case.

In some cases the most conservative medical man feels constrained to tap, in others all but extremists would hesitate to do it. Aufrecht, in the *Berliner klinische Wochenschrift*, No. 10, 1886, maintains that small effusions—which may be cured by salicylic acid—should not be tapped, but when the effusion reaches the third intercostal space in front, the fluid should be let out; and this he believes to be a good rule even when the symptoms do not seem to threaten life. But it is not well always to empty completely the pleural cavity. Aufrecht thinks that more than five pints should never be withdrawn at one sitting, and Barbe, in the paper above referred to, is of the opinion that tapping need not be resorted to until the accumulation amounts to about two quarts, and that only half of this should be drawn off at a time. His opinion is founded on an experience of fourteen cases, in which he made twenty-seven punctures, and in which there were no subsequent paroxysms of cough, or serous expectoration. In Aufrecht's experience, morphia subdued the paroxysmal cough perfectly.

Very recently Heitler, in a paper in the *Centralblatt fur die gesammte Therapie*, for June, 1886, has advocated active interference in pleural effusions. He does not believe that early puncture can abort a pleurisy, and recent French experience has demonstrated that putting such a belief into practice has led to an increased mortality. Aufrecht does not overlook the fact that desperate cases have recovered without tapping. But he regards the presence of either a very large effusion, a rapid rate of effusion, or a long persistence of the effusion as a sufficient indication for operative interference. What he means by long persistence of the effusion may be gathered from the statement that thoracentesis should be practised if the effusion remains stationary for two or three weeks, and shows no tendency to resorption. Stöhr, in an inaugural thesis, Erlangen, 1885, came to much the same conclusion. He analyzed fifteen cases of operation, and considered the proper indications to be urgent symptoms, great effusion, rapid accumulation, and considerable displacement of the viscera.

In all that has been said thus far, it has been assumed that the discussion refers to simple serous effusions. For purulent, ichorous, or hemorrhagic effusions, the propriety of tapping, drainage, and washing-out, seems to be beyond question. But even in deciding what is to be done for an effusion supposed to be purely serous, it must not be forgotten that it cannot always be certainly determined without resort to hypodermatic aspiration. Polaine, in the *Gazette des Hôpitaux*, Nos. 38 and 130, 1885, has asserted that there are no certain signs of the nature, nor of the amount of an effusion. This view may be an exaggerated one; but the possibility of error in this respect should not be overlooked.

In conclusion, we think that it may be said that medicinal treatment suffices for the relief of the great majority of cases of serous effusion in the pleural cavity, but that tapping should be resorted to when a rapid accumulation produces dangerous

symptons, or when long persistence of a large effusion makes it likely that this may cause irremediable changes in the lung or chest wall. The assertion that phthisis may be provoked by a properly conducted tapping is not borne out by a study of a large number of cases, and the risk of converting an innocent effusion into a dangerous one, we believe to be dependent upon circumstances which can be avoided.—*Med. News.*

ON THE VALUE OF BORIC ACID IN VARIOUS CONDITIONS OF THE MOUTH.

Boric acid is now officinal, and justly so. It has long been used in various metallurgical and ceramic operations, and more recently its preservative power has been abundantly demonstrated. It is this antiseptic power which gives it its great therapeutic value. It is a very stable compound—one of the most stable of the acids; it is not volatile, and only exerts its action when in solution; fortunately, however, it is soluble in more than one menstruum. Up till now, its chief application has been in connection with modern surgery, where the boric ointment, lint, and lotions all hold a prominent place. There are spheres of usefulness for it, too, in medicine; and one of these is in diseases of the mouth. It is the benefit of its local action we usually wish to gain, for, though sometimes given internally—as in irritable conditions of the bladder—its topical antiseptic effect is more often desired. In connection with its local application in various diseased conditions of the mouth, its solubility in water and glycerine, its unirritating character, its comparatively innocous nature, and its almost tastelessness, are greatly in its favor. More particularly is this the case in treatlng such conditions in children, whose oral cavities cause them so much annoyance. Speaking generally, boric acid will be found useful in all conditions of the mouth, fauces, pharynx and nose, where there is any abrasion of the epithelium; whether it be used as a powder, gargle, mouth-wash, pigment or confection. More definitely, I may say, it is not contra-indicated in any of the forms of *stomatitis*, though scarcely severe enough for the graver varieties.

In *simple catarrhal stomatitis*, a mouth-wash, containing from 10 to 15 grains to the fluid ounce, speedily cures the condition, and exercises the same beneficial influence in the *ulcerative* form, though there, in addition to the rinsing of the mouth, a local application in the form of the powder or pigment should be made to the individual follicular ulcers. The powder simply consists of finely powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (1 in 4 or 5). In both cases, the addition of chlorate of potassium is advantageous; indeed, I usually combine it, but it is not essential.

Nothing I know of is at once so rapid and so efficient, in the treatment of *parasitic stomatitis* or *thrush*, as this remedy. The youngest children do not object to its application, and, occasionally, you have to caution against its too frequent use. The *oidium albicans* quickly succumbs to its influence. I am well aware of the great value of nitrate of silver in many of these conditions; but, I am also alive to its extremely disagreeable and persistent taste, and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth-pigment or as a confection. Honey and sugar have both been condemned, as being inadmissible, in combination, for the treatment of thrush; but, so far as children are concerned, I must say I consider a confection (though made with honey), which has been impregnated with boric acid, gains more by its palatableness than it loses by the tendency of the saccharine matter to further the growth of the fungus. The boric acid at once does away with this tendency. Let the pigment be frequently painted with a brush over the patches, never omitting to do it after food has been taken; or, a little of the confection simply allowed to dissolve in the mouth; and the days of the fungus will soon be ended. I have found boric acid, combined with its salt (borax), markedly beneficial. Borax alone, however, is not nearly so good.

In *pharyngitis*, and *relaxed conditions of the throat*, a gargle, containing boric acid and glycerine, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition, in which I have found combinations of this substance helpful and grateful to the patient. I refer to the condition in which we frequently find the mouth, tongue and teeth in severe cases of typhoid fever. The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, crusted with a fœtid fur. Under such circumstances, a pigment containing boric acid (30 grains), chlorate of potassium (20 grains), lemon juice (5 fluid drachms), and glycerine (3 fluid drachms) yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily becomes detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria; the chlorate of potassium cools and soothes the mucous membrane; the glycerine and lemon juice moisten the parts, and aid the salivary secretion. I consider this application well worth a trial.

So much for the soft parts; a word in conclusion regarding the teeth. Few medical men, I suppose,

have ever given a prescription for a tooth-powder (such a matter is beneath their notice), and the selection of the ingredients for the various powders and pastes in vogue for the purpose of beautifying and cleansing the teeth is left entirely in the hands of those who certainly should not know better than medical men. I have frequently trespassed on this debatable ground, and recommended a particular dentifrice In view of the extremely important part the teeth play in the economy of life, I never hesitate occasionally to inquire as to the attention they receive.

A tooth-powder should possess certain characteristics ; it should be antiseptic, cooling, agreeable to taste and smell, and have no injurious action on the teeth. After use, it should leave the teeth white, and a sensation of freshness and cleanliness in the mouth. As an antiseptic in this connection nothing can displace boric acid. For years I have used the following powder, and can recommend it: Boric acid, finely powdered, 40 grs. ; chlorate of potassium, ℥ss ; powdered guaiacum, 20 grs. ; prepared chalk, ʒi ; powdered carbonate of magnesia, ℥i ; attar of roses, half a drop The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions : the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally ; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

It is only right to say that boroglyceride (Barff) can replace boric acid in almost all the forms of administration I have enumerated ; it is efficacious, sightly, and pleasant to the taste.—*British Medical Journal.*

TESTING HOUSE-DRAINS.

At a conference in connection with the Building Exhibition held in London under the auspices of the Society of Architects, Mr. R. K. Burton described methods used by himself in testing the soundness and arrangement of house-drains. Three questions, he said, were to be decided : (1) Is the drain water-and-gas-tight ? (2) Is it self-cleansing ? (3) Is it disconnected from the sewer ? The first point is best decided by a test ; but it is well to observe the appearance of the joints before taking the trouble to apply any test, as such may at once reveal the fact that the drain is leaking. In more cases than those who have not made many inspections would imagine, it will be found that there is absolutely nothing in the joints of the tile-drain. In others it will be found that there is clay only, and he had never known a clay-jointed drain to be water-tight. In still other cases it may appear, from looking at the tops of joints, that they are carefully made with cement ; but when a rod of iron or a chisel is plunged into the earth underneath them, it comes up wet and black with sewage. It is only when none of the appearances described are to be seen that it is worth while applying a test. The best undoubtedly is the water-test. In this the drain is opened by the removal of a pipe, and is plugged.

It will be found impossible to fill more than perhaps about one out of three drains, except in houses which have been very recently remodelled, and that it is necessary to avoid pouring too much water into a leaky drain. If the drain does fill up the running water is stopped, and it is observed whether the water in the gullies or surface-traps remains at a constant level. The test next in efficiency to that by water is the smoke-test. The next question is as to whether the drains are self-cleansing or not. As in the case of the water test, an opening must be made ; but it is not needful to remove a whole pipe. It is sufficient to chip a round hole in the top of one. If no deposit appears just under the opening, water is allowed to run into the drain at the upper end, and the flow is observed at the opening. If the water runs briskly and clear past the opening all is right. If, however, it comes tardily, and carrying deposit with it, it is a question of ascertaining the cause. A drain, if well laid, should, with a fall of one in sixty, clear itself. A house-drain should seldom or never be larger than six inches ; four inches is large enough for very small houses, and if five inches were the size generally made, it would probably be better than either four inches or six inches for the majority of houses. Now as to whether the drain is disconnected from the sewer or not. To make absolutely sure whether or not there is a concealed trap on the drain, if the opening does not reveal this, the only plan is to pass rods down the drain. One may, however, have evidence approaching to certainty by burning a match in the drain, and observing whether or not there is any current of air through it. If there is, it may be assumed that there is no trap on the drain. It is necessary to test each branch for self-cleansing properties. The material for soil-pipes should be ascertained by removing the wooden casings which generally cover them. If an internal soil-pipe is made up of light cast-iron pipes (rain-water pipes), and lead junction-pipes for the closets it may be condemned without any further investigation. The best test for a whole-drainage system is undoubtedly the smoke-test. This test consists essentially in filling the drainage system with smoke at some pressure, and observing whether or not it issues at any place other than the openings intended for ventilation.

Smoke-rockets are no largely used by those who have to make inspection of sanitary arrangements. These consist of paper cases, filled with a composition which gives off a vast quantity of smoke at

a considerable pressure. The smoke-test can never be taken—when it gives negative results—as an absolute test for drains. The peppermint-test is inferior to the smoke-test when the latter is properly applied, in the speaker's opinion. The next thing of most importance to do is to trace the overflow-pipes of the cistern to see whether these are connected with the drain or not. A connection of any kind between a cistern and the drain is a thing to be condemned. The baths, sinks, basins, etc., come next under examination. The discharge-pipe—and overflow, if there be one—of each of these must be traced to discover whether or not it is connected with the drain. The closets must be very carefully examined, although they are not nearly so often the points of ingress of sewer-gas to the house as in any other appliances, such as sinks. They are often, however—especially when of the old pan form—themselves generators of foul gases, and as such objectionable.—*Med. News.*

THE FATE OF EXTRAVASATED BLOOD: AN EXPERIMENTAL RESEARCH.

The object of the research was primarily to determine the share taken by the liver, the spleen, and the bone marrow, in the disposal of extravasated blood. The method of research was the transfusion of large quantities of blood into the peritoneal cavity, the blood being, in all cases, derived from an animal of the same species. The animals used were the rabbit and dog.

I. *Local Fate.* 1. The part taken by cells in the local changes going on around extravasated blood is of the greatest importance; the cells being of two kinds—those of leucocyte, and those of connective-tissue origin. 2. The formation of blood-pigment from the red blood-corpuscles is mainly a "cellular" process, being effected through the agency of cells, either by inclosure of the corpuscles bodily within them, or by disintegration of the red corpuscles and then inclosure of their fragments. 3. In the process of so-called "organization" of blood-clot, both varities of cells play an important part; but, while both leucocytes and connective-tissue cells are concerned in the disintegration of the red corpuscles, the former in addition, effecting the removal of the *debris* from the seat of extravasation, the connective-tissue cells alone are concerned in the process of formation of fibrous tissue by which ultimately the clot becomes replaced.

II. *Absorption.* 4. The absorption of extravasated blood applies not only to the serum of the blood, but also to the great majority of the red corpuscles which remain unentangled amidst coagula or the surrounding tissues. 5. This absorption is extremely rapid, both from the subcutaneous tissues but especially from the larger serous cavities. 6. In the case of the peritoneal cavity, the absorption of the serum and red blood-corpuscles is effected almost entirely through the lymphatics of the diaphragm. 7. Under such circumstances, the increase in the number of corpuscles within the circulation is observable one hour after injection, and steadily rises till it reaches a maximum about the second or third day, the time varying according to the quantity injected. 8. Extravasation *per se* does not affect the vitality of the red blood-corpuscles; if absorbed back into the circulation within a day or two, they continue to live as before. 9. Their longest duration of life under such circumstances (in the rabbit) varies from two to four weeks, this duration applying naturally to only a few of them. 10. The probable life-duration of the red blood-corpuscle in man is about three weeks.

III. *Ultimate Fate of the Absorbed Corpuscles.* 11. The three great seats of blood-destruction within the body, under pathological as under physiological conditions, are: The liver, the spleen, and the bone marrow. 12. The nature of the process of destruction in the liver, differs essentially from that in the spleen and bone marrow. 13. In the latter the process of blood-destruction is mainly a cellular one, comparable in all respects with, although much more rapid and complete than, the the similar processes taking place locally at the seat of extravasation; in the former, the destruction is much more rapid than in the spleen and bone marrow. 14. After increased destruction of blood-corpuscles within the body, the local evidences obtainable are—in the case of the liver, increased richness of its substance in iron and the presence of granules containing free iron within the liver-cells; in the case of the spleen and bone marrow, increase in the amount of pigment containing free iron found within these organs. 15. In health, a definite relation is maintained between the amount of blood-destruction which takes place in the liver on the one hand, and in the spleen and bone marrow on the other. 16. Any disturbance of this relation on the part of the liver is of much greater consequence than on the part of the spleen or bone marrow. 17. The former is, in all probability, the pathological change which lies at the root of progressive pernicious anemia; as the latter is the probable cause of the anemia of leucocythemia. 18. The rapidity with which blood-corpuscles introduced into the circulation become destroyed is very great, a number equivalent to about 4 or 5 per cent. of the animal's own blood being destroyed daily. 19. The small quantity of blood transfusible into the organism in the case of man is therefore entirely removed from the body in a few days at most, probably not longer than three or four. 20. Transfusion of blood in the human subject, in cases of pernicious anemia, with the object of increasing the number of corpuscles, is devoid of all physiological basis,

and is simply adding fuel to the flame, since the fault in this disease is not one of defective formation of blood-corpuscles, but one of excessive destruction of those already present. — *William Hunter, M.D., Edin. (Brit. Med. Jour.).*

ON THE PRACTICAL APPLICATION OF THE PNEUMATIC CABINET.

This I believe to be the main action of the cabinet, the reduction of pulmonary congestion, and the theory is practically verified by our experience with regard to blood-spitting and bronchial hemorrhage. Time and again patients have come into the office complaining of the sputa being blood-streaked, and, almost without a single exception, the use of the cabinet has relieved the symptom in the course of a few minutes.

In addition to the effect it has upon the pulmonary congestion, it undoubtedly acts beneficially in other ways. The thoracic gymnastics afforded by expiration against increased resistence will probably be of benefit to the weak-chested. The increased oxygenation of the blood will doubtless improve the nutritive processes. Then the spray, if proper medicaments are used, may be expected to act beneficially upon the accompanying bronchitis. I was not able to follow fully Mr. Ketchum's argument in regard to the condensation of the spray in the deeper air-passages. It occurs to me, though, that our difficulty has been not to cause the condensation of the sprays heretofore used in the medication of the air-passages, but to prevent their condensing too soon. There will be no trouble in making the spray condense if it can once be got where it is wanted; but I have most serious doubts whether it reaches beyond the primary division of the bronchi. Treatment by this method has been spoken of as the antiseptic treatment of phthisis, and by this I suppose is meant that the germs of the disease are supposed to be killed by medicament contained in the spray. In this view I have no faith whatever, but regard it as wholly visionary, and without the slightest foundation either in reason or in fact Admitting that the *Bacillus tuberculosis* is the one and only cause of the disease, which is not proved; that its destruction will cure the disease, which is still further from being proved; that a small portion of the spray is carried into the alveoli, which is not probable—we are still very far from proving even the possibility of reaching the germs in this manner, for the bacilli, incased as they are in tubercular and caseous masses and in thick mucus, are well protected from even the very minute amount of our disinfectant which we may imagine ourselves able to carry into the deeper air-passages. The pneumatic cabinet is undoubtedly a most valuable addition to our armamentarium for the treatment of thoracic diseases, but it is too much to expect it to go to the root of the evil, and it must be regarded as an adjunct to, and not as a substitute for, such other means of enabling the patient to fight off the disease as we have at our command.

In regard to the results of the treatment Dr. Westbrook has spoken. Dr. Westbrook and I have used the cabinet for about eight months, with about the same kind of results as those reported by Dr. Fox. We are not ready yet to report our cases in detail.

In regard to the dangers which have been spoken of, undoubtedly there is some degree of danger, but the danger in the use of anæsthetics does not prevent our use of them. The risk of producing copious or fatal hemorrhage has been mentioned. Our experience has satisfied us that bronchial hemorrhage can be stopped by the use of the cabinet. It is hardly conceivable that, with any pressure which one would be apt to use, the lung substance could be torn. If cavities exist in the lung, the air enters not only the cavities but the surrounding alveoli, so that the walls of the cavities cannot be greatly stretched. Of course it is imaginable that a portion of lung might be so far disorganized that an inspiration of greater than usual depth might rupture a vessel—in such cases, for instance, as are described where the vessels lie exposed in the walls of the cavities or stretch across them from side to side, the walls of the arteries themselves being probably disorganized. But such vessels as these would hardly be worth saving, for they would be certain to rupture before long, and the worst that the treatment could do would be to determine the time of the accident. A more real danger I believe to be that of producing emphysema. The lungs can doubtless be seriously injured in this way by an injudicious use of the cabinet; but, by using care in regulating the pressure and watching the condition of the patient's lungs by repeated examinations, this evil can be readily avoided.—Dr. Platt in *Med. Jour.*

CHLORIDE OF SODIUM IN BRIGHT'S DISEASE.

This is certainly a very simple remedy, yet Dr. Allard Memminger of Charleston, S. C., highly lauds it in the *N. Y. Med Jour.*, July 31. He has only tried it, so far, in four cases; but his observations are of value, because it alone was used, to the exclusion of all other drugs. At first he orders ten-grain doses of the chloride, contained in gelatine capsules, three times a day, and, if the state of the case allows, by preference one hour after or before meals. He generally reverses each day the order of giving; thus, if one day the capsules are given before meals, the next day they

are prescribed after. If the patient complains of no nausea, he allows him to keep up; but at the slightest intimation of a sick stomach, he orders him immediately to assume the recumbent posture, and there remain for an hour or so, after which this temporary ill feeling always subsides. The second day of treatment he increases the dose to two capsules three times a day, and every other day he increases by one capsule until the patient is taking five capsules three times a day. About this time the good effects of the treatment will be apparent, not only from the improved subjective and objective symptoms of the patient, but from the improved condition of his urine. Albumen will, of course, at this period, be found still in abundance—that is, if the case is at all a grave one; even here, however, if you institute a gravimetric examination, you will find a decided improvement, not so much in the absolute as in the relative decrease in albumen.

At this juncture he orders the chloride to be diminished in quantity; and he has so far found, that, after the system has been brought fully under its influence, it requires but two capsules three times a day to keep up the desired effect. If at this stage of the case there is any decided nausea or disinclination to take the medicine, he stops the same, and during the interval gives one or two alterative pills, after which he proceeds again to a resumption of the chloride. Should albumen again increase in the urine, urea and chlorides diminishing, he immediately resorts to large doses, thus bringing the patient once more under the influence of the chloride, after which he again reduces.

The effects of this treatment are most marked. Headache, œdema, low spirits, general weakness, and anæmia give way to just a reverse order of things; and the patient, who a few days before was most gloomy and desponding, is now full of life and hope.

Thus has it appeared to him in each of his four cases; and, if he has been led to express views that to many may appear extreme, it is because his convictions are based upon clinical observations which, up to this time, he has never had the pleasure of recording with any other form of treatment. He would, therefore, urge a thorough trial of this therapeutical agent by the profession, on the following grounds:

1. It is harmless if properly administered.

2. Its effects are comparatively uniform, provided it is given for a sufficient time. That he has so far used it only in chronic cases of no long standing does not, in his opinion, militate against its beneficial effects; for, even should it not be found a cure for Bright's disease, may it not become an important article in our medical armamentarium — indeed, if only an ameliorator of man's sufferings and a prolonger of his life?

3. It may be employed as an adjunct to all recognized methods of treatment without detriment to the patient.

Thus, then, he asks the practitioner, teacher, and scholar, does not an array of such facts, coupled with the well-known physiological action of chloride of sodium, demand from each and every one of them a fair and honest trial in this most formidable of diseases?—*Phila. Med. & Surg. Rep.*

MEDICAL NOTES.

CHRONIC RHEUMATISM.—Liq. potassii arsenitis, ℥ss.; Potassii acetatis, ʒ iij.; vini colchici rad, ℥ij.; ext. cimicifugæ, fl., ʒiij.; ext. phytolacca, fl., ℥iss.; aqua menth. pip, ℥iij. M. Sig. Two tablespoonfuls in water every four hours.

Dr. Sajous uses a solution of argent nitras, gr. x to f℥j, on a cotton-wrapped probe, for *hypertropic nasal catarrh.*

Prof. Bartholow teaches that the best way to treat *poisoning by corrosive sublimate*, is to get all the eggs possible into the patient, and then bring about prompt emesis.

In mitral regurgitation accompanied by pulmonary congestion, Dr. Rex prescribed at the Jefferson Hospital, the following:—

℞ Infus. digitalis,
Mist. ferri et ammonii acet., aa. f℥j. M.
Sig.—Take three or four times daily.

Speaking of *purgatives*, Prof. Bartholow told of an old soldier who always carried about him a bullet, which he had used for *forty years* as a cathartic. It acted by its weight.

Dr. Hearn, for *cystitis* and *irritabte bladder*, gave at the Jefferson College Hospital—

℞ Sodii bromid., ... ℥ss
Tinc. hyoscyami, ... f℥ss
Syrup.,
Aquæ . . aa . q.s. ad f℥iv. M.
Sig.—Teaspoonful ter die.

In a case of *infantile eczema*, Prof. Bartholow, besides directions given as to diet, placed the child (aged two years) upon tinct. belladonnæ, gtt. v. ter die, or sufficient to cause dryness of the mouth. The object in view is to affect the cutaneous circulation, and thus bring about the desired result.

—Treat *lumbago*, when rheumatic, by salicylates especially by the salicylate of cinchonidine. Locally, you may inject f℥ss of water into seat of trouble; if pain be considerable, use also gtt. v-xv of chloroform. You may also use galvanism or faradism in currents whose strength shall only canse titillation. (Bartholow.)

Prof. Da Costa gave the following formula for

chronic diarrhœa, the passages being watery, containing no blood or mucus. and there being no tenderness :—

℞ Opii . . . . . gr. ss.
Plumbi acetatis . . . . gr. ij. M.
Ft. pil.
Sig.—every four hours.

In treating *chronic eczema*, place your patient upon a farinaceous or a mixed diet. Locally, an ointment which will give good satisfaction is composed thus :—

℞ Ung. hydrarg. nitratis.
Petrolat. . . . aa . . . ʒj
Ung. picis liquid. . . . . ʒiv. M.
Ft. Ung.
Sig.—As an ointment. (Rex.)

For *chronic rheumatism*, Prof. Da Costa prescribed as follows : Avoid nitrogenous foods : take plenty of exercise, and use alkaline baths freely each evening ; also—

℞ Potas. iodid. . . . . gr. v.
Tinct. colchici sem. . . . gtt. vij.
Syrap. zingiberis
Aquæ . . . aa . . . fʒss. M.
Sig.—Ter die.

In *amaurosis* resulting from over-indulgence in tobacco and alcoholic drinks, with a co-existing anæmia and general debility, Prof. Bartholow suggested the following plan of treatment : Pay proper attention to food, selecting good, nutritious and easily assimilated articles of diet. Give ol. morrhuæ and the phosphates, combined, perhaps, with the bichloride of mercury ; and directed immediately to the amaurosis, order the occasional injection of $\frac{1}{60}$ gr. of strychnine into the temple.

Prof. Bartholow, for a man with *pseudo-anginæ*, ordered the following : Improve nutrition by—

℞ Ferri arseniat. . . . . gr. $\frac{1}{6}$
Ext. nucis vomicæ . . . . gr, $\frac{1}{4}$
Ol. morrhuæ . . . . . ʒj
Syrup
Aquæ . . . . aa . . q. s. M.
Sig.—Ter die, after meals.

For the attacks of angina, sol. nitroglycer. contesimal, ♏ⱼ, to be increased to characteristic effects.

To tone the nervous system and improve blood in *chronic pleurisy*, Prof. Da Costa directed—

℞ Tinct. ferri chloridi . . . fʒss
Acid. acetic. dil. . . . . fʒiij M.
Adde—
Liq. ammon. acetat. . . . fʒvj
Elixir. simplicis . . . . . fʒix
Strychninæ . . . . . gr. ss. M.
Sig.—Dessertspoonful ter die.

—*Col. & Clin. Record.*

IRRITABLE WEAKNESS.

Every student of medicine knows, when he is questioned on the subject, that there is no hard-and-fast line between the normal and the abnormal; that physiology runs into pathology. It is a mistake to describe life as a very slight process of inflammation, though in a certain curious fashion it may be so considered. Normal nutrition contains within itself the elements of inflammation, which is, in fact, an exaggerated and perverted condition of healthy tissue and vascular action. Whenever differences in degree are the subject of discussion, there is fertile ground for paradoxical statements.

The transition between healthy mental action and delirium is an almost imperceptible one, as is likewise the gradation between normal movements and abnormal ones. The mind is considerably exercised to understand how it is that involuntary movements should be so near akin to paralysis, or absolute want of movement. This department is perhaps one of the most instructive in the whole range of disease. We may examine it a little more closely. Take a normal ganglion cell of the motor kind in the spinal cord. Contemplate its healthy mode of existence. It responds only to stimuli from a special part of the cortex of the brain or from a certain region of the body, with both of which it is in special relation. Increase its irritability, by any of the numerous means, to a considerable extent, and it will discharge its energy "spontaneously." A lesser grade of irritability will render it liable to be discharged on the slightest provocation. Of course this is an illustration of disease, yet how little it apparently differs from a state of health. Although the phenomenon of "irritable weakness" has long been recognised, yet we are inclined to think that it is still insufficiently acknowledged in practice. Actual diseases of the spinal cord afford abundant illustration of the principle. As an example we may consider the "knee-jerk." There are good grounds for believing that the disappearance of this phenomenon is always preceded by a state of exaggeration, transient no doubt in many instances. Weakness of the heart shows itself much more by an increase in the rate of its action, although one might *a priori* be disposed to think that its debility ought to be manifested in the display of less energy. Strange as it may seem, *a priori* thinking is not far wrong even here, if we do but define what is meant by strength. The strongest man, like the most powerful or healthy nerve cell, is to be gauged by the power of self-control and by the deliberateness of actions. The truly strong man about to perform an act effects his object with the expenditure of the least amount of force necessary under the circumstances. The heart, with its work to do, acts in the same economic manner as if it were in

a state of health. In febrile states it wastes its forces, acts more quickly, but with less efficiency. And yet this principle of irritability associated with weakness is not found under all circumstances. We have examples of progressive loss of strength without manifestations of increased action. If we attempt to look for uniformity of method in disease we shall be disappointed, or have to search deeply before we arrive at the uniformity of principle on which that nature presumably acts. An inquiry into the mechanism by which weakness goes hand in hand with increase of irritability will reveal that there are really two forces at least at work. In the case of the heart the motor nerve cells are under the control of other nerve centres, debility of which is probably the cause of the excessive number of discharges of the former. Probably a similar explanation holds good for the other examples of "irritable weakness," including most cases of mental derangement.—*Lancet.*

THE TREATMENT OF GONORRHŒA.

Those who have the largest experience in the treatment of gonorrhœa disclose the unsatisfactory condition of its therapeutics in the numerous and different plans which they adopt and recommend for its cure, in most of which a certain period of absolute rest seems to be essential. And every practitioner could doubtless testify regarding cases which have refused to get well in the orthodox way, and which have somehow been apparently cured by a druggist's or friend's perscription, while the patient continued to do the very things which his physician had charged him to avoid doing. The discovery of the so-called gonococcus led many to hope that at last the right plan of treatment was clearly indicated, and that the use of a germicide would be sure to effect a cure. Unfortunately in this, as in other connections, the germ theory has proved rather a speculative interest than of practical utility.

The fact remains that anti-bacterial injections cannot be said to be any more efficient in the treatment of gonorrhœa than others which have no such specific action; and their effect may be as fairly attributed to their influence in allaying the inflammation as to any action they may exert upon its supposed germ.

Nor are injections alone always satisfactory in the treatment of gonorrhœa, for which reason they often may, and sometimes must, be supplemented by internal medication; while sometimes peculiar circumstances make it impossible for injections to be used, and then internal medication must be the sole reliance. The importance of such medication cannot be doubted, and it is worth while to call attention to a recent study of the subject by Posner, in the *Deutsche medicinische Wochenscrift*, of August, 26, 1886.

Posner rightly regards gonorrhœa as a cyclic disorder, which, under favorable circumstances, tends to a spontaneous cure, and the requisite time for which may be shortened by judicious treatment. His own experience has led him to think well of the internal administration of the oil of sandalwood for this purpose, which, when he uses it from choice, he supplements with injections of resorcin toward the second or third week. The length of time required for a cure, he finds to be about three or four weeks. He has used internal medication alone in those cases in which all authors agree that injections are to be avoided, such as those in which the gonorrhœa has passed the barrier of the compressor urethræ, and has led to epididymitis, prostatitis, cystitis, or other complications.

The best form of administration of the oil of sandalwood is in the French capsules, containing each five drops; of which he thinks ten or twelve may be given daily. Posner has also given the oil combined with a little oil of peppermint, and Lublinski has ingeniously given it on peppermint drops with satisfactory results.

The use of pure oil of sandalwood is not new, nor are its merits underrated in this country. It is better borne by the stomach than is the oil of copaiba—which is more active—and it undoubtedly relieves tenesmus and strangury while exerting a beneficial influence upon the urethritis. No internal medication, however, can entirely supersede the use of injections, which should be employed whenever circumstances permit, and made of materials suited to the condition of each case. In the stage of acute inflammation the blandest and most soothing injections must be employed, and after this stage is passed there is probably nothing better than sulphate of zinc of the strength of two grains to the ounce of water.

An important point in the use of medicated injections is, not simply to have the urethra washed out by the patient's urine—as is usually prescribed—but to order that the urethra shall be several times syringed out with water as warm as can be comfortably borne. When this is systematically done, injections are most efficient. And when, with the proper use of injections, the administration of oil of sandalwood, or of copaiba is combined, we have what in the present state of our knowledge is the most satisfactory method of treating gonorrhœa.—*Med. News.*

NECESSITY FOR PREPARATORY TREATMENT FOR CHILD-BED.

Dr. H. M. Cutts, says (*Am. Jour. Obstetrics*) "It is certainly of very common occurrence in private practice for the physician not to see his case until labor begins. Or he may have attended the woman in several previous easy confinements; but

that is no guarantee that the next parturition will not be a complicated one. The tendency among multipara is to struggle along to term, to attribute their bad feelings to their condition, and perhaps having experienced something similar before, to patiently await relief in child-birth. This comes, and with it, uremic convulsions, the woman having failed to notice the prodromal symptoms. Or an unusually large abdomen is considered as a case of twins or hydramnius. The doctor is much puzzled, never suspecting an ovarian tumor grown since his last attendance. On the other hand, the primipara, through modesty, or because she has no regular family physician in whom to confide, keeps her condition as long as possible a secret. She has, perhaps, treated herself to the best of her knowledge. If so, it is almost certain to have been irrational, rather through an exaggerated fear of what must not be done, than overdoing what might safely have been done. She enters upon her first labor in an anæmic state. Her veins are engorged with asphyxiated blood, and her whole system is loaded with fetal detritus—a condition wholly inadequate to obtain the rapid and complete involution of the uterus so necessary for her future comfort. The child also is endangered, and runs fully as much risk as its mother. Many children have been sacrificed by operative procedures consequent upon the necessity of rapid delivery in eclampsia. Many first children have been weak and sickly their whole lives long because their mothers failed to consult a physician before their birth."

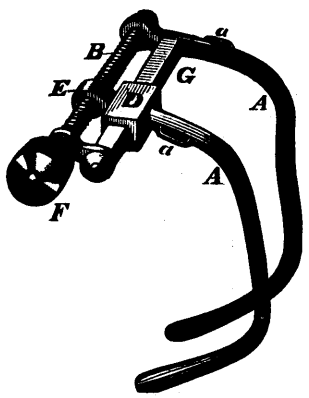
Further on the writer suggests, as guides for the practitioner, the following points to consider in connection with each case:

"1. The general health. Inherited and acquired disease. 2. The diseases due to pregnancy. 3. The shape of the pelvis. 4. The abdomen and vagina. The position, condition, and number of fœtuses." If the practitioner cannot have a supervision of the case during the whole period of pregnancy, the author says: "Much can be done in a *month* in building up the general health and alleviating concurrent affections. For this purpose one visit a week will usually be sufficient. Let one of the first calls be, by appointment, an evening call, and let the patient be in bed. If now the attendant make a careful measurement of the pelvis and examination of the vagina and abdomen, we are certain that much advantage will accrue to himself and the mother when labor begins."

The author concludes his paper with a reference to the objections which may be urged against the practice which he advocates, but thinks that the chief ones, which are: Extra labor and expense, together with ignorance on the part of the mother, may gradually be overcome and the custom established. The profession, he thinks, ought to advise against early marriage. During the period of pregnancy the urine should be examined for albumen; the presence of which has some connection with the development of eclampsia, as well as attacks of cerebral and pulmonary apoplexy, acute mania, paraplegia and affections of the eye and ear. Measurements of the pelvis are of great importance, and it is renewedly urged that one of the most potent ways of reducing the rate of child-bed mortality is by the "proper preparatory treatment for the tremendous strain of labor."

A NEW TRACHEOTOMY DILATOR.

Dr. Briggs, of St. Louis, has invented an instrument for use in tracheotomy, which is deserving of more than a passing notice. Surgeons who perform frequent tracheotomy operations have long felt the need of some practical substitute for the different forms of tubes which have heretofore been used. An instrument which could be more easily introduced, and that would retain itself in the trachea, one that would require less watchfulness and care on the part of the attendants, and was not liable to become clogged by the mucous or false membrane, and that did not of itself cover so much of the wound, and above all, something which would admit of dilation of the lesion if such became necessary. The Dilator is provided with loops (a, a) for the insertion of tapes to keep same in its place, but as the instrument is self-retaining by the form of the blades it will be rarely necessary to use the tapes.



The instrument as shown in above cut, consists of two narrow blades (A. A) of solid steel, curved as shown in the engraving and convex on the outer sides, the inner side of each blade being made flat, (so that they may approach each other more nearly when closed,) one of these blades, the left, is stationary, while the other slides by means of box D, upon the bar G receiving its motion from the screw B, through the screw nut E; the screw is provided with a milled head which renders the adjustment of the blades a rapid and easy operation. It is inserted and used as follows: The blades of the instrument should be screwed up in close contact to each other

before the operation is commenced. After the trachea has been reached and the incision made into it, the knife should be retained within the trachea, and the blades of the Dilator inserted by slipping them in alongside of the blade of the cutting instrument, which thus acts as a director for them. This done, the knife may be withdrawn and the blades of the Dilator separated to a proper distance. Should the wound become clogged at any time, the blades may be farther separated, which will dilate the trachea and cause the obstructing material to be coughed out, or, it may be removed by the forceps or other suitable instrument.

RESORCIN.

The *Centralblatt fur die ges. Therapie*, contains the following observations concerning resorcin by M. Ihle, of Leipsig, reported by Jarisch. The specific antiseptic properties of resorcin can be best noticed in herpes tonsurans. After two or three applications of a strong resorcin ointment the inflammation is allayed, and if the plates of epidermis tanned by the resorcin are removed, it will be found that only in those hairy regions where the spores have made their way to the bottom of the hair follicles is it necessary to continue treatment.

A very great advantage in the treatment of parasitic sycosis with resorcin is that the beard need not be epilated, the hairs loosening of themselves under the treatment. The pastes used should be applied two or three times a week, thickly with a brush, and rubbed well into the parts, which are then to be covered with cotton. It is at all times well for the physician to apply the preparation himself, and increase the strength with the progress of the cure. For instance, if the first application is a 10 per cent. paste and causes no great irritation, the next may be of 25 per cent. and the strength may be thus gradually increased to 50 or 80 per cent., then when the pus formation and irritation begin to decrease, applications must be continued in decreasing strength, following a similar scale.

As spores may still exist in a case of apparent cure, it is advised to give the patient a 3 per cent. salve to apply at first daily, and later on, once or twice a week. Now, for the first, should shaving be permitted, because in the energetic treatment with resorcin, shaving should be absolutely forbidden on account of the irritation which it causes.

The following ointments are recommended :

℞ Resorcin purissim. 10
Vaselini albi 50
Amyl Oryzæ,
Zinci Oxidi . . . . . aa 25
M. ft. past.

With an increase in the amount of resorcin, it is necessary to decrease proportionately the zinc and starch. Therefore for stronger ointments, the following is used :

℞ Resorcin puriss. 50
Vaselin. albi 60
Zinci Oxid.,
Amyl. Oryzæ . . . . . aa 20
M. ft. past.

The author speaks of resorcin in the treatment of pityriasis vesicolor and eczema marginatum as being attended with absolutely sure results. He also recommends it in the treatment of alopecia areata and seborrhœa cum defluvio capillorum.

For these he uses :

℞ Resorcin puriss. 5.10
Ol. Ricini . . . . . 45.
Alcohol . . . . . 150.
Bals. Peruv. 0.5
M. S. Apply daily to head with a flannel rag.

The itching of the seborrhœa is said to cease entirely under this treatment. Condylomata acuminata treated with an eighty per cent. resorcin salve, daily applied, quickly disappear. It is well to apply a five to ten per cent. salve for some time afterward to remove the tendency to their redevelopment. Dr. Ihle does not approve of the application of resorcin to eczema and other inflammatory skin diseases, because of its irritating properties. Dr. Unna, however, in a pamphlet upon Ichthyol and Resorcin (Hamburg and Leipsig, 1886), recommends a five to ten per cent. ointment in the treatment of seborrhœic eczema resulting from alopecia areata, and prefers it to ichthyol or pyrogallic acid.

He mentions as a special advantage its lack of color and freedom from staining. In psoriasis its action is not so favorable, but for all dry, scaly eczemas of the face he recommends it. On account of the difficulties of diagnosis in skin diseases of the face, he advises that the drug be discontinued the moment it is noticed that no improvement is taking place. In scars or pitting from variola, traumatism, acne, or other cause, and in false keloid he has found it of benefit, but its advantages over ichthyol and other reducing substances lies wholly in the fact that it does not produce discoloration and does not inflame the eyes as does chrysarobin, although under certain circumstances the latter drugs have preference. Dr. Unna declares himself quite convinced that in acute exanthema, and especially in scarlatina and variola, resorcin is destined to play a very important part.

In chronic skin diseases its use must remain limited to external application.—*Journal of Cutaneous and Venereal Diseases.*

THE DIETETICS OF PULMONARY PHTHISIS.—Dr. Loomis *(Jour. of Reconstructives)* gives the following rules for the dietetic treatment of phthisi-

cal patients: 1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be at intervals of six hours, with light lunches between. 2. No more food should be taken at any one time than can be digested easily and fully in the time allowed. 3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry, or nervous excitement For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations. 4. So far as possible each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article. 5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i.e.*, the fats, starches, and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect. 6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible. 7. When the presence of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting, and spasmodic cough, excellent results are attained by artificial feeding through the soft-rubber stomach-tube. 8. So long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercise at regular intervals. The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1 lb.) in water (O j.) and hydrochloric acid (m 5) and straining through cheese-cloth. Menu: On waking, one-half pint equal parts hot milk and Vichy, taken at intervals through half an hour. 8 A.M., Oat-meal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft-boiled eggs, cream toast; small cup of coffee, two glasses of milk. 9 A.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 10 A.M., Half-pint raw meat soup; thin slice stale bread. 11-12, Sleep. 12.30 P.M., Some white fish; very little rice; broiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream; milk, komyss, or Matzoon, 2 glasses. 2 P.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 4 P.M., Bottle kumyss, or Matzoon; raw scraped beef-sandwich. 5.30-6 P.M., Rest or sleep. 6 P.M., Some thick meat or fish soup; rare roast beef or mutton; spinach; slice stale bread; custard pudding; ice-cream. 8 P.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 9-10 P.M., Pint iced milk; cup meat soup. 1-2 A.M., Glass milk, if awake.

Professional Responsibilities.—One of the most difficult part of a physician's duties, and one which demands all the tact and judgment he can bring to bear, consists in determining the course to pursue when certain diagnoses have been arrived at. A woman who believes herself to be suffering from some trifling and passing ailment, is shown to be the subject of carcinoma; a patient with a supposed simple sore on his lip has epithelioma; or a person apparently in good health is found, on examination, to be the possessor of some form of cardiac disease, not only unsuspected, but, it may be unfelt. The physicians of "chest-hospitals" know as well as any the difficulty of deciding whether to reveal the true nature of the case, or to leave the patient in a state of ignorance, which, after all, is comparative bliss.

Of course, the plan adopted is modified according to circumstances. Affections such as epithelioma, where surgical intervention is imperative, are naturally explained without reticence; for the more fully the patient understands his position, the more disposed will he be to acquiesce in the necessary remedial measures. The real difficulty lies in those cases, such as cancer or heart-disease, where little or nothing may be practicable for their relief, but where a fatal termination is either inevitable or to be feared.

In the discussion at the Brighton meeting on the duration of life with heart-disease, Dr. Bristowe made some very excellent and apposite observations on this subject. "It is," he said, "quite early enough, in my opinion, for a man to know that he has heart disease when he begins to feel the effects of it;" and with this sententious remark most practitioners will agree. Incalculable harm has often been done by the abrupt announcement that a patient has cancer, or that another has heart-disease; and the evil is aggravated by the fact that, as in all other human affairs, the diagnosis may be wrong, or the prognosis may not be realized. Sir Andrew Clark told a very amusing but instructive anecdote of his having been called to see a gentleman suffering from bronchitis, who, fifty years before, had been precipitately superannuated on full salary, on the announcement by the medical officer to an insurance company that he was the victim of an incurable form of heart disease, and would probably not live more than six months.

Dr. Bristowe, in expressing the belief, backed by the hope, of his own freedom from "murmurs," sturdily declared that nothing short of acute and pressing circumstances would induce him to give

any of his colleagues the opportunity of disturbing his equanamity by such an announcement.

The best plan to pursue in such cases is undoubtedly to discharge the responsibility of the knowledge so obtained on to the shoulders of a near and trustworthy relation or friend. Simple silence is apt to lead subsequently to the imputation of ignorance; and, for the sakes of both the practitioner and the patient, it is desirable that cognisance should be taken of the actual condition of the latter, even when no immediate bad results are to be anticipated.—*Brit. Med. Jour.*

CONGENITAL HEREDITARY ATONIC DYSPEPSIA.—During a practice of twenty years, I have prescribed Lactopeptine to patients of all ages, and have never been disappointed in its action when indicated. But I desire to speak in particular of its action in a case of congenital hereditary atonic dyspepsia: in an infant, to whom I began to administer this remedy on the third day after birth. Mrs. H. L. S., Langside, Miss., was delivered of a male child in whom there was manifested well marked symptoms of atonic dyspepsia. The mother had been a victim of dyspepsia from girlhood, and had inherited the malady from her mother.

The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, followed by sxhaustion. Other articles of food were tried, including cow's milk, etc., without improvement. The child was in great danger of starvation. On the third day, I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one-sixteenth of the adult dose to be dissolved in about two ounces of breast milk (drawn from a robust, healthy wet-nurse) and administered every two and a half hours. There was no more rejection of milk—except the usual vomiting of curdled milk, to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), boiled bread (pap), were, after a while, substituted for breast milk, but always with Lactopeptine. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was gone through with in a most satisfactory manner. No untoward diarrhœa or intestinal disturbance characterized this period, and, at ten months the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health. The parents of the child believe firmly (as I do) that Lactopeptine saved their infant.

In cholera infantum, in diarrhœa, and in all of the disturbances of the alimentary canal, during dentition and early infant life, I find Lactopeptine an ever-effective and reliable remedy. In adult dyspepsia, all are now familiar with its beneficial effects: but I should be glad if the profession would be induced to try it in the vomitings, diarrhœas and dyspepsias of infancy. I recall several babies whose lives I believe I could have saved, had I known, ten years ago, what I do now of the ready adaptability of Lactopeptine to infants ailments.—R. W. Beers, M.D., *Medical Brief.*

POSOLOGY AND USE OF SOME NEW REMEDIES.—*Osmic acid:* Best administered in pill form (made up with Armenian bole). The dose is $\frac{1}{60}$ grain, which may be repeated several times a day. Used in epilepsy and sciatica. *Agaricine:* Best administered in combination with Dover's powder. Dose $\frac{1}{12}$ to $\frac{1}{6}$ grain. Used for night-sweats. *Aloin:* From $\frac{1}{3}$ of a grain to $3\frac{1}{2}$ grains, in pill form. *Antipyrine:* Dose from 75 to 90 grains, divided into three portions, one of which is to be taken every hour. *Bismuth salicylate:* Dose from 5 to 7 grains, in pill form. In typhoid this dose may be doubled and repeated every hour, up to 10 or 12 times. *Canabinone:* From $\frac{2}{3}$ to $1\frac{1}{2}$ grain. Best administered mixed with finely ground roasted coffee. Sedative and hynpotic. *Colocynthin:* Used subcutaneously. The dose is from $\frac{1}{6}$ to $\frac{1}{2}$ grain. It may also be administered in pill form, by the mouth, the requisite dose being from $\frac{1}{3}$ to 1 grain. *Convallaramine:* Internally, in pill form. The dose is from $\frac{3}{4}$ to $1\frac{1}{4}$ grain. *Euonymin:* Best given in pill form, combined with extract of belladonna or or hyoscyamus. The dose is from 3 to 10 grains. *Nitroglycerin* is best given in alcoholic solution. The dose is from $\frac{1}{150}$ to $\frac{1}{60}$ grain, repeated several times a day. Rossbach prefers ether as a solvent. His formula for its use is as follows: Dissolve $1\frac{1}{2}$ grains of nitroglycerin in sufficient ether, and add the solution to a mixture consisting of two ounces of powdered chocolate and one ounce of powdered gum-arabic. Mix very thoroughly and divide into 200 pastilles. Each pastille will thus c ntain $\frac{1}{133}$ grain of nitroglycerin. Used in angina pectoris, and as a diuretic. *Picrotoxine:* In aqueous solution. Dose from $\frac{1}{8}$ to $\frac{1}{6}$ grain. Used in epilepsy. *Sulphate of thalline* may be given dissolved in wine or water (with some corrigerant). The dose is from 4 to 8 grains, or 1 grain every hour. The above is taken in part from the *Rundschau Leitmeritz.*

TREATMENT OF CHRONIC ULCERS.—Dr. A. Heidenhain, of Coeslin, has arrived at the conclusion that by far the best method of dealing with old chronic ulcers, especially of the leg, is to dress them with a considerable thickness of absorbent cotton. Volkman has long since practised this method, which, we believe, was original with Guerin, the French surgeon. The absorbent cotton is pressed upon the ulcer by a roller bandage, and is allowed to remain undisturbed until, after the

lapse of five days or a week, the secretions come through. Then it will be found that delicate healthy granulations have sprung up in place of the dirty necrotic appearance erstwhile presented, and the torpid callous margins are considerably improved in appearance. The dressing is then re-applied and changed as before. The advantage of this method lies in its being absolutely painless. No septic infection need be feared from absorption of pus. The dressing remains sweet until it is so saturated that the discharge comes through, when a change should at once be made. By actual experiment, the superiority of this dressing over the method of compression by adhesive plaster strips has been demonstrated.

After the cotton dressings are no longer needed, the surface may be dressed with zinc ointment, after irrigation with carbolic acid ; if more stimulation is desired, a 2½ per cent. iodoform ointment answers admirably. Grafting should be employed if the ulcer is of great extent.

In order that the new formed skin does not crack and break, when the limb is again put to active use, it is advisable to oblige your patients to take some exercise during the process of repair. The ulcer does not heal so quickly as if absolute rest be observed, but the result is a more permanent one. In such cases that are obliged to be a-bed on account of the large size of the ulcer, Heidenhain has found it of great advantage to bandage the limbs in a flexed position. Thus the skin and the soft parts are kept at a certain tension during the healing process. If the limb be kept at rest fully extended, the cicatrix will surely tear open when walking is resumed. To keep the leg flexed, the use of a double inclined plane is very serviceable.—*Weekly Med. Rev.*

THE FORMING OF FENESTRA IN PLASTER-OF-PARIS BANDAGES FOR COMPOUND FRACTURES.—The following method of setting a compound fracture and making the fenestra can invariably be brought into play with the greatest success:

The bones of the fractured limb being properly approximated, and the limb itself extended and held by the assistants, the wound is first thoroughly cleaned and the limb lightly oiled. We then take a common, clean cylindrical glass bottle, with a concave bottom, the diameter of its base being equal to the diameter of the fenestra we wish to form. The base of this bottle is next completely filled with a wad of absorbent cotton, and applied over the wound. This must be done by an assistant, and in such a manner that the centre of the base of the bottle and the wound are, as nearly as possible, opposite each other. The bottle is to be held in this position during the complete operation of applying the bandage.

The next step consists in enveloping the limb in a layer of absorbent cotton, carefully passing round the bottle when we come to it. This is held in place by the application of a *wet* three-inch roller bandage, which in turn *surrounds* the bottle when reached. In the usual manner we then apply the plaster bandages, surrounding the bottle as before in the case of the other layers of the dressing.

A few moments are sufficient to allow us to trim down such plaster as has accumulated about the bottle to a level with the outer surface of the splint. This can best be done with a good strong knife-blade. The bottle can now be slightly turned and easily withdrawn, leaving, as it always does, the circular piece of antiseptic cotton covering the wound. With our knife we now nicely round off the edges of the fenestra before removing the cotton from over the wound, as it protects the latter from the *débris* of this part of the operation.

Finally, the cotton itself is carefully removed, and we see that it has taken up such discharges from the wound as have occurred during the application of the bandage, and we have before us as a result not only our bandage safely on, but a fenestra with cleanly rounded edges, with its exact centre occupied by the wound.—*New York Med. Jour.*

TUBERCULOSIS COMMUNICATED BY FOWLS.—Dr. G. de Lamallerée relates fully and convincingly an important case of this kind which occurred in a small hamlet with specially good hygienic surroundings, and where disease was practically unknown. A young soldier died here of phthisis which he had contracted while on active service. His wife, who nursed him assiduously and never left the room in which her husband was, showed signs of phthisis soon after his death, and the disease advanced rapidly. A neighbor who had little intercourse with her also developed signs of phthisis which the author was entirely at a loss to account for at first, as she had previously been a strong, robust woman. He discovered that a number of the fowls had died, and that they had been eaten by this woman in an under-cooked state. He further noted that when the first female patient coughed, it was the signal for all the hens about to approach where she was, in anticipation of getting the sputa to peck. He made a *post mortem* examination on one of the fowls which died soon after his attention had been drawn to the facts, and he found extensive turbercular changes in the intestines and other organs, the parts containing the bacillus tuberculosis. He insists upon this being a case in which infection was conveyed, (1) from man to man; (2) from man to animal; (3) from animal to man; and the case as recorded appears to us to be satisfactorily proved.—*Gazette Méd. de Paris.*

TREATMENT OF SCARLET FEVER AND DIPHTHERIA.

—Dr. C. R. Illingworth (Accrington) writes:—I find that the biniodide of mercury is a specific and prophylactic for scarlet fever and for diphtheria. Both are diseases due to the development of germs in the blood, myriads of minute nucleated bodies in active movement being visible by the microscope on examination of the membrane peculiar to each. Hence, I think, the efficacy of the remedy I name. As all diseases of this nature deprive the blood of a large portion of its hæmoglobin and fibrin, I prescribe the ammonio-citrate of iron with it. Thus: R Sol. hydrarg. bichlor. ʒiii; potass. iodid. gr. x; ferri ammonio-citrat. gr. xx; syrupi ℥ss; aquam ad ʒij. Fiat mistura. Sigma: One teaspoonful for every two hours (for a child of from 2 to 4 years). As soon as all the membranous deposit has disappeared from the parts affected, I give the usual steel and chlorate of potash mixture. As a rule, this occurs in from four to five days; but in severe cases it takes ten. The only and important exception to this rule of treatment, is in those cases where the disease is ushered in with vomiting and purging, with scanty rash and collapse. In these which evidence a rapid liquefaction of the blood by the action of the poison, the iron and chlorate of potash mixture should be given at once in full doses, every two hours. Locally, I have found nothing to act better than the glycerine of tannic acid.

Memorizing Doses.—Dr. G. A. Wiggins of Philadelphia (*Med. World*, Aug., 1886), gives some general rules with their exceptions, which are thoroughly reliable.

1. The dose of all infusions is 1 to 2 ozs., except infusion of digitalis, which is 2 to 4 drs.

2. Dose of all poisonous tinctures is 5 to 20 minims, except tincture of aconite, which is 1 to 5.

3. Dose of all wines is from ½ to 1 fl. dr., except wine of opium, which is 5 to 15 minims.

4. Of all poisonous solid extracts you can give ½ gr., except extract of calabar bean, which is 1/16 to ¼ gr.

5. Dose of all dilute acids is from 5 to 20 minims, except dilute hydrocyanic acid which is 2 to 8 minims.

6. Dose of all aqæ is from 1 to 2 ozs., except aqua lauro cerasus and aqua ammonia, which are 10 to 30 minims.

7. Of all syrups you can give 1 drachm.

8. Dose of all mixtures is from ½ to 1 fl. oz.

9. Dose of all spirits is from ½ to 1 fl. dr.

10. Dose of all essential oils is from 1 to 5 minims.

Potassium Permanganate in Burns and Frost-bites.—Dr. A. A. Züboff writes in a Russian journal that, having tried potassium permanganate in upward of sixty cases of burns and frost-bites, he has arrived at the following conclusions: 1. Permanganate of potash, in the shape of frequently changed compresses (linen or hygroscopic cotton-wool soaked in a solution of one or two grains to an ounce of water), is an effective remedy for frost-bite of the first and second degree. 2. The same lotion acts as successfully in burns of the first degree. 3. It is less successful in burns of the second degree. At all events, the permanganate lotion rapidly relieves inflammation around blisters, and pain, and prevents suppuration when blisters remain intact. In this category of cases it is advisable to employ a weaker solution (half a grain, or even less, to an ounce). Two cases are given in detail. One of the patients received (when taking a vapor-bath) a scald of the first degree, extending from the breasts to the inguinal folds anteriorly, and between the same levels posteriorly. Pain disappeared within an hour after the application of the permanganate lotion. Soon the epidermis began to peel off. She was cured within eleven days. Another woman had a similar scald of the face and a hand. She also obtained rapid relief, the treatment lasting a week. —*Lond. Med. Rec.*

Grey-Powder a Specific in Infantile Cholera.—There is no greater certainty in therapeutics than that "infantile cholera"—profuse and watery diarrhœa—will be cured if treated within the first few hours by one-sixth of a grain of grey-powder given hourly even by itself. But I give usually one-sixth of a grain of hydragyrum cum cretâ, with two grains of lactopeptine; and in some cases I administer as another *adjuvans* a vegetable astringent, such as krameria. Again, when the stools are slimy with, it may be, blood streaks, I give liquor hydrargyri perchloridi, 2½ drachms in two ounces of water, of which a teaspoonful given every hour meets the case.

The diet should be cold, consisting of arrowroot made with water, and very slightly sweetened; barley or rice water to drink. One case which was baffling the grey-powder was explained by the presence of a piece of undigested beef on a napkin. Maternal ideas of feeding have sometimes to be sharply enlightened. — Dr. MacDonald in *Brit. Med. Jour.*

Bromide in Diphtheria.—Senor Lovat A. Mulcachy, of Buenos Ayres, finds great advantage in cases of diphtheria in giving a solution of bromine. The bromine is simply dissolved in water in the proportion of 1 to 2500. A teaspoonful of this is given every ten minutes. He says that children will swallow it automatically even when asleep. For infants under three years of age the strength may be diminished to half that mentioned above. He cites several cases showing the successful results obtained by this method, but he

points out the importance of the administration being continued for some days, and of the medicine being given exactly every ten minutes. As to local caustic applications, he considers that they serve no purpose whatever, but only irritate and distress the patient.—*Lancet.*

THE SUBCUTANEOUS USE OF ERGOTININE IN DIABETES AND ALBUMINURIA.—A. Dehenne claims to demonstrate—

(1) The ergotine, or ergotinine, subcutaneously, will cause the temporary and often the permanent disappearance of the glycosuria, polydypsia, polyuria, emaciation, and weakness of diabetes.

(2) That these symptoms disappear in a regular order; the polyuria and polydypsia disappear after 5-8 injections, and glycosuria lessens after the second or third injection, and disappears after the tenth or twelfth.

(3) That the glycosuria reappears if the treatment be stopped too suddenly.

(4) That the disappearance is permanent after six or eight weeks of treatment.

(5) That the injections are entirely harmless.

(6) That by this treatment diabetics can be prepared for any surgical operation, particularly cataract.

(7) The freedom of this treatment from digestive disturbances.

He injects six to ten drops, sometimes more, daily.—*L'Union Mèdicale.*

TUBERCULOSIS OF THE LUNGS is frequently modified in its most harassing symptoms by inhalation of a spray of bichloride of mercury. A convenient formula is the following:

℞	Hydrarg. bichlor., . . .	gr. ii.
	Aq. destill., ...	O j.
	Sodii chloridi, ...	3j.

M. ft. sol,

In *Progress* we read of a pronounced case treated by this spray; the patient also took a pill containing 1-40 gr. of the bichloride before each meal and at night and at the same time a pill composed of asafœtida, gr. iii, and ext. nux. vom. gr. ¼ for six weeks. The result was a most happy one.

We do not find any statement respecting syphilis in the case. If such existed, the efficacy of the bichloride would have a significance entirely different from the one intended to be conveyed.—*Weekly Med. Rev.*

HOW TO ADMINISTER COD-LIVER OIL TO INFANTS,—A good suggestion has been made by Yeldham. of a plan of administering cod-liver oil to infants. Let the nurse dip the end of her little finger in the oil, and put it into the child's mouth. This may be repeated five or six times in the twenty-four hours. In such small quantities, not only does it never disagree, but the child sucks it off the finger with avidity and evident pleasure. It may be administered in this way to the youngest infant. By this simple and inexpensive expedient Dr. Yeldham says many infants who were absolutely starving for natural foods became fat and plump, and happily in an almost incredibly short space of time. The oil has the effect of enabling the child to digest other food, which it could not retain on its stomach without it.

MORPHINE IN POST-PARTUM HEMORRHOIDS.—Dr. M. S. McMahan writes to the *N. Y. Med. and Surg. Jour.* that he has successfully used the following plan in post-partum hemorrhage for the last fifteen years: On finding the surface of the patient pale, the extremities cold, with profuse hemorrhage, he at once injects hypodermatically from ten to fifteen minims of Magendie's solution of sulphate of morphine. This will invariably, and within a few minutes, produce a flushed surface, warm extremities, and a stopped or much diminished flow. He adopts no other means—no styptics, no cold compresses, and no foolish plugging.

THE FUNCTION OF THE TONSILS.—Dr. R. Hingston Fox, in an interesting article on the Functions of the Tonsils, in the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that these glands belong to the digestive and not the respiratory tract, and that there function is to reabsorb certain constituents of the saliva in the intervals of meals which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva.—*Lancet*

"EDUCATE A WOMAN AND YOU EDUCATE A RACE."—This is a saying full of promise if it be rightly interpreted, full of dire disasters if applied to the mind to the exclusion of the body. While it may be true that too much bodily labor may render women less prolific, it is very much more clearly shown that excessive mental labor is a cause of sterility (or infertility). "In its full sense," says Mr. Herbert Spencer, "the reproductive power means the power to bear a well-developed infant, and to supply that infant with the natural food for the natural period. Most of the flat-chested girls who survive their high-pressure education are unable to do this."

A CAUSE AND A CURE OF CLERGYMEN'S SORE THROAT.—Mr. Thomas Whipham (*The Lancet*) thinks that many cases of clergymen's sore throat, are due to the practice by this class of hanging down the head while preaching, or reading in service. Cases are cited in which speedy relief was obtained by the patient's holding the head erect in speaking.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet. Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, DECEMBER, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

LAPAROTOMY EPIDEMIC.

An epidemic of abdominal section including intra-peritoneal excision of various organs, has supervened, among gynæcologists especially, which promises to assume gigantic proportions, and unless restricted by some means to its legitimate boundaries, may promote more evils than it is destined to cure.

Our medical journals are crowded with reports of hysterotomy, salpingotomy, öophorectomy, etc., etc., in number and extent somewhat appalling. The rapidity of growth of this new surgical specialty is wonderful. If this amazing excess of growth continues long, no small proportion of the female sex, will be spared the pains and troubles incident to the propagation of the species—and probably the pleasures as well. Gynæcology has become the one prominent specialty of the age. Were laparotomy operations restricted to men of extensive experience, furnished with all the requirements which both art and science can command, with the very best sanitary environment, unbiassed by hobbyism, and free from too zealous ambition to become celebrated as brilliant operators and to add to their record; then spaying women might be justified. But when every physician, tempted by the prevailing fashion to assume the title of gynæcologist, and ambitious to become a Lawson Tait, is encouraged, and to no small extent authorized by precedent, to spay every woman coming under his control, who he is anxious to persuade himself, has one or more of the various uterine, tubal, or ovarian organic diseases; then this epidemic becomes serious, and the interests of society demand that some restrictions be placed upon this modern mental craze, which will restrain it within reasonable bounds.

We have in the past observed the excision epidemic, the antiseptic revolution, the iridectomy mania, and many other temporary tidal waves of fashion, sweep over the professional judgment, and overwhelm many of even our most competent men. But none of these were fraught with one half the evils of this latter-day outburst, to poor suffering female humanity. These fashionable epidemics react upon the profession, and lay it open to the charge by the laity of incapability to form well-balanced, calm, and thoughtful judgments on matters wholly pertaining to us.

The hospital for women in Liverpool during the year 1885 had but 347 in patients among whom there were 111 cases of abdominal section, 96 total removals and 15 partial removals of the uterine appendages. Such wholesale castration is, to say the least, surprising, and puts no little strain on our belief in the necessity for, and our confidence in the unbiassed judgment of the gynæcologists, operating on more than one-third of their hospital patients. Such a startling record could not pass unnoticed even by the laity, and numerous attacks on the management of this hospital were made by the daily papers. The result was that a committee of hospital managers, was appointed, who found it necessary, in view of the recent expressions of opinion on the subject, to pass a very drastic resolution prohibiting abdominal section in that hospital, pending the completion of the report, which was being undertaken by the Liverpool Medical Institution.

The following letter to the Secretary of the Hospital for Women Liverpool, from Sir T. Spencer Wells, written in Sept., 1886, speaks for itself:

DEAR SIR,—Your letter of the 24th inst. has been forwarded to me here. In reply I feel bound to say, that as the total number of in-patients in the hospital in 1885 was only 347, the statement that of these 111 (or nearly one-third) were subjected to abdominal section is so shocking as to be almost incredible. If it is correct, in my opinion a most complete and searching inquiry should be made into the details of the case of every woman operated upon; the reason why the operation was performed; whether it was done after full explanation of the danger, and of the necessary results to the patient and her husband; and

what has been gained or lost by each woman who has survived the operation.

I am dear sir, yours truly,
T. SPENCER WELLS.

This is doubtless an extreme case, but the various hospitals in Germany, France, Italy, in brief all over Europe as well as America, are more or less closely following the example of the Liverpool hospital for women. Private operators are doubtless adding their quota daily to the already too numerous host of female eunuchs. As a remedial measure no very satisfactory results have been published. No doubt a large majority recover from the operation *per se*, although many fatal results, direct and indirect, have occurred from this cause. But beyond immediate results very little has come before us. It is of the utmost importance that the ultimate therapeutical value of laparotomy should be clearly established, prior to its general acceptance by the profession, thus preventing the abuse of so serious an operation. Another important consideration is its subsequent effects physically and mentally. A series of senile changes set in after the natural menopause Is it not therefore probable that similar results will follow the artificial menopause, in consequence of which the unfortunate woman will become prematurely aged. Again the loss of sexual power, to the young woman at least, should not be overlooked. The influence of ovariotomy on the mental as well as the physical powers, should receive consideration from those gynæcologists who advocate so radical a measure for so many ills to which the female is heir. If we may judge from analogy (in the lower animals its influence is very marked) we would naturally anticipate deterioration of the physical powers at least.

That important improvements have been made in gynæcological practice within the memory of most physicians is freely admitted. And that the general practitioner is now much better able to cope with, and relieve many female maladies in consequence of the advance made by gynæcologists is not disputed. But is their not some danger of reaction occurring from the evident abuse of laparotomy, similar to what has followed many other important remedial agents? Is there not even now a tendency to diagnose many obscure maladies in the female pelvis as catarrho-salpinx, hemato-salpinx, hydro-salpinx, pyo-salpinx, salpingitis, cystic ovary, etc., etc., upon very insufficient evidence, and even to resort to abdominal section to assist in diagnosing some intra-peritoneal malady, which could, doubtless, in many cases have been relieved or cured without so dangerous an examination. This cannot fail to bring laparotomy into disrepute, and ultimately result in its being opposed or prohibited where it is essentially necessary.

Instances are not wanting where operations were advised and pronounced imperative by celebrated laparotomists for the removal of the ovaries, which were not permitted by the ladies most interested who have recovered from the various alleged otherwise incurable maladies, and subsequently became mothers. We are not aware that Canada has suffered to any great extent from this epidemic, but as it is very prevalent not only in Europe, but in the neighbouring Republic we are liable to be attacked, and it may become virulent here as well as in other places. Notes of warning are being sounded in those countries where it prevails. Gynæcologists themselves are becoming alarmed, and in their congresses are now expressing some fears that it is being carried too far, and mildly deprecating its abuse. It is therefore necessary that we quarantine this epidemic, if not already too late, until all danger of contagion has passed.

HEREDITY IN CONSUMPTION.

As the march of scientific progress goes on, many old ideas and landmarks are being swept away, or so modified as to be scarcely recognizable. No fact has been more universally recognized by both the profession and the laity, than that consumption is hereditary. But the bacillus tuberculosis, as it is now known, materially changes our conceptions of this disease. It is almost universally admitted that this micro-organism is distinctly causative of the tubercular nodule, though the full chain of evidence cannot be said to be complete. Many observers have made careful investigations as to the possibility of transmission of the bacillus to the fetus, whether from the male or female parent. Dr. Jani has concluded that the fetus *may* be infected in two ways, viz.: through the semen of the male or through the migration of the bacilli from the abdomen of a tuberculous mother to the womb, though he believes that infection through the placental circulation must be unusual, for on the examination of a fetus of five

months, the mother having died at that term, of general tuberculosis, it showed no signs of infection either in its lungs, kidneys, liver, or the epiphysial ends of its bones. Professor Wolff, has also made a large number of observations, by inoculating gravid animals with anthrax bacilli and with vaccine, and in no case did either poison show itself in the fetus. The results of his inoculations of the tubercle bacillus are not yet known in full, but so far as is known they point in a direction quite opposite to the theory so strongly insisted upon by Koubasoff, that after inoculation, the bodies of the fetuses showed bacilli in large numbers. While Wolff does not deny that tuberculosis may be hereditary, he insists that such transmission must be of *extreme infrequence*. Why then do the offspring of consumptive parents so frequently die of consumption that it has come to be regarded as a rule of nature that they shall so die. If the bacillus be applied to an open wound, infection rarely takes place. Most practitioners must have received, times without number, the infection of consumption into their lungs, and into wounds on their hands; but how few contract the disease, without having the hereditary taint. The life history of this particular organism may have something to do with this result. It is a slowly developed organism, requiring about ten days when cultivated artificially before it begins to grow. Now if applied to an open wound it will almost certainly have been removed by washing, etc., before it has time to establish itself. But if injected under the skin, at first local tuberculosis developes itself, to be followed later, by a general infection. So in the case of the lungs. When a healthy individual inspires the materies morbi, it is removed by expectoration, before it has time to establish itself and grow. But when a portion of the lung remains consolidated for a length of time, as after a catarrhal pneumonia, then the tubercle bacillus finds a suitable nidus, and time to grow, and foci of infection are thus established. In fibrinous pneumonia the exudation into the alveoli breaks down much more rapidly, and the peccant matter is thrown off before it has such opportunity of development as from its slow growth is necessary. Thus it would appear that the disease is not *per se* hereditary, but the pre-disposition to such conditions of the lungs as favor the reception and growth of the cause of the disease, is hereditary.

This idea is at one with the known results of the action of various remedies which experience has shown to be beneficial in the treatment of consumption, as arsenic, the hypophosphites, etc. They act probably by inducing fatty degeneration of the cells in the alveoli of the lungs to be followed by their removal by expectoration in a shorter time than would ordinarily occur. So also it is known that persons having patches of lung tissue consolidated may live indefinitely without infection, if at sea, or in mountainous, or other districts, where the infecting organism is either altogether absent or extremely rare. This view of the matter leads naturally to the consideration of the advisability of sending distinctly tuberculous patients to health resorts. It would appear that being once infected the process must go on, though the more favorable conditions of life found in such resorts, and more robust general health there enjoyed, would undoubtedly give them a margin of life they would not otherwise enjoy.

THE ANNUAL MEDICAL BANQUETS.

The fourteenth annual banquet of the Toronto Medical School was held in the Rossin House on the 12th Nov. About 150 students, and a large number of guests sat down to an excellent *menu*. Mr. N. J. Glassford occupied the chair, and most ably fulfilled his duties. His address was listened to with great attention and greeted with applause. The Lieut.-Governor in response to the toast of "The Queen," gave one of his most happy speeches. He recalled to the students the time when nearly all the medicine of Toronto was contained in Dr. Widmer's buggy. Dr. Richardson responding to the toast of the "Universities and Colleges" was greeted with prolonged applause. He believed in the advisability of having a medical faculty in connection with Toronto University. Rev. Dr. Potts responded for Victoria. Hon. G. W. Ross made a few remarks on the educational system of the Province. The delegates from the sister institutions were well received, and succeeded in impressing upon the assembly the importance of the several institutions to which they belonged. Dr. Graham insisted upon the needs of the Toronto General Hospital, and believed it would not be perfect until it controlled half a million of dollars.

Dr. O'Reilly in answering for the hospital was

received with a storm of applause, which showed that the students look upon him as the right man in the right place. He spoke of the facilities given to students for clinical instruction, stating that over 2,500 patients had passed through the wards of that institution during the past year. He also referred to the fact that surgical cases are sent from all parts of the Dominion, making the hospital a kind of surgical centre.

During the evening the Glee Club gave a number of selections which were sung with that peculiar enthusiasm which medical students throw into their vocal exercises generally. Every one seemed to enjoy the evening, and indeed the committee of arrangements may congratulate themselves upon the admirable way in which the affair passed off. The "cold-water system" was strictly adhered to, and the good effects of that beverage were plainly seen, for as the evening wore on, there was none of that unseemly hilarity which so frequently characterizes public banquets.

At the Trinity dinner, also held at the Rossin on the 17th, no less that 224 persons sat down to the good things prepared by mine host, Mr. Irish. The speech by the chairman Mr. McLurg was a remarkably good one, and old Trinity lost none of her prestige by having placed him in the position of honor. Among other interesting remarks he stated that Trinity has now enrolled a larger number of students than any other medical college in the Dominion. The Lieut.-Governor in his response, congratulated the students of the school on the superior facilities they have of acquiring a scientific education, as also upon the grand field of operations in which they have to work, the result, as the speaker eloquently pointed out, of the energy, self-sacrifice, and industry, of their fathers and grandfathers. Mr. Clark replied for the Legislature in a witty speech in which the comparison of the opposite sides of the House to different schools of medicine was well and skillfully carried through. The toast to the learned professions was responded to by a number of gentlemen present. The Rev. Mr. Milligan in a forcible and eloquent speech advised the students especially to be frank and to discharge their ministerial, as well as their strictly professional functions in their practice. He was followed by Prof. Clark, Rev. Dr. Potts, Mr. Baker, of Toronto University, Mr. Hodgson, Inspector of High Schools, and others. The sister institutions were responded to by Dr. McFarlane, and delegates from Toronto Medical School, Queen's, McGill, and the Western University. Dr. McFarlane especially insisted upon the necessity of raising the standard for matriculation in medicine, and in this he had the whole meeting with him, but whether the scheme he proposed to get a uniform standard be practicable, or at least workable, will require some discussion. Space forbids our mentioning the names even of the many eloquent speakers who occupied the floor during the evening. Suffice it to say that the Lieut.-Governor, that veteran diner out, was constrained to say he had never listened to better speeches on an occasion of a similar kind.

One very pleasant feature of the evening was the presence of a lady, Mrs. Pickering, as representative of the Women's Medical School, Toronto. It was regretted that more ladies were not present, but Mr. Irish, with his usual generosity, has empowered the committee to invite the whole ladies school to be present next year at his expense. The dinner was an unqualified success, aad the students and faculty are to be congratulated on the very orderly manner in which the proceedings passed off, the only drawback being the rather late hour at which God Save the Queen was sung.

SKILFUL SURGICAL OPERATION.—The ubiquitous newspaper reporter is still at work in different parts of the country, much to the *disgust* of the medical men in his immediate neighbourhood. The Mitchell, Ont. papers of Oct. 22nd contain an "unprofessional" report of an ovariotomy, and while we readily exonerate the medical gentlemen concerned from writing the offending paragraphs, we cannot but believe that the reporter who penned the following got some professional assistance directly or indirectly. "An opening was made in the lower part of the abdomen, fully five inches in length. Then the intestines were pressed upwards, and the tumor, which weighed nearly four pounds, was skillfully removed." The opening was closed and the young lady is doing nicely, and it is thought that in three weeks she will be as well as ever.

ROGERS' GROUPS OF STATUARY.—The latest addition to the now celebrated collection of this well-known artist is entitled "The Elder's Daughter,"

and represents a Puritan Elder riding home from Sabbath Meeting. He has dropped the reins on the horse's neck and has been absorbed in studying his Bible. His daughter rides behind him on a pillion, while a young man walks by her side and offers her an apple from amongst the hatful he has gathered. This is considered a desecration of the Sabbath by the stern father, who looks at the young man reprovingly. See wood cut representation in our advertising pages.

TREATMENT OF DIPHTHERIA.—Dr. Daly concludes a valuable article on this subject (*N. Y. Med. Jour.*) as follows :

"But there are some rules which I beg you will follow faithfully. These are : (1) Give calomel in its purity ; (2) give it in large doses ; (3) give it frequently (4) give it until you have the free and characteristic catharsis ; (5) give light, nutritious diet ; (6) give little or no other medicine.

"If these simple rules are followed and common sense is allowed to take the place of common prejudice, you will save more of your diphtheria patients by this than by any other method known to modern medicine."

VACCINATION DURING THE INCUBATION PERIOD OF SMALLPOX.—A number of experiments have lately been made by M. Gubert, (*Lancet*) a Russian medical student, chiefly on dogs, to ascertain the effect of repeated vaccinations of persons who may have been infected, or who are in the incubation stage, or who have actually shown symptoms of the disease. By vaccinating on three successive days, he says he arrested the development of the disease in 27 persons who were, he was quite sure, in the incubation stage, and in 12 others the disease was so modified as to be considered varioloid.

QUININE IN WHOOPING-COUGH.—Dr. Thornton Parker, writing to the *Phila. Med. Times*, says he has been more successful in treating whooping-cough with solutions of quinine, than by any other method. He recommends that the patient should be exposed as much as possible to the open air, and that particular attention should be paid to the food, clothing and general hygienic surroundings. Every two hours he gives a teaspoonful of solution of quinine, the strength varying from two up to ten grains in the ounce, and he finds that the course of the disease is thus very materially shortened.

BRITISH DIPLOMAS.—The following gentlemen have taken the L.R.C.P., London, at the recent examinations : Drs. H. W. Darrell, J. Honsberger, F. C. Hood, C. S. Haultain, and D. O. Jones, of Trinity Medical School. Drs. Bigelow, Caven, Hamilton, Leeming and Carey, (Toronto). Dr. E. C. McDowell of Flesherton, Ont., has taken the M.R.C.S., Eng., in addition to the L. R. C. P., London, and L. F. Miller of Woodhill, the L. R. C.P .Lond.

MALPRACTICE SUITS.—We have received a communication from Dr. Whitman of Shakespeare, in reply to the letter from Dr. Knill in our last issue, but as this malpractice suit is still before the courts no discussion on the merits of the case is admissible. When the case is concluded Dr. W. is prepared, if necessary, to discuss it in all its phases with Dr. Knill or anyone else. In the meantime he would ask the profession to suspend judgment in the case.

ANTISEPTIC DRESSING.—Lister's latest antiseptic dressing consists of a double mercurial salt made by the sublimation of a mixture of perchloride of mercury and chloride of ammonium, called Sal-Alembroth. The strength used is one to one thousand. The gauze is colored with aniline blue 1 to 10,000. The contact of alkaline discharges changes the blue to red, so that the presence, quantity and quality of the discharges may be readily noted.

NERVE STRETCHING IN SCIATICA.—Dr. Strong, (*Peoria Med. Month.*) speaks of a simple and efficient method of stretching the great sciatic in this disease. His plan is to flex the thigh, with the leg in a straight position. This is very simple and has bean successful in Dr. Strong's hands. He flexes the thigh to a right angle with the body, and keeps it there for about five minutes regardless of the exquisite pain it causes the patient.

QUININE AN ANAPHRODISIAC.—Dr. McKinnon of Selma, Ala., believes quinine has the effect of lessening sexual desire if used for long periods of time. He has notes of several cases in which such effect was produced, the persons becoming

alarmed and applying for relief. He believes also that it is more satisfactory than camphor, lupulin, or the bromides in chordee, but must in this case be administered in large doses, frequently repeated.

BASEDOW'S DISEASE.—Prof. Hack (*Deutche Med. Wochenschrift*) has succeeded in curing a case of Basedow's disease in a girl æt. 17, by cauterizing the hypertrophied mucous membrane on the inferior turbinated bones. He believes the disease was in this case at least, purely reflex, and cites parallel cases to sustain the reflex theory.

CIRRHOSIS OF THE LIVER.—Dujardin-Beaumetz recommends (*L'Union Médicale*) in this disease, the hippurate of calcium. He orders the following formula:

℞	Hippuric acid	ʒ vi
	Lime water	℥ xvi
	Syrup	℥ xx
	Essence of lemon	ʒ i

S. One tablespoonful several times daily.

TINEA TONSURANS.—Dr. Van Harlingen (*Med. Times*) treats this disease as follows:

℞	Potassii iodidi	ʒ ss
	Liq. potassæ	℥ j M.

The hair is to be closely clipped and this sopped on to the scalp, with a pledget of lint, once daily; when dry, the following solution should be applied at the same points:

℞	Hydrargyri. bichlor. . . .	gr. iij
	Aquæ	℥ j M.

FEVER MIXTURE FOR TYPHOID.—Dr. F. Peyre Porcher gives (*New Orleans Med. and Surg. Jour.*) the following formula for a fever mixture for typhoid:

℞	Spts. æth. nit.	℥ ss
	Pot. acetatis	ʒ i-ii
	Pot. chloratis	ʒ i
	Liq. ammon. acetat. . .	℥ i
	Tinct. aconit.	ʒ ss
	Tinct. camph. co. . . .	ʒ ii-iij
	Aq.	ad ℥ iv M.

SIG.—ʒ ii every two or three hours while fever lasts.

IODOFORM IN TUBERCULAR MENINGITIS.—Cases of tubercular meningitis successfully treated by the use of iodoform are reported in the *Revue Internationale des Sciences Medicales* for August. The cases were said to be typical ones of the disease. The treatment consists in shaving the head and applying an ointment consisting of iodoform fifteen grains to the ounce. This is applied twice a day and the head covered with a cap. Other symptomatic remedies such as iodide and bromide of potassium, chloral, antipyrin, etc., were also used.

CURIOUS COINCIDENCE.—Dr. Smith of Newcastle N.B., sends us a copy of the "*Courrier des Provinces Maritimes*," Oct. 28, which contains the following:—Some time ago a woman gave birth to twins. These two infants took sick the same day, at the same hour, and with a similar disease. They suffered much for eight days, and both died the same day and at the same hour. They were interred in the same grave.

COCAINE ADDICTION.—If any reader of the LANCET has met with a case of Cocaine addiction and will be kind enough to send the fullest details at command to Dr. Mattison, of 314 State St. Brooklyn, N.Y., he will reimburse him for any expense incurred, and give him full credit in a coming paper.

PILLS FOR AMENORRHŒA.—De Mussy recommends (*Nouv. Remed.*) the following formula:

℞	Salicin	1 (grs. xv)
	Pulv. rhei	0.50 (grs. viiss)
	Confect. rosæ . . .	q. s.

M. Ft. pill no. x. Sig. One to three daily.

EAR-ACHE.—Panesi recommends the following for Ear-ache. Camphorated chloral 5 parts, oil of sweet almonds, 10 parts, and glycerine 33 parts. This is introduced twice a day on cotton as far into the ear as possible. A little of the liniment may also be rubbed behind the ear.

REDUCED MORTALITY IN CONFINEMENTS IN VIENNA.—The death rate in confinements at Vienna General Hospital has been reduced from twenty-eight per thousand in 1866, to two per thousand in 1886, and all this by the improvement in sanitation, and the introduction of the antiseptic system.

MORTALITY FROM ANÆSTHETICS IN ENGLAND.—The number of deaths reported in England from

anæsthetics during 1885 was fifteen, of which only three occurred from ether, and the other twelve from chloroform.

STERILITY.—A writer in the *N. Y. Med. Jour.* states his belief in the efficacy of belladonna in the sterility of females. Women with good health, and who are nevertheless barren have he says on several occasions become pregnant after a few weeks' use of belladonna.

ASEPTOL.—Aseptol, says F. Hueppe, is likely to take the place of carbolic acid as an antiseptic and disinfectant. It is not irritating in solution up to ten per cent. It has a more pleasant odor than carbolic acid, is more soluble, is less poisonous and irritating, while it is equally efficacious as an antiseptic.

APPOINTMENTS.—Drs. A. H. Ferguson (Trin.), and Dr. Patterson, have been appointed physicians to the Winnipeg General Hospital. Drs. Codd and Whiteford have been appointed on the Consulting Staff.

CORONER.—Dr. J. H. McLellan of Lambeth, Ont., has been appointed Coroner for the County of Middlesex.

See special Club rates for LANCET and other journals for 1887, among advertisements.

Books and Pamphlets.

THE HEALING OF ARTERIES AFTER LIGATURE IN MAN AND ANIMALS. By J. Collins Warren, M. D., Assistant Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital; Member American Surgical Association; Honorary Fellow Philadelphia Academy of Surgery. New York: W. Wood & Co.

We could well have believed that to all American readers the name Warren might have served as sufficiently attractive and assuring without the above accumulation of honorary entitlements; but as the United States is a very fast country it is most probable that the memories of departed great men pass more speedily into oblivion than in other lands of more tardy progression. Be the fact as it may, this book of J. Collins Warren is no discredit to his venerated patronym. The introductory history of "*The Ligature of Arteries*," involving as it must have done, a range of surgical authorities from 1500 years anterior to the Christian era, down to the present time, must have been an almost Augean labor. The bibliographic references given by the author amount to 235, and it is very gratifying to us to note that our countryman, *William Osler*, closes the roll of honor, with the date 1886. Dr. Warren's industry bespeaks the survival of ancestral enthusiasm: it must remind the Harvard student of 50 years ago, of the admirable anatomical museum of the *great Warren*—a skeletal collection of which the city of Boston might well be proud.

As a surgical experimentor the author has given abundant proofs of his untiring devotion and his faithful recordance of useful facts. Ardent theorisers may derive very valuable instruction from the details of his numerous operations, all of which are given with desirable brevity and commendable clearness. Did available space permit the indulgence, we might, acceptably to the readers of the LANCET, quote numerous passages which would testify to the practical value of the work. We restrict our citations to the following closing lines: "We know that both silk and hempen ligatures can become either encysted or absorbed; in other words, they can be so applied as not to interfere with the healing process. Provided the ligatures be adjusted so as to obstruct permanently the flow of blood through the vessel, it is manifest, from the observations which have been described, that a destruction of a certain portion of the vessel walls, and a retraction of the ends of the vessel, must eventually take place, no matter what the nature of the material may be, or how it may be applied. The prime object, therefore, to be obtained, is to employ such methods as will interfere as little as possible with the natural sequence of events which follow one another during the process of repair under the most favourable conditions. When the ends of the vessel are once sealed by the formation of an external ring or callus, and the rest of the wound is promptly healed by first intention, so that the growth shall not be prematurely broken down by suppuration, all danger of hemorrhage is avoided. The rules of antiseptic surgery supply us, therefore, with a more certain method of securing the desirable result than any other plan which, up to the present time, has been proposed."

A MANUAL OF DIETETICS. By J. Milner Fothergill, M. D., Ed.; Physician to the City of London Hospital, for Diseases of the Chest, etc., etc. New York: William Wood & Co. pp. 225. 1886.

The author's name is so widely and favorably known on this side of the Atlantic, both as a teacher and writer, that we are sure this new work from his pen will be welcomed by the profession at large. Nor will anyone be disappointed after a persual of its pages. The question of dietitics has lately attracted much attention, and we are sure it has been ably handled by Dr. Fothergill in his present work. Part one deals, among other things, with the forms of food, methods of preparing, stimulants, prepared foods, etc., and will prove invaluable to the practitioner, while it will direct the student's attention to the importance necessary to be paid to the consideration of the food of patients. In part two he speaks of the food best adapted to various ages, and in various forms of disease, as struma, gout, phthisis, anæmia, etc., always giving in his own clear and lucid manner, reasons for such foods being administered as he suggests. The chapter on "Food in Gout" is worthy of special mention. We heartily recommend the book as a very valuable addition to the practitioner's library.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY by R. A. Witthaus, A.M., M.D., Prof. of Chemistry, Med. Department University of New York. Wm. Wood & Co.

This little work will be found a very convenient and useful guide in laboratory work. It is pocket size and has blank pages for note-taking by the student. We heartily commend it.

THE PHYSICIAN'S POCKET DAY BOOK. By C. Henri Leonard, Detroit, Mich. Price $1.

This excellent little visiting list has accommodation for 25 or 50 families weekly, also an obstetrical record, monthly memoranda and cash accounts. It is very convenient in form being about the size of an ordinary wallet. There are no tables or lists as in most other works of the kind. It is, therefore, the smallest and lightest in the market.

THE PHYSICIAN'S VISITING LIST FOR 1887. Philadelphia: P. Blakiston, Son & Co.

The old reliable visiting list of Lindsay & Blakiston is to hand for 1887. This is the 36th year of its publication and for convenience, compactness and strength it has no superior. It is arranged for 25, 50, 75 and 100 patients per week. Many useful tables and lists are to be found in the work besides space for visits, obstetric engagements, cash account, etc.

A MANUEL OF OBSTETRICS by A. F. A. King, A.M. M.D., Prof. of Obstetrics, Columbia University. Third Edition. Philadelphia: Lea Bros. 1886.

Much of the work has been re-written and such additions and alterations made as were considered necessary to keep it fully abreast of the most recent advances in obstetric science. New illustrations have been added, selected from standard authors.

Fothergill says of insomnia; "Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation.

"I want some preserves on my bread," whined a boy to his mother. "Johnny," coaxed the mother, "that nice butter and sugar is the thing for little boys." "I won't have it. 'Taint nothing but gluccose and oleomargarine, and it's pizen. Gimme preserves if you don't want your little boy to die." He got the preserves.

Births, Marriages and Deaths.

In Winnipeg, Man., on the 25th of Oct., the wife of Dr. A. McDiarmid of a son.

At Alliston, on Friday, November 12th, Samuel Bell, M.D.

On the 31st October, Dr. Byron Franklin, of Port Rowan, aged 55 years.

On the 25th ult., Dr. Aikman, of Ingersoll, aged 60 years.

*** *The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*