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THE CANADA LANCET.

A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

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Original Communications.

CONCUSSION OF THE SPINE.*

BY A. WORTHINGTON, M.D., CLINTON, ONT.

Perhaps this subject will be best considered and present an amount of interest equal to any other, by taking up "Concussion of the Spine," the pathology of which presents such varied and remarkable features. Mr. Robert Liston has said that "no injury of the head is too trivial to be despised," and Mr. J. E. Erichsen says in his lectures on "Injuries of the Nervous System," p. 84, the "observation, true as it is with regard to the head, applies even with greater force to the spine." Few clinical details are to be found in works on surgery, and there is not an abundance of clinical writing on this subject by specialists. Three classes of injuries are mentioned by Mr. Erichsen. 1st. Concussion of the spine from direct and severe injury. 2nd. Concussion of the spine from slight injuries, concussion from carriage accidents and from falls and shock. 3rd. The effects produced by wrenches or twists of the spine. The following case will illustrate the first class:—J. R., a clerk by occupation, was admitted under the care of Mr. Erichsen, into University College Hospital, October 2nd, 1862. He had been knocked down half an hour previously by a cab, the horse's knee striking him on the neck. He was conscious, but quite unable to move, and passed his urine and fæces involuntarily on his way to the hospital. There was abrasion and ecchymosis on the left side of the neck. There was no irregularity or inequality of the spinous processes or evidence of fracture. There was also complete paralysis of sensation and motion from the shoulders down. The breathing was wholly diaphragmatic. He

*From the report on Surgery and Surgical Pathology of Diseases of the Nervous System, read before the Ontario Medical Association, in June last.

complained of great pain at the point of injury, and in the right hand and arm which was bruised. Motor power not entirely lost, as he could raise his legs and cross them, but sensation is entirely gone. His great distress was a feeling of tightness as of a cord tied tightly round the abdomen below the umbilicus. 5th October, had slept well, pulse 64, strong; passes fæces involuntarily. 8th. Is able to move his head and neck from side to side; has less pain; urine has been ammoniacal from the beginning; bedsores over sacrum have much extended. 10th. Difficulty of breathing came on, but was relieved by the 11th. On the 12th it returned with mucous râles, and he died that night, ten days after the accident.

Autopsy.—The brain was found uninjured and healthy; the 6th and 7th cervical vertebræ had been separated posteriorly; the vertebræ themselves and their arches were quite sound, but there was a fissure extending through the articulating processes on the left side, without displacement. A large quantity of blood was extravasated into the spinal canal lying between the bones and the dura mater, also a quantity of reddish brown serum in the arachnoid. The pia mater had some blood patches on it in the lower cervical region. The cord itself was quite healthy.

Boyer* relates two cases. In one the patient struck his loins by falling into a deep ditch. He was affected by complete paraplegia, and speedily died. On examination no morbid appearances could be detected; neither fracture, dislocation, effusion or any lesion of the cord or its membranes. In the other case, a man amusing himself with gymnastic exercises, strained his back between the shoulders. He became paraplegic and died in a few weeks. After death no lesion of any kind was found in the spine or cord.

Twists or wrenches of the spine without fracture or dislocation of the vertebræ are among the most serious affections of the spinal cord which are met with in surgical practice. In all the various forms and degrees of injury sustained by the spinal column, some or all of the same train of symptoms follow soon or later. If immediate or secondary the countenance is usually pallid and has a careworn anxious expression. The memory is defective; the thoughts are confused; all business

*Maladies chirurgicales, p. 135 and J. E. Erichsen's Lectures, p. 28.

aptitude is lost, temper changed, and sleep is restless and broken. The organs of special sense are often more or less seriously affected, and the state of the spine will be found to be the cause of all these symptoms. The lesions when found are: 1st. Hemorrhage† within the spinal cord. 2nd. Laceration of the membranes of the cord and extravasation of the medullary substance. 3rd. Disintegration, and perhaps effusion and inflammatory softening of the cord. Hemorrhage of the spinal canal may occur. 1st. Between the vertebræ and dura mater. 2nd. Between the membranes and the cord. 3rd. In both situations.

Diagnosis.—There appear to be three morbid conditions for which concussion of the spine may be mistaken. They are:—1st. The secondary consequences of cerebral concussion. 2nd. Rheumatism. 3rd. Hysteria.

Prognosis.—"Concussion of the spine may prove fatal, first, at an early period, from the severity of the injury; secondly, at a more remote date, from inflammation of the cord and its membranes; and thirdly, after the lapse of several years, from the slow, certain and progressive structural changes in the cord and its membranes," due probably to inflammatory action of a very chronic character. As to recovery, two points are noticed. "First, the recovery from the primary and direct effects of the injury, and secondly, from the secondary and remote consequences of it." Recovery is said to take place more often and complete in concussion of the spine in the primary stage, and before the secondary stage is reached. This will apply more especially to young and healthy persons. "Ollivier makes the statement that it is rare to find inflammation of the spinal membranes limited to the vertebral canal, that we find at the same time a more or less intense cerebral meningitis, that they often complicate the case so as to render the diagnosis difficult, especially in the early stages." Partial recovery is not unusual in cases of severe and direct injury to the spine. Recovery up to a certain point takes place and remains stationary, beyond which they rarely get, as it is probable that structural lesions have taken place in the membranes if not in the cord. Erichsen says, (page 100), "I have never known a patient to recover completely and entirely so as to be in the same state

of health that he enjoyed before the accident, in whom the symptoms dependent on chronic inflammation of the cord and its membranes, and on their consecutive structural lesions had existed for twelve months; and Ollivier has observed that while such a patient may live fifteen or twenty years in a broken state of health, the probability is that he will die within three or four.

Treatment.—There is not much to be said in reference to treatment. Absolute rest in the prone position is of the utmost importance. This places the spine as the highest part of the body and pressure upon the injured parts is avoided, passive congestion prevented, and possibly bed-sores from loss of vitality, and what is of equal if not greater importance, after symptoms of shock have disappeared, the persistent and cautious application of cold water over the injured part, or any portion of the spine which is tender and painful. Blisters may also be applied with good effect in conjunction with cold water, or ice, if necessary.

NOTES ON THE TREATMENT OF LUPUS

BY J. GUN, M.D., DURHAM, ONT.

I have recently had the opportunity of trying Volkmann's process of "Evidement" in the treatment of three cases of Lupus, a report of which may not be uninteresting to some of the readers of the LANCET.

CASE I. *Lupus Serpiginosus.*—A middle aged lady, multipara, complained of an obstinate disease of the skin of the face, which had troubled her for years. She enjoyed perfect health otherwise; her children also were robust, and free from any skin or glandular affections. On examining the face, I found the skin over the malar bone of the left side, as well as that over the inferior border of the orbit, paler than the surrounding integument, glistening, thin, and slightly depressed. A number of tubercles of the size of peas, some isolated, some confluent, and in part covered with crusts of a dirty yellow color, occupied the side of the nose of the same side. On removing the crusts, the granulations were of a livid red color, soft, friable, bleeding easily, and, on pressure, exuded a thin pus. The treatment consisted in the free application of a pointed stick of nitrate of silver to the diseased surface. By this means the granulations were easily

† Erichsen's Lectures, p. 38.

removed and at the same time the lupoid nests destroyed. In a few weeks the progress of the disease was effectually stopped, a pale, glistening cicatrix alone marking the site of the lupoid granulations. This lady removed to a distant part of the Province, so that I have not had an opportunity of knowing whether there has been any re-appearance of the disease.

CASE II. *Lupus Vulgaris*.—The left cheek over the buccinator muscle was occupied with a circular patch of lupus tubercles fully two inches in diameter, the skin towards the ear being of a glistening and scar-like appearance. The tubercles were closely packed together, raised one to two lines above the surrounding skin (*lupus exuberans*), of a livid red color, firm to the touch, slightly painful, bleeding easily, and, on pressure, exuding a cheesy-like pus. In this case, a healthy subject otherwise, a male, of middle age, the disease had existed for many years. It first shewed itself in front of the pinna of the ear in the form of small, pointed tubercles, at first isolated, but soon becoming confluent and covered with crusts. Fresh tubercles formed, advancing towards the angle of the mouth, and as these matured, the older exfoliated and disappeared, leaving the skin of a glistening appearance, thinned, depressed and bald. The treatment at first adopted was by caustics. Vienna paste, chloride of zinc, pernitrate of mercury, etc., tried in succession, but without making any decided impression in the removal of the diseased mass. Latterly I adopted Volkmann's plan which proved successful. The tubercles were removed one by one with the scoop end of an ordinary director, and after bleeding had ceased, a pointed stick of nitrate of silver was pressed with a boring motion into the depths of the lupus nests in the tissue of the corium. In a week or two a few fresh tubercles made their appearance on the raw surface here and there, and especially along the margins of the ulcer, but these were easily removed by a fresh application of the nitrate of silver. Cicatrization went on rapidly, and now, twelve months after all treatment ceased, there has been no return of the disease.

CASE III. *Lupus Exulcerans*.—When this case came under treatment it had advanced to the stage of ulceration. The lupoid ulcer was situated on the upper lip, near the base of the right nostril and immediately over the root of the canine tooth. The

base of the ulcer was covered with red granulations, painful and bleeding easily, the margins being well defined, firm and undermined. External to the ulcer there were several tubercles, discrete, of the size of small shot and of a yellowish red color. The granulations were removed in the usual way, after which a few applications of the nitrate of silver in stick was made to the base and sides of the ulcer. The progress of the case is satisfactory. It is still under treatment, but from the healthy granulations formed in the base of the ulcer, and the rapid closing in of the margins with healthy tissue, it is evident that the disease has been removed and that the cure is nearly complete.

In these cases the treatment adopted has been essentially that recommended by Volkmann in 1870. As is clearly stated by that distinguished authority, the treatment of lupus resolves itself into two steps: first, the removal of those tissues which are so affected that healthy permanent tissue cannot be formed from them; secondly, the destruction of the young lupoid cells. The first object may be secured, in some cases no doubt, by the use of caustics, but, as Volkmann recommends, and as my experience, though limited, has confirmed, it will be much more easily and effectively attained by the use of the scoop. For the destruction of the lupoid nests, or as Volkmann has it, the absorption of the lupoid cellular infiltration, he recommends multiple punctiform scarification with a narrow-bladed knife. I tried this method in case No. 2, but found that boring into the lupoid nests with a nitrate of silver stick was preferable. It penetrates the lupus tissue easily, but meets with considerable resistance when pressed against tissue free from the disease. It would seem, however, that in large confluent lupus in which the corium is extensively infiltrated, punctiform scarification, often repeated, would be attended by good results.

Lupus being a local disease, no special constitutional treatment was adopted in these cases, except such as was indicated by the general condition of the patients.

Correspondence.

EMPHYSEMA DURING LABOR.

To the Editor of the CANADA LANCET.

SIR,—On the 26th of February I was summoned to attend Mrs. D., æt. 21, in her first confinement.

On arriving, I found the pains recurring about every fifteen minutes and expulsive in character. The os was the size of a dollar and head presenting in the first position. Labor progressed favorably during the subsequent hour and a half, when I observed my patient's face very much swollen, the swelling appearing suddenly. The child's head at this time, twenty minutes before delivery, was forcing my hand on the perineum and required my undivided attention. I merely ordered the neck-band of the night-dress loosened, and immediately after the child was born I examined the patient and found the following condition: The swelling extended from the anterior border of the trapezius muscle on one side to the same position on the opposite, causing the neck to be nearly even with the chin, and vertically from both malar bones downwards to a level with the third or fourth ribs. The skin was normal in appearance, swallowing and breathing were performed with ease, the patient was cheerful and exceptionally well in every respect. On applying my fingers to the swelling, I could feel the peculiar crackling sensation characteristic of emphysema. In fact the patient could distinctly hear it when moving her jaws. This crackling sensation could be distinctly felt over the entire surface of the swelling, but more especially evident in front of the neck, on both sides of the larynx and trachea. I left the case entirely to nature, ordering no special treatment.

On the 27th I visited my patient and found her in about the same state. She had slept well all night, had an excellent appetite, and was very comfortable; the swelling had slightly diminished. This was the first time, in an obstetric experience of nearly 2000 cases, that I had seen a case of the kind. There is no doubt that the air became extravasated into the cellular tissue during the straining of the patient in order to assist nature, although the straining did not appear more than usual, in fact not nearly so severe as I have seen.

I think the case is of sufficient importance to enable us to see in it another danger of advising patients to strain and hold their breath in order to accelerate delivery, a custom very commonly adopted by midwives and nurses, and one that cannot be too strongly condemned. In all ordinary cases, nature asks for all necessary aid by causing involuntary muscular action, rendering voluntary action not only unnecessary but dangerous.

Yours, etc.,

J. S. BENSON, M.R.C.S.E.

Chatham, N.B., 28th Feb., 1884.

JOHN R. SMITH, M.D., HARROWSMITH, ONT.

To the Editor of the CANADA LANCET.

SIR,—When a member of our profession dies, the least we can do in the way of respect for his memory is to honor him with an obituary notice. In our profession, honors do not crowd "thick and fast" upon any of its members; there are no salaried sinecures to which we can look for an appointment; there are no hopes of being pensioned off with a comfortable living when age has stiffened the limbs and dulled the faculties, or when overwork has forestalled the ruthless hand of time. The hard and honest toilers amidst disease and death, who in the darkness and the daylight, through summer's heat and winter's cold, never refuse to face all weathers, and who, in the rude cabins of the humble as well as in the more comfortable abodes of the well-to-do, labor on, and worry, and wear themselves with suffering, that others may suffer less; have no peculiar social privileges or public distinctions. Wealth is a prize that few if any can ever attain, and the "otium cum dignitate" that is often the dream of youth, flies before them, as the rainbow that covered the cup of gold, fled from its pursuer. For the vast majority of medical men the song must be:

Labor on, labor on! there'll be resting by and bye,
When life's short day is done, and head and hands shall lie
Where the tomb its quiet shelter o'er us throws,
And no waking ever breaks our long repose."

Dr. Smith was one of the toilers who labored on, and labored more than others might suffer less, and who looked for no greater testimonial to his worth than the plaudit of "Well done, faithful servant," and no monument more honorable than a memorial thought deeply engraved upon each of the many hearts from which he had lifted the burden of sorrow. He was born at Ormiston, in Scotland, in the year 1831, and in his youth came thence with his parents to Kingston, Ont. Of his early life I know nothing, having first become acquainted with him during my college days at good old Queen's University in this city. For several years past I have been acquainted with various members of his family and they belong to that class of persons whom to know is to love; they are true representatives of that type of "Auld Scotia's" sons, who look upon an honest man as the noblest work of God. In 1863 he graduated

in medicine, and immediately after his graduation went to the United States and joined the army of the Republic as assistant surgeon of volunteers. He acted in this capacity until the close of the war in the fall of 1864, and thus for a year and a half obtained the surgical experience which only a great war can afford. Upon his return to Canada, partly through my advice and partly through the advice of other friends, he settled in Harrowsmith, which although a small village at that time, afforded one of the best country practices in this part of Ontario. There his professional ability, his urbanity, his goodness of heart and his geniality of disposition soon became known, and established him not only as one of the leading medical advisers in that section of country, but as a pleasant companion and a true family friend. When our Canadian volunteer militia was organized, Dr. Smith was appointed Surgeon of the 47th Frontenac Battalion, a position which he vacated only at his death. Although of more than average professional ability, he was content to fill his calling in a hard country practice, rather than cultivate an easier life in some large town or city. Although frequently speaking of adopting the latter course, the feeling of attachment between his country patients and himself was so great that he could never fully make up his mind to sever the links that bound them together.

For the past twenty years Dr. Smith has been a useful man to a large and increasing number of clients, and now that he has gone, hundreds feel that they have been bereft of a friend, and mourn his untimely loss. He possessed a good constitution, and seemed to enjoy the best of health up to about six months ago. He then began to complain of more or less pain behind the sternum, of an occasional dry irritative cough and difficulty in swallowing; he began also to lose flesh and suffer a deterioration of muscular strength. He continued to perform his professional duties, however, and on several occasions of my meeting with him he stated his condition to me, but supposed he was suffering from bronchitis and that he would soon recover. About three months ago I was called to see him, and from the symptoms then manifested I diagnosed cancer of the stomach with obstruction of the œsophagus. My partner, Dr. Henderson, saw him some time afterwards and confirmed my opinion, which was also concurred in by Dr. Day, of Harrowsmith. We continued to visit him occa-

sionally, Dr. Day especially giving him every care and assistance in his power, until death brought him his final release from suffering.

The day after his decease, Drs. Day, Henderson and myself made a post-mortem examination, and found abundant confirmation of our diagnosis. A large cancerous mass, in a stage of ulceration, occupied the lower part of the œsophagus, and several hard nodules, one of them as large as a pullet's egg, were situated in the walls of the stomach about the cardiac orifice, and some of these also in the ulcerative stage. Other abdominal organs also were affected. For eight weeks previous to death he was confined to his bed, and although his sufferings were very great, never a murmur or complaint escaped his lips. He leaves a kind and devoted wife to mourn his loss, but no children.

Thus has passed away a noble-hearted and useful professional brother at an age when experience should have crowned him with distinction in his chosen vocation. In his death I miss another of the remaining few that sat in the class-rooms with me and drank in knowledge from the same teachers. Thus I am reminded that one by one the links are breaking that enchain our spirits here, and that ere long I too must follow, and that the generation even to which we belonged shall soon be numbered with the past.

Yours truly, THOS. R. DUPUIS.
Kingston, Ont.

NOVEL INHALER.

To the Editor of the CANADA LANCET.

SIR,—I had occasion to give chloroform a short time ago where I was dubious as to using the napkin, as the patient was suffering from rheumatic valvular disease, and as I was wearing matted cuff-protectors worn by storekeepers, the idea suggested itself to cover the small end with lint and drop the chloroform thereon, and by stretching or compressing I could regulate the quantity of air I desired mixed with the chloroform vapor. The experiment was so successful that I have used the cuff-protector several times, and am convinced that it is as good a means of administering anæsthetics as can be got, and the expense is *nil*.

Yours faithfully,

JAMES SKIRVING.

Tavistock, Ont., Feb. 23, '84.

Reports of Societies.

SANITARY CONVENTION.

The Ontario Board of Health held its second annual sanitary convention in Ottawa on the 12th and 13th ult. The attendance was very good, and many interesting papers on sanitary matters were read and discussed. The chair was taken by Dr. Sweetland and the association was welcomed by the mayor. An introductory address was delivered by the chairman of the Board, in which he dwelt chiefly upon sanitary statistics, the reduction in the death rate in consequence of sanitary improvement in recent times; and concluded by defining the respective duties of the Dominion and Local Parliaments, and municipalities, in regard to sanitation.

In the afternoon session, Dr. Canniff, medical health officer for Toronto, gave an interesting account of his labors in sanitary work in the Queen City of the West, and quoted from his report report recently published. In his work he was assisted by a staff of policemen, and these were instructed to visit every house and examine the drainage, disposal of sewage, condition of water closets, yards, lanes, &c., and suggest changes and improvements. Legal proceedings were in every case avoided, so as not to array the public against the system. In the discussion which followed, Dr. Canniff's plan was strongly approved. An address on "The Ventilation of Dwellings," by Prof. Bap-tie, Ottawa, and a paper by Dr. Cassidy, Toronto, on "The Ventilation of Public Buildings," evoked a very interesting discussion.

At the evening session Dr. Covernton, of Toronto, read a paper on the "Abuse of alcohol, and increase of nervous diseases in modern times." He said that by the abuse of alcohol men were led to a premature death after the destruction of body and mind, and gave some startling statistics to that effect. The greater part of alcoholic drinks offered for public sale contained more or less of the poisonous kinds of alcohol, and he approved of the Government encouraging the importation of light, cheap wines by low duties. A paper on "School Hygiene" was read by S. Woods, Ottawa, who was in favour of cheerful school-houses, and plenty of exercise for pupils. He considered that overwork and overstudy were not so injurious as the want of

hygienic arrangements. Dr. Bryce, Toronto, read a paper entitled "Zymotic diseases, where they are, and why," and illustrated his remarks with magic lantern diagrams.

On the second day a paper was read by Dr. E. Playter, of Ottawa, on "Diet." The points which gave rise to most discussion were the expression of the opinion that cancer was on the increase in Ontario, and an account of some experiments showing that the human system is better able to resist catching cold under low than full diet. The question was raised whether the greater accuracy of vital statistics did not cause apparent increase. Dr. Playter, however, appeared to think the increase was real. Rev. Mr. Wood asked whether the old adage "Feed a cold and starve a fever" was sound or ironical. Dr. Playter, Dr. Small, and Dr. Sweetland all agreed that the best policy was to 'starve' a cold. Dr. Small said the true reading of the maxim was, "If you feed a cold you will have to starve a fever."

T. Guerin, C. E., Ottawa, read a paper on "Sewerage," in which he criticised the various means of ventilating sewers by man-holes or shafts. He condemned all these plans except ventilating by man-holes, which he considered the least objectionable. In summing up the different modes of ventilation, he concluded that no treatment of sewer gas was so good as cutting it off altogether, trapping it at every possible point. He entered into a discussion of the various kinds of traps, and exhibited a model of one which he considered most efficient.

The question of establishing a Dominion Board of Health next came up for consideration, and after considerable discussion it was decided to defer further consideration of this matter until after the next meeting of the Canada Medical Association in order to give the Committee of that body time to report. F. N. Boxer, C.E., Montreal, read a paper on the "Hidden Sources of Disease," such as defective sewers, bad water, impure air, &c., and urged the claim of sanitary science on the assistance of the government. Dr. Rogers, of Ottawa, followed, with a paper on the "Prevention of Disease," in the course of which he strongly objected to the placarding of houses where infectious diseases existed as a tendency to excite alarm. Dr. Covernton replied, showing the benefits of placarding in staying the spread of infection.

At the close of the meeting resolutions were adopted expressing the opinion that local boards of health should have power to enforce the proper drainage of houses, and declaring that persons suffering from or recently recovered from infectious disease should not enter public conveyances.

ONTARIO BOARD OF HEALTH.

First regular meeting of the Board for the present year was held in Toronto on the 6th, 7th and 8th of February, 1884. Members present Drs. Oldright, Covernton, Cassidy, Rae, Yeomans, Prof. Galbraith, and Dr. Bryce, Secretary. The minutes of the last meeting were read and confirmed, and various communications read. Amongst these were letters from Dr. Powel, of Edgar, *re* small-pox; Dr. Wells, of Barrie, *re* diphtheria; F. G. Johnston, Sarnia, *re* methods of obtaining reports, and others. The report of the Legislation Committee was then taken up.

February 7th—After routine the chairman read a communication from the Minister of Education in reference to the preparation of a work on school hygiene, after which it was moved by Dr. Cassidy, seconded by Dr. Covernton, and carried,—That a Special Committee composed of Drs. Oldright, Covernton, Cassidy, Yeomans and Rae, be appointed to prepare a work on hygiene.

The report of the Committee on Legislation was received and adopted. The subsidy to the *Sanitary Journal* was, on motion, continued to the end of the year ending August, 1884.

February 8th—After routine, a communication from Mr. Allan McDougall was received *re* extending the course of sanitary lectures. After discussion it was moved by Dr. Rae, and seconded by Dr. Yeomans and carried—"That a sum not exceeding fifty dollars be devoted to the purpose of defraying the expense connected with a partial course of additional lectures on Sanitary subjects in connection with the Canadian Institute, if the proposition meet with the approval of the latter body."

In the matter of continuing the weekly disease reports it was directed that the Publication Committee be requested to consider and report upon the best means of curtailing the expenses connected with the publication of the weekly Health Bulletin.

The matter of the Ottawa Convention was then discussed, and various matters of arrangement completed, after which Dr. Yeomans read the report of the commission to investigate typhoid fever in Luther Village, which was adopted.

Selected Articles.

THE DIAGNOSIS OF ABDOMINAL TUMORS—VESICO-VAGINAL FISTULA.

CLINIC—BY W. GOODELL, M.D., PHILADELPHIA.

The first case I bring before you is a perplexing one, and I bring it before you for the purpose of diagnosis. I have already examined the case with a great deal of care, but I am in great doubt as to its nature. It shows the difficulty in the diagnosis of abdominal tumors. If I cannot, with all my experience, tell what the matter is; how much more likely will you be to blunder? The first peculiarity about this case is that the lady has a very good complexion; her lips and tongue are of good color. She has a far better appearance than you ordinarily see in abdominal tumors. She says that four years ago, she detected a swelling in the abdomen. I do not place much reliance upon these statements made by patients. Women often come to me thinking that they have a tumor, and on examination I find nothing but wind. If she had said that her physician had found the tumor, I should have placed more confidence in the statement.

This is a puzzling case, because I cannot make out whether this is a cyst or whether it is free fluid in the abdominal cavity. If it were free fluid, it would constitute abdominal dropsy, and we should naturally expect to find some cause for the dropsy. I have examined the heart and lungs carefully, but they are perfectly healthy. There is no disease of the liver, although I at first thought I detected some signs of hepatic trouble. I next turned to the urine; specific gravity, 1022; alkaline reaction, no sugar or albumen. In the sediment there are triple phosphates and a few octahedral crystals of oxlate of lime. There is then no evidence of organic disease of the kidneys.

Examining the tumor, you see that it does not project as cysts usually do. It is flaccid, and on percussion you can see the wave pass from one side to the other. In the cysts that you have seen, the tumor has been tense and projecting, but here we have a tumor irregular in shape, flaccid and bulging laterally. The appearances are those of free fluid in the abdominal cavity.

If this were abdominal dropsy, we should expect to find resonance on percussion in front from the floating up of the intestines. I now percuss, but

all over the front there is perfect dulness. I press deeply, but can develop no resonance. This is not a feature of ascites, but it might be due to great distension of the abdomen, which is not the case here, or it might be due to inflammatory adhesions preventing the intestines from floating upwards. Let us see if we can get the coronal resonance which is due to the intestines surrounding the cyst, giving a crown shaped resonance. On the right side there is no resonance. There is more over the stomach, but on the left side in the line of the descending colon I find some resonance. The intestines may be adherent at this point.

I have carefully examined the womb. It measures 3.5 inches. It was retroverted but I was able with the sound to raise it and make such motion that I feel the greatest assurance, although not positive certainty, that the womb has nothing to do with the tumor, unless there should happen to be a fibroid tumor. A pedunculated fibroid tumor may produce dropsy of the abdomen, and the patient retain fair health, because it is a dropsy from irritation.

I tell you candidly, that I do not know what this is; but I am disposed to think that it is a cyst of the broad ligament. I shall tell you why. These cysts are more apt to be flaccid; they last longer, from four to nine years; they interfere with the general health less than any other tumor; they rarely give pain; and they have alternations of flaccidity and distension. I have examined this woman in different positions, but the result was always the same. I shall now tap her and see the character of the fluid. I first freeze the part with ice and salt and then plunge in the aspirating needle, and immediately the fluid begins to flow. I have taken care to see that the bladder had been emptied. This is a slow way to remove the liquid, but it is a safe way.

While the fluid is flowing, I shall talk a little about this object of tapping, because it is an operation which you will have to perform. It is not difficult to do, if you observe certain rules. Other things being equal, always tap in the linea alba, because there we find the fewest blood vessels. The point of election is midway between the umbilicus and the symphysis. If the most prominent point of the cyst is to one side, it will be proper to tap at that point. In the second place; use the aspirator in preference to the trocar. In the third place, and by the way, this should have been among the first, see that the bladder is empty. There are good reasons for this rule for the mistake of confounding a distended bladder with an ovarian cyst has often been made.

The danger from the use of the aspirator in ascites is very small, for the peritoneum has been so altered by pressure, that it is no longer so vulnerable as the peritoneum is usually considered to

be. There are greater dangers in tapping a cyst, for the wall of the cyst is vulnerable, and may have inflammation of the cyst followed by septicæmia. This has occurred in my hands. It is a good rule never to tap an ovarian cyst if you have decided to remove it, and the patient has consented. There are certain exceptions to this rule. If the cyst were so large that it pressed on the veins, giving rise to œdema of the extremities or œdema of the lungs, it would be proper under these circumstances to precede the operation by a tapping, so as to relieve those œdematous symptoms and put the woman in a better condition to bear the operation. If you have a polycyst, it is a good rule not to aspirate, for as the large cyst is filled with many smaller ones, there are blood vessels running in every direction and there is danger of wounding a blood vessel and of having internal hemorrhage. The bleeding may come from a vessel in the wall of the abdomen. If there is internal hemorrhage, which you determine by the ordinary symptoms, the best things to do are to include the point of puncture in a ligature, or to use an acupuncture needle, or to put in a hair-lip pin and throw around it a figure-of-eight ligature.

As I say, my rule is not to aspirate an ovarian cyst unless the patient insists upon it. A woman has a cystic degeneration of the ovary, she has heard of cases of recovery after tapping, and she insists upon having this tried. An interesting case occurred in the practice of a physician out west. A woman came to him with a large tumor which he diagnosed to be a cystic tumor, and told her that nothing would cure her but an operation. She had however heard of a notorious nostrum which cures everything under the sun, and began to take it. A day or two afterwards she met with an accident which ruptured the wall of the cyst, and she began to pass large quantities of water which she attributed to the use of the Panacea. The result was that the tumor disappeared for several months, but it soon refilled and the doctor had to remove it by operation.

I had a case two weeks ago which shows the danger of rupture of the cyst. A lady was brought to me by her husband and physician. From her appearance, I judged that she had a malignant tumor. She had excessive pain. She was very much emaciated and had taken opium in large doses. On examination I found two tumors in the abdomen, and my diagnosis was that both ovaries had undergone cystic degeneration. She had not been so far from home for a long time. The following day she was seized with violent pain, and when her physician came, he found her in a very alarming condition. She went from bad to worse, developed high inflammatory symptoms and died in a few days. Her physician wrote to me asking the cause of this inflammation. It was clearly due to a rupture of one cyst and the irritating fluid

getting into the cavity of the abdomen, produced a rapid peritonitis to which the patient succumbed. If a broad ligament bursts, there is not the same danger, for the fluid is more bland.

The fluid that is here escaping has not the appearance of that from a broad ligament cyst. In my experience such cysts contain a limpid, pearly colored fluid, sometimes having a greenish tinge. From the appearance of this fluid I should say that it came from an ovarian cyst, but before submitting her to an operation, for which she is prepared, it is my duty to have this fluid carefully examined. There is now some resonance over the stomach. You may ask "why can you not feel the cyst wall?" This cyst, as far as I can discover, is unilocular, and is so thin and collapsed that I cannot feel its wall.

I shall apply a strip of adhesive plaster over the puncture and keep her in bed for forty-eight hours. In cases of abdominal dropsy, I sometimes put on a binder, but as a rule I do not after tapping an ovarian cyst. If the abdomen is very flaccid and the woman feels more comfortable with the binder, I use it.

VESICO-VAGINAL FISTULA.

The next case is a very distressing one of a woman who, as the result of a several days labor, had a very bad vesico-vaginal fistula. She was attended by two good physicians. I have told you one thing over and over again, and I want to reiterate it. I say that there is a tendency in this age to use the forceps too frequently, and the results are laceration of the perineum and laceration of the neck of the womb. These two lesions are very frequently, although not always caused by the use of the forceps. When I come across a very bad tear of the perineum, I am very sure to find that it has been a forceps case. I say that when you graduate, you will not be skilful enough to deliver a woman safely all the way through with the forceps. You will turn the head out too quickly. I myself do not feel warranted in delivering a primipara all the way through with the forceps, unless it is absolutely called for. My rule is to bring the head down to the perineum, cause it to bulge, then take the forceps off, and allow nature to finish.

There are certain cases in which it is proper to put on the forceps, and that is where the head after it is engaged in the superior strait, does not descend. Under such circumstances, I should advise you as young men, to call in a brother physician to assist you, but when you live in the country, four or five miles from any other physician, you cannot do that. The country is a splendid school. It develops pluck and courage.

I have forgotten her history, so I shall ask a few questions. She says that this occurred nine years ago with her first child. She was three days and two nights in labor. That, however, does not

mean anything. She might be in labor a week in the membranes were unbroken, without receiving any harm. She does not know whether the water had come away or not, for she had convulsions. The head was impacted and the physicians had a great deal of trouble in delivering her with instruments. The child was dead. I do not know whether or not craniotomy was performed. The result was a great deal of sloughing and the formation of a vesico-vaginal fistula of large size. It had been operated on by a good physician but with poor results.

She came to me March 1st. The opening was then large enough to admit three fingers. There is one thing about these fistulæ which I do not think has been described, a frequent absence of menstruation. She had, in addition to the sloughing of the vagina, a tear of the perineum, and as a result there was found a very sensitive cicatrix. The trouble in operating was that we could not get her under ether. Although she would be snoring, yet as soon as the speculum pressed upon the cicatrix, she would straighten herself out. I have noticed this repeatedly in laceration of the perineum with some sloughing. I managed to close up the fistula, but I had to take out one stitch in order to pass a catheter. A week ago last Sunday, I operated to close the small opening, and I shall now remove the stitches. You see that she is quite fat, and I find that the worst cases of laceration occur in stout women.

I have removed the sutures and it looks as though it were a cure, but we shall have to wait a day or so to decide that. She will now be taken to her ward. The secret of success in operating on vesico-vaginal fistula is to denude the parts and coapt them well.

The forceps should, I think, have been applied earlier in this case, but it is often very difficult to decide when to apply them. I once had a vesico-vaginal fistula occur in one of my own patients and I feel charitably towards other physicians who meet with the accident. In my case, I applied the forceps early, and with immense difficulty delivered a living child, but a few days afterwards there occurred a fistula. It was due to a projecting promontory pressing the head against the symphysis and in this way squeezing the bladder. I felt very much humiliated when I found this fistula. This took place ten years ago, but as I look back I feel perfectly satisfied with what I did. I waited a short time but as the head did not descend, I put on the forceps. When I found an opening had formed, I put in a self-retaining catheter and made one application of nitric acid around the surface and every other day an application of nitrate of silver. The result was that the parts united perfectly.—*Med. Review.*

EMPHYEMA COMMUNICATING WITH THE LUNG.

CLINIC BY I. BURNEY YEO, M.D., F.R.C.P., LONDON.

The case to which I wish to call your attention to-day you will do well to study attentively, for it presents an example of one of the greatest triumphs of antiseptic treatment which you can witness.

A——, a ship's captain, forty-one years of age, had been attacked about eight months previously with pneumonia of the left lung, and had never been well since. He had been suffering from cough, emaciation, and severe night sweats, the latter having ceased during the last twelve days. For the past five months he had, at intervals of about ten days, expectorated half a pint or more of fluid at a time, which was said to be muco-purulent. He is thin, and his muscles feel flabby; his countenance has rather a puffy look, and he has a hectic flush. He has some pain on the left side on breathing and a dragging feeling when he lifts his left arm. He cannot lie on the right side. He has a frequent short cough, with greenish muco-purulent expectoration ("slightly fetid"). It was examined microscopically by Dr. Gibbes, but was found free from putrefactive organisms. Pulse 100; respiration 24; tongue clean; appetite fairly good; skin moist. The circumference of both sides of the chest was found equal (18 in. below the nipple, 14½ in. at the base of the xiphoid cartilage). On the left side the inspiratory expansion is greatly diminished. There is dulness on percussion over the whole of the left side of the chest, absolute below the seventh rib upwards. An exception to the general want of resonance is, however, found over an area in front, limited externally by a line drawn from the middle of the clavicle to the fourth rib; here there is hyper-resonance, which seems to cross the sternum and become continuous with the resonance of the right lung; breathing here is loud and somewhat blowing, the vocal fremitus is increased, and there are a few scattered rales heard occasionally. Over the area of absolute dulness there is entire absence of vocal fremitus and of respiratory sounds; above the seventh rib indistinct vocal fremitus can be detected and feeble distant breath sounds. There is no œdema of the chest wall nor any bulging of the chest or of the intercostal spaces, except at one spot in front between the fourth and fifth ribs, where there is a distinctly localised swelling of an area of about two and a half inches by an inch, a little external to the nipple, and projecting about half an inch above the surface; it is tender to the touch, becomes tense on coughing, and an impulse synchronous with the cardiac pulsations is communicated to it. Auscultation over it reveals normal but distant heart sounds and an occasional creak. The heart's impulse is felt (displaced) in the epigastrium and

to the right of the lower half of the sternum; sounds normal. Nothing abnormal to be detected on examination of the right lung. After the examination we concluded that the case was one of purulent effusion in the left pleural cavity, which had effected a communication with the lung, and that periodically, when the tension within the pleural cavity became sufficiently great, a certain quantity of the purulent fluid in the pleura was expelled through the bronchial passages. The swelling in the front of the chest also indicated that the fluid had weakened or perforated a spot between the third and fourth ribs. It would seem as though this fluid, under tension within the pleural cavity, had attempted to discharge itself in two directions, and had found least difficulty on the side of the lung. It is also most likely that adhesions more or less extensive between the surface of the lung and the wall of the chest prevented further compression of the lung, so that the fluid pressure was brought to bear on a portion of comparatively uncompressed lung. It would seem also that the opening into the lung must be a valvular one, opening towards the air passages, and not towards the pleura, for there was no sign whatever of the entrance of air into the pleural cavity. We must also bear in mind that the pressure of the fluid on the surface of the lung would tend to keep the air from escaping from any small opening that had accidentally been made. This was our diagnosis, but resolved to wait until the periodical return of the profuse discharge from the air-passages had again occurred, so that we might observe its amount and character for ourselves. We were the more bound to do this, as the case had come to us with the suggestion that the fluid expectorated might possibly come from a dilated bronchus. We waited fourteen days, during which time our patient presented the symptoms of a mild form of hectic fever, the temperature fluctuating somewhat freely between 99.6° and 103.2°, the pulse ranging between 100 and 120, and the respiration between 24 and 44. On the fourteenth day after his admission he had an attack of profuse expectoration, and in twenty-four hours he brought up twenty ounces of muco-purulent fluid, quite free from fetor and from putrefactive organisms. The dulness and other physical signs remained precisely the same. This discharge was followed by a marked abatement of the fever, the temperature for the next six days scarcely rising above 100°. On the 22nd I introduced the needle of a hypodermic syringe into the pleural cavity, just below the angle of the left scapula, and withdrew twenty minims of perfectly sweet pus, which was examined by Dr. Gibbes, who reported that he found pus and fat cells, a little fibrin, and no septic bacteria. It was now absolutely certain that our diagnosis was correct, and that the contents of the pleural cavity were quite free from any putrefactive change.

We were now in a position to decide what was the best line of treatment to be pursued. It was urgent that something should be done, for the patient was rapidly wasting and being consumed with this hectic fever, and there was also the obvious risk of lardaceous degeneration of organs. It was not a case of aspirating, for in the process of aspiration we ran very considerable risk of sucking air through the lung into the pleural cavity, and so converting a pyothorax into a pneumo-pyothorax. I therefore appealed to Sir Joseph Lister for his counsel and co-operation, which he kindly undertook. The result is one of the most striking triumphs of antiseptic surgery I have ever had the opportunity of seeing. On the 24th the patient was taken into the operating theatre and put under chloroform, and under the spray a crucial incision was made over the seventh left rib in about the mid-axillary line, the periosteum was separated and turned aside with the intercostal vessels, and about two inches of the rib were removed. One of the largest-sized drainage-tubes was then introduced, and sixty ounces of pus were immediately evacuated. No attempt, however, was made to completely evacuate the pleural cavity; on the contrary, the chest was rapidly enveloped in eucalyptus gauze, and the patient removed to bed. The day after the operation the temperature was 98°, and remained at or a little below normal from that time forward. The relief to all the symptoms was complete and immediate. His side felt easier, he slept well, and his cough was less. The urine was dark from carbolic acid. In the evening after the operation the wound was dressed, and, as a considerable quantity of pus had been allowed to remain in the pleural cavity, it discharged freely. The day after the operation air could at times be heard passing in and out of the wound. It was dressed, and the discharge was chiefly serous. On the 26th he had slept well; only coughed once during the night.—28th: Air whistles through drainage-tube on coughing. Cough silent, with very little expectoration. In less than six weeks from the date of operation all antiseptic dressings were discontinued, and the opening in the chest was quite closed. He left the hospital, and in every respect perfectly well.

Remarks.—This case is one which has shown in a remarkable manner the advantages of dealing with purulent effusions into the pleural cavity by free incision, under strict antiseptic precautions and free drainage. It shows also that the existence of a communication with the air-passages, such as we had evidence of in this case, presents no bar to rapid recovery after such a procedure, and it also shows that the existence of such an opening does not necessarily lead to decomposition of the purulent contents of the pleural cavity. I have said that in this case the opening was probably valvular towards the lung, and only pushed open when the tension in the pleura reached a certain degree.

But Sir Joseph Lister believes, and has told you, that the presence of the ciliated epithelium along the bronchial passages tends to keep septic particles which may be in the air from reaching the periphery of the lung, and that even though a little air may have escaped into the pleural cavity it would do no harm. Certainly in this case the pus was perfectly sweet and free from organisms, and there was never any auscultatory evidence of air in the pleura. The rapidity and completeness of the recovery in this case were most astonishing to those of us who saw the case, and to the patient himself. He had been laid up for eight months, and when he was admitted into the hospital, and until the date of the operation, he was wasting rapidly from hectic fever; he had lost nearly 5 st. in weight. His temperature fell immediately after the operation, and never rose above normal for the remainder of his stay in hospital. He was able to get up ten days after the operation, and a fortnight after he was walking about the ward to all appearance perfectly well. Within six weeks of the operation he was able to leave the hospital quite recovered and without dressings of any kind.—*Lancet.*

CANCER—FIBROID—PROLAPSED OVARY ANTEFLEXION.

CLINIC BY PROF. T. G. THOMAS.

Our first patient to-day is Mrs. Eliza C—, a native of the United States. She has been married thirty-five years, and I will ask her to tell us in her own words what she is suffering from. She says she has back-ache and the whites; upon questioning her I get the statement that the discharge is water, and to the amount of about a pint and a half in twenty-four hours. These are the only symptoms which she considers important enough to present to us. She has been under the care of several physicians only one of whom has examined her by the vagina. I do not get these points for the purpose of criticising the physicians, but that I may impress upon you the great value of always suggesting a vaginal examination of every patient presenting herself to you with symptoms that lead you to suspect the uterus. Have we anything in the symptoms which this patient presents us tending to criminate the uterus? Doubtless many of you are thinking of the profuse watery discharge and let me earnestly urge you never to prescribe for a woman who speaks of having a watery discharge, until you have examined her, for this is one of the rarest forms of discharges which you will meet with. Bloody or mucous discharges are comparatively common, but when you meet with a vaginal discharge which is profuse and watery, always remember that this is a symptom of malignant disease. I call to mind the case of a lady who was

referred to me by several physicians from a distance, gentlemen whom I know to be intelligent and competent. This lady had been under treatment for a year and a half, but as the only symptom of which she complained was hydrorrhœa, none of these gentlemen had made a vaginal examination. Upon examining her I found the cervix entirely gone, and only the fundus and outer wall of the uterus left to shew the results of epithelioma. Now imagine how one of you would feel if you had been treating this lady a year and a half, without having examined her, and then some rival practitioner should be called in and make an examination; but to return to our patient of to-day. When I examined her in the ante-room I found the vagina midway between the cervix uteri and the ostium vagina constricted by a firm, velvety feeling ring of tissue, which is brittle under my finger, easily breaking down. This is malignant tissue and is the cause of the serous discharge by obstructing the blood vessels.

Now we are in the light as far as diagnosis is concerned, but as regard prognosis and treatment we cannot say as much. I have allowed the patient to pass from the room, in order that she may not hear her case discussed. The prognosis in this case is bad. The treatment in her case will be only palliative. The pain in her back will become more severe, and will require opium for its relief. But we cannot cure her; I would not consider an operation advisable. She suspects the nature of her disease, and to reassure her I have told her that she has a disease resembling cancer and called epithelioma.

Our next patient is Mrs. Kate H—, a native of Ireland. She has been married two years, has had two abortions, each at about the third month of utero-gestation. She says she has not been well at all since her last abortion which occurred about seven months ago, has a heavy feeling in the pelvis, soreness extending from the back around and down the thighs, suffers from nausea at times. She suffers menorrhagia and dysmenorrhœa at every menstruation. When I examined her I found the cervix hard and smooth, giving me no evidence of disease, then keeping my fingers against the cervix as I do now against the cervix of the manikin, I placed my other hand over the patient's abdomen in this way, and making pressure downward immediately a flood of light was thrown upon the case, for now I had the uterus between my two hands and was able to make out its position and shape pretty accurately. The uterus is firm and symmetrical, but much larger than the normal non-pregnant uterus. Now what is this condition due to? Is it pregnancy? Judging from the history I did not believe this was the case, for these symptoms have continued constantly since the uterus last evacuated its contents, and there are no other signs of pregnancy. I passed in the uterine sound and found the depth

of the cavity to be about five inches. To be brief I have no doubt but that we have here a case of fibrous tumor of the uterus. Can I be absolutely sure of this? No. When you meet a doctor who professes never to err in diagnosis, you may set him down as either a knave or a fool, for he either deceives himself or tries to deceive you. If you will question any of our best diagnosticians you will hear them say that the best they can do is to constantly try to improve. Now in this case what is your prognosis. This tumor has probably existed since before her marriage. This heavy uterus causes her back-ache by dragging on the uterosacral ligaments and this is a very common cause of back-ache among women, for these ligaments are very sensitive even in health.

This tumor became permanent in her uterus and the uterus refuses to carry a developing foetus beyond the third month. If this tumor were subserous or interstitial we would not get much hæmorrhage directly from the tumor itself, but we might from the fungoid growths, which the presence of the tumor might excite in the endometrium. If it is an intra-uterine fibroid I would dilate the cervix with sea tangle tents and remove the tumor. I say *sea tangle tents* for I have become disgusted with one tent after another and this seems the least objectionable of any that I have ever used. I prefer the use of several long and slender ones at the same time, introducing them *under* a solution of bichloride of mercury (1:1000) with which the upper part of the vagina is filled, the patient lying in such a position that the os uteri is entirely submerged.

Let me tell you, gentlemen, that when you undertake to dilate the cervix uteri and remove a growth larger than a hen's egg, you are undertaking an operation before which an ordinary ovariectomy sinks into insignificance, for you are working entirely in the dark, may easily perforate the fundus and have no means of knowing whether the growth is all removed or not. Some of you saw me remove an ovarian tumor, yesterday, which weighed forty pounds, but I consider that a more trivial operation than removing an intra-uterine tumor the size of my fist. Don't forget that I am not giving you a didactic lecture upon fibroid tumors of the uterus, but a clinical lecture upon the case now before us. To-morrow some of you will see me remove both ovaries from a woman for the cure of a fibroid tumor and so is that, but they are as entirely different as possible. I frequently see statements attributed to me which I have been spending years in trying to controvert, so if any of you are taking notes for publication let me see your notes before you have them printed, for often the changing of a punctuation or a letter may alter the whole meaning of a sentence. As an illustration allow me to relate a little incident occurring in the practice of my friend Dr. B., who was summoned to attend a young lady student at a boarding school in this city.

Being requested to inform her father by telegraph of her condition he wrote the following message: "Your daughter is all right, she has had a chill," but the operator converted the "l" into a "d" which message brought the irate father to the city on the next train. By just as simple an error, a lecturer is sometimes unintentionally misquoted.

Our next patient, gentlemen, is Mrs. Dora L—, a native of the United States. She has been married for two years, and has had one child, which was born nine months ago. She nurses it, but has been sick for the past six months; she says she has back-ache and constant "bearing down," which she defines as "feeling as though her insides needed pushing up." She has pain in the left side and occasional attacks of giddiness. She has menstruated once since her baby was born. Upon examining her, I find lying down behind the uterus in Douglas's *cul de sac*, the cause of the trouble, an egg-like tumor, about the size of this one which I attach to the mannikin; this is freely movable, and I can easily practice ballottement upon it as I would upon a three months's foetus. When I grasp it the patient is restless and says that is where her trouble lies. This, then, is a prolapsed ovary, probably the left, and I believe it to be in a cystic degeneration. What is the treatment for a cystic ovary? Operative or palliative according to the case. A few years ago I introduced an operation for the removal of the ovary through a vaginal incision, but I have abandoned the operation now in favor of the abdominal incision. You may think the other would be the simpler operation, but it has not been followed by as good results, either at my hands, or those of others. However, I would not advise an operation in this case, but would employ *cannabis indica* internally, and locally the action of the galvanic current passed through the ovary. I will try and get this woman into my service at the Woman's Hospital, and see you again in one month, to report her condition.

Our next patient is Miss Addie W—, æt 36 a native of the United States, says she has been sick seven years, but upon questioning her, I elicit the statement that she has always suffered at her monthly periods, with the exception of the first two or three menstruations, which began when she was fourteen years of age. The pain begins several days before the flow of blood appears, and continues throughout her menstruation, fading gradually so that she is free from pain only a short time before her next attack begins; she never passes any clots. You read so much in the medical journals about dysmenorrhœa, that you are liable to be greatly confused concerning it, but please remember that it is only a symptom and when you have found and removed the cause the dysmenorrhœa will disappear. Before I examined this patient, I said to myself that I should find a small uterus sharply ante-flexed, and I so found it. How was I able to

judge of this case. Well, because I have seen so many cases exactly like it; the endometrium is as sensitive as a carious tooth. The first thing this patient asks is, can you cure me? I answer her that, without an operation, I cannot cure her, and that with one, I may. I will try to get her into the Woman's Hospital, and will have her come again to this clinic. The operation would consist in straightening the uterus, and then with a narrow bistoury introduced beyond the constriction, I would make four incisions, each about an eighth of an inch in depth, one in front, one in the back, and one on each side, then I would introduce into the cavity a glass stem solid, with a round upper end, curved as a normal uterine canal, and short enough so that it should not press against the fundus. The lower end of the stem is a knob and rests in a cup pessary. This apparatus should be worn for about six months, it does not interfere with menstruation, and causes little irritation. If it is removed at the end of this time the uterus will often retain its proper place, but sometimes there is a tendency for it to resume its old position after two or three years; in these cases we may do the operation over again for if done with antiseptic precautions, it is far from a serious operation, and three or even two years' immunity from pain is worth the trouble.—*Detroit Lancet.*

RECENT METHODS OF TREATING COLD ABSCESSSES.

Professor Billroth, of Vienna, writing on the above subject (*Medical Press and Circular*, January 16, 1884); says:—When we turn our thoughts to a cold abscess we must first of all place before ourselves the questions, Why is not the contained fluid absorbed? and why are we compelled either to await its opening or open it ourselves?

Exudations that arise in the course of acute inflammations, or transitory disturbances of circulation, are indeed usually absorbed; if the general condition of the body is in other ways normal, the absorption of the fluid is the ordinary process. If you have a clear conception of the arrangement of the lymphatic vascular system you will comprehend this, for the lymphatic vascular system sucks up all these exudation products like a sponge, and carries them all back into the blood channels. Under what conditions, then, does this resorption fail to take place? (1.) You may say first that absence of open lymph vessels is a very important cause, and that is just the case with the capsule that in the course of time forms around these abscesses. The walls of the veins can, it is true, take up some of the fluid, but it is the open lymph vessels that are most concerned in such absorption. But even when such open lymph courses are present, that may become closed under certain circumstances,

as by an exudation that becomes clotted, in which fibrine forms quickly, and in which the clotting may be continued into the lymph vessels, or into the interstitial structural interspaces. This is the case to a great extent in croupous and diphtheritic exudations. (2.) The resorption is dependent on the degree of concentration of the fluid. If the fluid is to be resorbed, its concentration must be less than that of the blood. That is not the case in cold abscesses. Moreover the various regions of the body show great differences in their power of resorption; the pelvis is the most favorable for resorption; the most unfavorable is the pleural cavity. How can we overcome these difficulties therapeutically? (1.) The first method would be the removal of the fluid; but experience teaches that the fluid may be removed for the moment, but that the exudative property of the structure does not cease; on the contrary, the cavity refills with uncommon rapidity with pus, this refilling being principally caused by the fact that by the removal of the fluid the vessels in the abscess walls are subjected to a greatly reduced pressure. (2.) Is it possible by certain irritating agents to excite a greater vascularity in the walls of the abscess? With this object in view tincture of iodine has been injected, for the purpose of exciting an inflammation, whereby an exudation is certainly set up, but which, in consequence of the higher vascularity thus induced, is readily absorbed, with the result that the cavity shrinks up. (3.) This method was succeeded by the opening of the abscess under strict antiseptic precautions. Not only is the pus evacuated, but the abscess cavity is carefully scraped with the sharp spoon, after which an antiseptic dressing is applied. In this way the walls of the abscess, which consist of a mass of soft granulations, are removed as far as the healthy tissues, whereby, by means of a light compress, healing by first intention has been achieved. Indeed by this method good results have been obtained in many cases, but it is one that requires to be carried out with great accuracy. Since the introduction of iodoform we have strewn the scraped-out cavity with iodoform in powder, and brought the edges together with the exception of the openings left for drainage. By means of iodoform, sepsis is to a great extent avoided, and under certain circumstances granulations may spring up under which healing rapidly takes place. (4.) Quite recently we have attempted another method, namely, puncture of the abscess, and subsequent injection of an emulsion of iodoform consisting of ten parts of iodoform to 100 parts of glycerine. The emulsion must be well shaken up before using, and then, according to the size of the abscess, twenty to thirty grammes are to be injected. In most of the cases in which this method has been attempted the course has been free from reaction, only moderate swelling has taken place, and but little pain has

been present. This, however, would only indicate that the treatment has done no harm; it is also desirable that it should bring about the shrinking of the abscess, and that the fluid remaining in the cavity should be absorbed. As a matter of fact, the results in some cases were exceedingly favorable, but further experience is necessary to show whether the iodoform emulsion is still to be continued. Generally speaking, I should advise you, unless there should be some reason for it, not to open the cold abscess, but to allow it to open spontaneously, especially if you cannot watch over your patients closely. You can then calculate with certainty that the pus will escape without fever and without further reaction, whilst at the same time the entrance of air is completely avoided. In such cases the mechanical relations are extremely favorable, even wonderfully so, without our being able to give an explanation of them, for it happens, for example, that an abscess bursts into the bladder or rectum, and in such cases I have never seen urine or intestinal gases enter the abscess cavity. Under strict antiseptic precautions, and under your constant supervision, you may open the abscess, especially if you suspect with some certainty that you can easily reach the bone from which the abscess springs, or if it causes by its great expansion compression of the neighboring structures, and in consequence of this gives rise to various difficulties.

EXTRACTUM PANCREATIS IN TYPHOID FEVER.

In the *American Practitioner*, for January 1884, Dr. Frank C. Wilson, Professor of Physiology in the Hospital College of Medicine, Louisville, Ky., gives his experience of the use of the above remedy:

In typhoid fever, more than in any other disease, do the indications point clearly and emphatically to the most careful dietetic management of the case, from the beginning to the end of it. The debilitating effect of the continued fever, protracted through a period of four or six weeks and sometimes even longer, must be combated in every possible way, and yet without adding to the danger of loading the intestines with undigested food, of itself a source of evil and discomfort. Only that which is absorbed and assimilated, is of real service to the system. In the enfeebled condition of the digestive organs very little of the food taken into the stomach can or will be digested, but passes down through the intestinal tract in a constantly fermenting state, thus adding to the discomfort by the increasing flatus, and over the inflamed and ulcerated Peyer's patches, producing possibly hemorrhage, or even death, by perforation. The great danger from this source has led some eminent physicians to advocate even total abstinence from

food, confining the patient strictly to water, even for three or four weeks. If, however, food can be so thoroughly digested, before being taken into the stomach, that all will be readily absorbed and assimilated, leaving no residue, the indications will be fulfilled. Milk is the article of diet usually relied upon for feeding typhoid fever patients, but even when the digestive organs are in a healthy condition it coagulates into a mass of curd as soon as it reaches the stomach. This hard mass has then to be digested and disintegrated before being absorbed. If this fails to be accomplished by reason of the small quantity or poor quality of the digestive fluids, the irritating mass passes down through the intestines, a constant source of annoyance and danger. This may all be obviated by digesting the milk with the pancreatic extract, as prepared by Fairchild Bros. & Foster, of New York. Milk so treated cannot be coagulated by even the strongest acids, its casein being transformed into peptone and in condition to be at once absorbed and assimilated. There is noticeable a slight bitterness, to which the patient soon becomes accustomed, so that it is taken readily and produces no discomfort. Even this bitter taste may be avoided by stopping the process of digestion before it is entirely completed. It has been found by experiment that the objectionable taste is only developed when the casein is entirely peptonized. It is scarcely ever necessary to carry the artificial digestion quite so far, and when stopped at any point before completion the taste is perfectly natural. If immediately placed on ice, it can be kept as long as undigested milk. The ferment of the pancreatic extract is held in a latent condition, and when taken into the intestinal canal may still further aid in the completion of the digestive process.

To avoid the possibility of the patient becoming tired of the same article of diet, day after day, its form of administration may be varied in a number of ways. As the casein is peptonized, and cannot be coagulated by even the stronger acids, the milk so prepared can be utilized in making milk punch. This can be flavored with lemon juice or any other acid desired. Thickened with gelatin, sweetened and flavored, it forms a delicious milk jelly suitable for convalescent patients and grateful to the taste.

During the past two years I have met with many instances in which the use of the pancreatic extract has yielded the most gratifying results. Not alone in typhoid fever is it useful, but in all instances where the digestion is enfeebled, or where it is interfered with by the presence of ulcerated or inflamed surfaces, the process of peptonizing the food will be found of service. In rectal alimentation its importance is manifest, the food so prepared being readily absorbed and appropriated without inconvenience or irritation. I have sustained patients with gastric ulcer entirely by nutritive enemata twelve or fourteen days. In this time the ulcer

will be entirely healed, so as to allow the cautious administration of peptonized milk in gradually increasing quantity, until a full meal can be taken.

To Dr. Roberts, who first suggested the importance of peptonizing the food, and to the Fairchild Brothers, whose pancreatic extract enables us to so readily and thoroughly accomplish it, the profession owes an everlasting debt of gratitude, echoed by many patients whose lives have been saved by its use.

THE THERAPEUTIC USE OF HOT WATER TAKEN INTERNALLY.

This is the subject of a very interesting article by Dr. Ephraim Cutter in *Gaillard's Medical Journal*. The article starts out with a *resumé* of the history of this therapeutic measure. It originated in 1858 with Dr. James N. Salisbury, who undertook a series of extended experiments with a view to demonstrating the correctness of the theory on the strength of which the practice is based. Its object is to remove from the stomach the results of processes complicating digestion, but necessarily a part of it, the principal of these processes being fermentation. The results of fermentation in the stomach are acetic, butyric, hydrosulphuric, lactic and saccharic acids, and sulphide of ammonium, vegetations and yeasts. The absorption of these gives rise to a variety of constitutional disturbances, which may even result in organic trouble, the seat of this organic trouble being the lungs, the liver and the kidneys, or other organs. It is probably generally well known, that Dr. Salisbury associates the absorption of these products of fermentation very directly with the causation of phthisis pulmonalis, and it is upon the assumption of this connection of cause and effect that he bases his well-known treatment of this disease by raw meat diet and copious washings of the stomach with hot water. Dr. Cutter is an enthusiastic disciple of Dr. Salisbury, and has done probably more than Dr. Salisbury to familiarize the profession with the latter's peculiar views and practices. The article gives explicit directions for the carrying out of this hot water treatment.

1. The water must be hot—not cold or lukewarm. The reasons for this are principally that cold water depresses, and that lukewarm water excites vomiting. By hot water is meant a temperature of 110° to 150° Fahrenheit, such as is commonly liked in the use of tea and coffee.

2. As to the quantity of water: The commencing amount should not be less than half a pint, which amount must be gradually increased with the capacity of the patient, until the specific gravity of the urine stands at 1015 to 1020, the best standard of health. If on examination of the urine the specific gravity stands at 1030 more hot water

should be drunk. On the other hand, should it fall to 1000, the amount should be decreased.

3. The time for taking hot water is an hour or two before each meal and half an hour before retiring.

4. The water should not be drunk too fast. It should rather be sipped, so that the stomach may not be so rapidly distended as to make it feel uncomfortable.

5. The length of time during which this hot water treatment should be continued is six months, this time being usually required to thoroughly wash out the liver and the intestines.

6. Should it be desired to add to the palatability of the hot water it may be medicated with clover blossoms, tea, ginger, lemon juice, sage, salt, and even occasionally sulphate of magnesia. When the thirst is intense a pinch of chloride of calcium or nitrate of potash may be added.

7. The amount of liquid to be drunk at a meal should not exceed eight ounces. This amount should not be exceeded, in order that the gastric juice may not be unduly diluted, or that the contents of the stomach may not be prematurely washed out.

It is claimed that under this treatment the fæces become black, the discoloration being due to the washing of the bile down its normal channel. While this blackness may last for more than six months the foetid odor of ordinary fæces is abated and the smell approximates that of the fæces of healthy sucking infants. The urine becomes as clear as champagne, free from deposit on cooling and free from odor. The various secreting organs are said to improve as to their functions and a general feeling of well-being takes possession of the hitherto overlaid and consequently inactive body.

The following is a summary of the general conclusions on the therapeutical drinking of hot water as given by Dr. Cutter. He claims it to be the foundation for all treatment of chronic diseases. It excites downward peristalsis. It relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves. It dilutes the ropy secretions of the whole body and renders them less adhesive, sticky and tenacious. It is an inside bath. It dissolves the abnormal crystallized substances that may be in the blood and urine. It washes down the bile, mucus, yeast and waste, and thus leaves the stomach fresh and clean for the function of digestion. It promotes elimination everywhere.

It is necessary in conducting this treatment that the stomach should be rid of the hot water before meals, and this for reasons which are too obvious to require mention.

While we think it possible that Dr. Cutter has attached undue value to this means of cure, we cannot dispute the fact that the number of cases

to which it is applicable is great. We should think it peculiarly applicable in the case of those who habitually gorge themselves, and whose systems are always overloaded with matter which the emunctory organs, constantly overtaxed, are unable to eliminate from the system. The thorough washing out which copious draughts of hot water would favor must be very beneficial in cases of this kind. *Therapeutic Gazette.*

MEDICAL EDUCATION IN CANADA.

The *N. Y. Med. Record* March 8, 1884, has the following in regard to Medical Education in Canada :

The medical schools in the Dominion of Canada compare favorably with those in other countries. The cities are smaller, and in this respect may not afford as good a field for practical teaching as is to be found in the larger centres ; yet their material, as far as it goes, is very thoroughly used. It does not follow that because a city is large the advantages in practical work must be greater than in a smaller one.

There is now, and for some time past, a distinct tendency toward the practical in medical teaching. While didactic lectures are still given, and perhaps with greater care and zeal than ever, there is added that other great factor in medical education—observation. The various schools vie with each other in the efficiency of the practical department of the work. Anatomy is being taught very much by constant demonstrations, the microscope is placed in the hands of every student, and the test-tube is as familiar as the scalpel. This change has been brought about mainly by the changes in the course of study and the mode of examinations. The qualifying bodies now require that a fair percentage of the lectures must be practical. Whenever the dissected subject was used to examine candidates upon in the various years, students found it to their best interest to spend much of their time in the dissecting-room ; and, instead of avoiding this part of the work, there was a run for material and practical teaching.

When the bedside test of the student was inserted as part of the examination, clinics became a great necessity ; and more of the school men began giving this department a larger share of their time and attention. No matter how anxious the teachers may be to impart instruction, or students to acquire it, the plan of Canadian hospitals can hardly be regarded as ideal in this respect. The advances which have been made in medical education necessitate better and more efficiently equipped schools ; but there is not so much hope for larger and better arranged hospitals. These latter are intended for the sick, and so long as they meet public wants in this respect, no great change

need be looked for. The material at the command of nearly all the medical schools is quite up to their requirements, and is very thoroughly used, notwithstanding many obstacles.

The entrance examination, fixed by the different licensing, or degree-granting bodies, is fairly high. It compares well with that found in Great Britain. This part of the course is very compulsory; for none can enter upon their studies and obtain a qualification in medicine without it. This preliminary examination being over, the course consists in four winter sessions. The examinations differ in different universities and licensing bodies. In some the work is divided into a primary and final group of studies, while in others there is an annual examination at the close of each session.

From a somewhat extended acquaintanceship with the state of medical education in the United States and in Great Britain, we cannot but think that Canada compares very favorably with both. It must be admitted that such old and large centres as Edinburgh, London, New York and Philadelphia would have advantages peculiarly their own. Yet when we look at the advantages and disadvantages to medical education in Canada, at the careful manner in which both theoretical and practical teaching is given, at the high standard fixed by the different curricula, it must be admitted that these schools are turning out a very efficient class of practitioners.

If there be any serious error in the Canadian system of medical education, it is rather one of excess than one of defect. Several of the branches of study might, perhaps, be dropped out of the course altogether; or at least less attention paid to them. Such subjects as botany, zoology, and chemistry cannot be regarded of such prime importance as physiology and anatomy, and yet at present they receive a very great deal of attention. Pathology lately has been assuming its true position by receiving something like the attention it deserves.

MODERN ABUSES IN MEDICINE.

The following extracts are given from the address of Dr. Alexander Hutchins, President of the Medical Society, State of New York (*New York Med. Journal*):

A good physician is not necessarily a learned man. Experience, sagacious observation, strong intuitive perceptions, with the minimum facility in advanced appliances, have made, and will continue to make, successful practitioners of medicine. But these are not the teachings of text-books, and are not the themes of the medical lecturer. However, it will hardly be questioned that skill in differential diagnosis is the safe basis of treatment, and varied resources in medical art leads most rapidly to the best results; and the faithful student in the pro-

fession is the one most keenly alive to the importance of both. When the pre-eminent importance of accurate diagnosis is considered, when the difficulties that environ its acquisition are appreciated, when it is understood how patient and enduring are the observations that lead up to the mastery of the nomenclature of medicine and the comprehension of the varied conditions it represents, it is humiliating to hear the most profound disorders that afflict mankind bandied about in common speech as the veriest playthings of the hour. The diphtherias that come into homes as plentifully as summer showers over the landscape and pass away as soon; the peritonitis that disturbs the quiet of the night and is dissipated with the morning dew; the pneumonia and spinal meningitis, that early recognition and prompt specifics lead in a few days to vigorous health, are all recounted with flippant unconcern, in drawing-room and social circle, on the highway, in the mart. These are not the manufacture of the people, for the terms are foreign to domestic culture. It were refined cruelty to charge upon the doctor such consummate ignorance; better far to credit him with the knavery that can command untruth to advance his interests or fortune.

On the other hand, it is asking too much of credulity to believe that the attitude of the profession is friendly to the community when the lavish gift of the doctorate puts into so many undisciplined hands the medical arts which are as potent for evil as for good. It is too much to assert that uncertainty of diagnosis runs parallel with the free use of drugs, and that confidence in specific therapeutics decreases with experience at the bedside? What inferences are deducible in this direction from the multiplying drug-stores and the rapidly enlarging business enterprise of the great manufacturing chemists? Is it supposable that the ingenious activity of pharmaceutical industry, in devising the protean forms and potencies of foods and medicine, is all on the side of the public interest? Does it appeal to the public direct, or is it profitable through the medium of the profession, who acts as agents to benefit the manufacturer at the expense of the people—the only commission being the desertion of the tried for floundering experiment with the novel? Does the percentage from the truss-man and the druggist mean anything more than the struggle of incompetency to eke out a livelihood at increased cost to the people? Is the community safer with broadcast hypodermic morphia, aconitia, and strychnia (vegetable medicines, forsooth) than with a blind surgeon exsecting a tumor from the axilla? Whence comes this malaria, that has jaundiced the speech of men, but from the track of the scapegoat making for the wilderness, burdened with the easy diagnosis of lazy incompetency? Has the clinical thermometer proved an unmixed good, when every pyrexia

is the impetus to indiscriminate quinine? and who is responsible for the "one cent a grain in pill or powder" that blazon in the sunlight through colored globes in shop-windows along every thoroughfare? Has the speculum contributed to the moral sense of the community, while prurient or needless interference with most cruel vandalism is invading the sanctity of the home and making the daughters of the land wise before the time?

Humiliating and unsavory though it be, the regnant fact holds true that—coupled with that large body of men who acknowledge an ancestry of scholars and faithful students of nature, who base their art on principles which have survived criticism, who practice their art in the interest of the physical and spiritual well-being of their fellow-men, whose livelihood is a legitimate product of their worthy and acceptable service—there is another and large class, known not only to the census enumerator but to the community by the same name, with equal protection under the law, who, with insufficient culture and consciences dulled through habitual and ignorant tampering with grave responsibilities (described lately by an influential medical journal, as "hangers-on of whom any party would be ashamed"), are a standing menace to the community, which, accepting all as competitors in the race, gives to all alike its patronage and its support.

THE TREATMENT OF RHEUMATISM— TYSON.

I shall devote the few remaining minutes of the hour to the consideration of a case of rheumatism. He gives the following history. He is 37 years of age. Seven years ago he had typhoid fever, and five years ago he had rheumatism in the left shoulder, hand, and foot. The present sickness began in December, 1882. While cutting ice he became wet, and remained in his wet clothing for half an hour. The next day he was taken sick with fever. The right wrist soon became swollen. The swelling next affected the right ankle, and then the left ankle. Looking at his wrists you observe a peculiar deformity, which is due to accumulation of fluid. In other words, these joints are the seat of rheumatic synovitis. The joints of the feet are also affected. The early history of this case is typical of acute articular rheumatism. The form of exposure which preceded the development of acute symptoms is that which is peculiarly prone to develop acute articular rheumatism. I refer to exposure to cold and wet combined. The swelling and pain left one joint to appear in another. This is characteristic of rheumatism. He has never been well since this attack developed, and there is now a condition of subacute rheumatism.

When taken sick he sought no advice but that which he could gain at a drug store. He was

given something to take internally, and a liniment to rub the affected joints. This is just the sort of treatment we should expect to be followed by the chronic form. It used to be said that the best cure for rheumatism was "six weeks," by which was meant that there was no remedy which was of especial service in this affection, and that under ordinary circumstances it would get well of itself in six weeks. Although this may have been true then, it is not true at the present time. There is no doubt that we have in salicylic acid and the salicylate of sodium remedies which greatly increase our power over rheumatism. We now take hold of a case of acute rheumatism with the greatest confidence. In my own experience I do not recall a single case of acute articular rheumatism coming under observation at an early period in which salicylate of sodium failed to bring about a cure. If this man had been properly treated, he probably would not have been here to-day.

My method of giving salicylate of sodium is to administer ten grains every two hours, and continue until the pain has disappeared and the swelling diminished. After the disease has yielded, it does not do to stop the treatment, but the remedy must be continued for ten days or more, ten grains being given every four hours.

Salicylate of sodium is not the only remedy of of service in acute rheumatism, and there are certain conditions which call for a modification of the treatment. When the patient has not been in a condition of previous good health, but has been depressed by unfavorable hygienic surroundings, it is often necessary to combine iron with the salicylic acid. At times iron alone is sufficient.

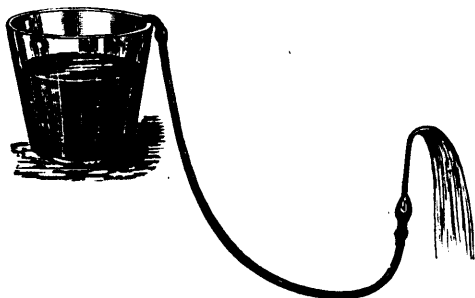
After a case has passed into the subacute form, as in the present instance, how is it to be treated? Is salicylic acid of any service in this condition? It may be, although less certainly than in acute rheumatism. At the same time, I am apt to begin the treatment with salicylic acid; but the method in which I have most confidence is that by counter-irritation with fly-blisters. A blister one or two inches square should be applied over the various joints in succession, and the counter-irritation kept up for weeks. In a case like this it is not always necessary to resort to so formidable a remedy as blisters. Painting the parts with iodine will sometimes cause absorption of the fluid and the disappearance of the symptoms. The internal use of iodine and iodide of potassium is also resorted to in these cases. Iodide of potassium may be given in doses of ten grains three times a day, or Lugol's solution may be substituted and continued for a considerable length of time.

The question has probably arisen in your minds, is salicylate of sodium of service in what is called muscular rheumatism? It is not nearly so useful in this affection as in acute articular rheumatism. Although I have known it to be occasionally of

service in such cases, the best treatment in my experience for muscular rheumatism is dry and moist heat, and moist heat in the majority of cases. This form of heat is obtained by the use of hot baths. I have recently used, with much satisfaction hot soda-baths, in which from half a pound to a pound of washing soda is added to an ordinary bath of hot water. This should be taken on going to bed. The use of dry heat is also of service. One of the most annoying forms of muscular rheumatism is the ordinary stiff neck. The best remedy for this condition is a gum bag filled with hot water, on which the neck should be laid on going to bed. In the majority of cases the pain will have disappeared before morning.—*Medical Times*.

A SIMPLE FORM OF NASAL DOUCHE.

Dr. Frank Woodbury describes the following simple form of nasal douche in the *Med. Times*, Philadelphia, for July 14, 1883:—The douche consists of an U-shaped elbow of glass tube, to which is attached a short (about three inches) piece of ordinary rubber tubing on one arm, and a long (twenty inches) piece from the other, the latter having a hollow, somewhat conical, glass nozzle, so as to occlude the nostril when pressed into it, and keep in the fluid delivered through a central opening. The short end is also tipped with a glass tube so as to hold it open and pre-



vent collapsing. When not in use the entire apparatus is contained in a small paper box ($2\frac{1}{4} \times 1\frac{1}{4} \times 1$ inch), which may be conveniently carried in the pocket, or may be carried in a valise without breaking. In order to use the douche, a glass tumbler, or any similar receptacle, should have placed in it the required amount of warm water (100° F.), medicated as desired; the douche should be immersed in the fluid, and the long tube (tightly pinched between the fingers so as to retain its contents) is drawn out of the reservoir until the glass elbow hooks over the edge of the cup, where it is self-retaining; the fluid will flow from the nozzle as long as it is depressed below the level of the receiver. The flow can be interrupted by simply dropping the nozzle back into the tumbler. It fulfils perfectly the purposes of a nasal douche,

where such an instrument is desired. The douche may also be used for acute affections of the ear after scarlet fever, etc.), for the eye, and generally for such purposes as an instrument of this size is adapted; among these may be mentioned the administration of milk, broth, etc., to patients unable to sit up, and too weak to drink in the ordinary way.

The advantages of this form of nasal douche are (1) its simplicity, there being no parts that can rust or get out of order; if any portion is broken it can be replaced at a trifling cost; (2) its convenience, being compact in form, occupying little space, taking but a moment to put in operation; (3) its safety, the stream being delivered without force, simply by gravity; it is almost impossible that the fluid should be forced into the middle ear; and (4) its efficacy being granted, its chief advantage is that it is the most economical douche that is in the market, its cost being insignificant. In common with every one engaged in general practice, I have found patients for whom a nasal douche might be useful for a short time, but the comparative expensiveness of the Thudichum's douche, and its danger of breakage, have often made me hesitate before ordering it. On this account I devised the simple form which I have presented to-night. Any one can make one for himself in a few minutes at a cost of about twenty-five cents. The rubber tubing costs ten cents per foot, and the glass a trifle only.

ECZEMA MARGINATUM AND RINGWORM IN GENERAL.—Dr. R. W. Taylor (*Four. Cutaneous and Venereal Diseases*, Feb. 1884) says: I have always placed much confidence in the parasiticide virtues of bichloride of mercury in the treatment of the various forms of ringworm, and have generally used it in the alcoholic solution, being in accord with Cavafy in the opinion that, thus used, its efficacy is much enhanced. Even thus combined, its action is not always certain, particularly in cases of eczema marginatum. This fact was very forcibly brought to my mind in the treatment of the case of a young lady during the past summer. She had this affection, severely involving the integument of the hypogastric, pubic, crural, and gluteal regions. The diagnosis was confirmed by the discovery of the parasite in the scales, but the appearances of the eruption were thoroughly typical. I ordered a two-grain solution of the bichloride of mercury in one ounce of alcohol, which was used for about a week, when I increased the strength to four grains, as the progress was not satisfactory. Though the parts were carefully sopped with this solution three or four times a day, and care was taken that the under-clothes would be frequently changed, the rings of eruption advanced, in many parts being preceded by outlying papules. The pruritus was

only relieved for a limited period after each application. In this state of affairs, it occurred to me that, if I could find some vehicle by which the parasiticide could be kept continually over the morbid surfaces, and not be rubbed off, I could soon effect a cure. It happened one day, when the progress of the case was thus at a stand-still, that I had on my office table a bottle of tincture of myrrh. The thought occurred to me that, if the liquid was painted over the surface, a very flexible layer of gum resin would be left which would retain the bichloride of mercury in contact with the skin; I, therefore, first thoroughly bathed the parts with a four-grain-to-the-ounce alcoholic solution of the bichloride, and, when dry, painted the whole surface with the tincture of myrrh. The lady reported, the next day, that she was much better and had not scratched very much since the application. I then gave her a prescription containing four grains of the bichloride to the ounce of tincture of myrrh, with directions to thoroughly paint the parts twice daily. The effect was simply wonderful. In a few days the patches and rings became less red, the papules less salient, the pruritus was relieved, and, within a fortnight, the disease was wholly cured. I have since used the simple and compound tinctures of benzoin in the same way, and find they are equally as valuable in affording a vehicle for the parasiticide and a protective film to the integument. The discomfort of the application is an inconvenience which is more than counterbalanced by the relief of the pruritus. I have thus far used this method in three cases of eczema marginatum and two of tinea tonsurans capitis; in all with most excellent results, namely, a prompt and perfect cure. Whether the gum resins have any therapeutic effect I am unable to say. I think that these tinctures can be still further used with benefit as a vehicle for other agents in the treatment of skin affections.

LISTERISM SIMPLIFIED.—Sir Joseph Lister in a discussion before the Woolwich Military Medical Society said:—He had long held that of all the parts the spray was the least important. It would not break his heart if he were told that he was never to use the spray again. But that fact was not an argument against the use of antiseptic surgery by military surgeons. If the wound be washed after the operation with antiseptic solution, splendid results could be obtained without the spray. One point of simplification would be the employment of a lotion of corrosive sublimate, which had wonderful antiseptic properties, was exceedingly cheap (2s. per pound), and a small quantity was sufficient as an antiseptic (1 to 1000). The material called "wood-wool" was a soft and elastic material, made by tearing up pine wood, which was exceedingly cheap but very bulky, though when impregnated with corrosive sublimate it made a very efficient

antiseptic dressing. He went on to say that he had lately been engaged in some experiments, and had lighted on what he believed was a new fact in chemistry—viz., that corrosive sublimate was wonderfully soluble in glycerine. It was soluble in one and a half times its weight of glycerine in the cold. This circumstance was, he believed, the key to the application of corrosive sublimate in a more compact form. Besides "wood-wool" we had rags which would be highly absorbent. If we dissolved corrosive sublimate in an equal part of glycerine in 200 parts of water, we should have a solution of the required strength. This solution could be used in place of carbolic acid where it was necessary to interfere with the wound in the first line of aid. The materials for its manufacture were extremely portable. The solution would render a sponge aseptic better than carbolic acid, for corrosive sublimate was not volatile. Catgut ligature need not be kept in carbolic oil. For the first dressing Sir Joseph thought iodoform, though by no means the most powerful antiseptic, would be the best. Iodoform did not seem to protect against erysipelas, like carbolic; it was but little soluble in water or the discharges from the wound, and had no irritating properties. Recently, Lesser of Leipzig, in the *Centralblatt für Chirurgie*, had recommended an antiseptic powder carried by the soldier in an empty cartridge; this was composed of two parts of boracic acid and one of iodoform, but Sir Joseph thought pure iodoform would be more effective. Four yards of bandage of open cotton texture impregnated with spermaceti and a layer of absorbent cotton-wool with a three-cornered handkerchief might be carried by the soldier. A small dredging box might be used instead of the cartridge box for carrying the antiseptic powder. A dressing made of these materials might be left on twenty-four or forty-eight hours, or even until healing was complete.—*Lancet*.

THE USE OF HYDROBROMIC ACID.—Dr. Joseph Parish, of Burlington, N. J., writes, referring to an article by Dr. C. L. Dana, (*Journal of Nervous and Mental Diseases*), on hydrobromic acid, that he has recently used it in two cases: "In one, it relieves the insomnia in fl. ʒ j doses, taken p.m., say three doses a few hours before retiring. The other is a neurasthenic case, in which there is enlargement and hardening of the sciatic nerve and general neuralgia. In this case I have given the bromides in several forms with but little impression, except bromism. Hoping to avoid the bromism, I resorted to ten per cent. acid, with the effect of bringing out the bromism as distinctly as when she took either of the salts. In direct opposition to this case, I have a lady of forty, an epileptic, who has taken bromide of potassium, in doses of from half a drachm to a drachm and a half, three times daily, for the last fourteen years, without the slightest sign of bromism."

Dr. Squibb writes of hydrobromic acid in *Ephemeris*: "Its most common, and probably most effective use, is as an addition, either constantly or intermittently, to solutions of the bromides when these have to be taken for a long time and in full doses. In this way full bromide doses may be easily maintained, while the effect of the bases is diminished. Full doses of the acid are difficult to administer on account of its intense acidity. It is best given with sugar, or with syrup, or with the syrup of acacia, and with lemon syrup it is somewhat like lemonade. Large dilution is always advisable. The dose of the officinal acid is 2 to 4 fluidrachms, which is equal in bromine to 17 or 34 grains of the potassium salt. An equivalent dose of the 34 per cent. acid is about 27 to 54 minims. This acid is very useful in making extemporaneous solutions of many bromides. For example, the very effective bromide of lithium may be very easily made extemporaneously by prescription, by simply saturating, or nearly saturating, the acid with lithium carbonate."—*Medical Summary, December, 1883.*

PHYSICIANS' FEES.—Quite a discussion is now in progress in London over the question of fees. It appears that even in London the medical gentlemen of long practice and established reputation do not always charge a fee in proportion to the dignity of their position. The consequence is that the junior members of the profession claim that they must either make their charges ridiculously small or do no business as the public would prefer to employ the physician of large reputation at the same price. The fault seems to lie very much there as here. Our profession does not place a sufficiently high estimate on its services. Too many reputable physicians charge ridiculously low fees. With such low fees an enormous amount of work must be done to realise a living income. With us, if a physician charge a good round fee it is difficult for him to get the support of his professional brethren in collecting it. Our profession might very well learn a lesson from our legal brethren. Compare, for example, the fees granted the physicians in President Garfield's case, and lawyers fees in the Star Route case. In each example the case was lost. In each high medical and legal talent was employed. The physicians' bills were cut down to a modicum of the fee demanded. The lawyers' bills more than double what the physicians demanded, were paid in full. The physicians all over the country united in crying out against the exorbitant medical charges. The lawyers all thought the fees demanded by their colleagues were no more than just.

If we desire to maintain the dignity of our profession we must place a fair estimate upon our professional services, and we must stop denouncing as exorbitant the fees which are charged by any other reputable practitioner.—*Cin. Lancet and Clinic.*

MANAGEMENT OF NEW-BORN INFANTS.—The *Med. World* says: In the management of the new-born infant we are gradually approaching nature's methods. In the maternity department of the Woman's Hospital in Philadelphia the management of new-born babes has been as follows: As soon as the head is born the eyes are washed with an antiseptic solution. When the body is born the child is left in the bed to await the expulsion of the placenta. No effort is made to remove the placenta under half or three-quarters of an hour; before this time it is generally expelled by nature. When the placenta is expelled it is placed in a pan, and the child is wrapped up and laid away *with the placenta still attached*. The child is now left and the attention is given to the mother. After the mother is properly cared for, the child receives attention. By this time the pulsations in the cord have long since ceased. The cord is now cut and the blood is "stripped" out of the stump but neither end is ligated. The stump is not dressed, nor is any band put around the child's body. The child is neither washed nor dressed, only a diaper and a simple "slip" or gown is put on and then it is warmly wrapped up and put in a little bed to itself. After twenty-four hours it is taken to the baby's bath room (which is properly heated) and there it is washed and dressed. Dr. Tyng, the physician in charge, tells us that since this plan has been adopted the babies get along much better. We were in the wards of this department about an hour, and during this time we did not hear a single cry from the babies. They all seemed contented and happy and were doing well. We are convinced that washing the child immediately after birth and keeping it half naked for a long time during the process of careful dressing, is not good practice.

CHARCOT'S JOINT DISEASE.—At a recent meeting of the Pathological Society (London *Lancet*, November 24, 1883), Dr. Hale White showed a pelvis taken from a subject which was brought into the Guy's dissecting-room last winter, and which he thought was an example of Charcot's disease. The bones were extremely thin and light, the spaces in the cancellous tissue being unusually large. This change made the bones so light that the whole pelvis weighed only seven ounces. The acetabula were much altered, the walls being as thin as paper in many parts. Owing to this tenuity of the bone, the heads of the femur had pressed the bottom of the acetabula into the pelvis, thus forming two very prominent bones in its interior, and making the transverse diameter of the brim three inches and a quarter. All articular cartilage had disappeared. This deepening of the cavity made its margins so very prominent, that the anterior superior spine quite overhung the acetabulum on the right side; at the back part the deepening was so extreme that the thick portion of the bone

between the acetabula and posterior surface of the ischium was almost worn through. On both sides, especially the right, it was seen that the deepened cavity was divided into two parts by a vertical ridge placed opposite the most superior part of the ischial tuberosity; the anterior of these two parts was for the lesser trochanter to play in, as the absorption of the neck of the femur was so great that the lesser trochanter was brought up to the margin of the obturator foramen. The chief points about the specimen were the great atrophy of bone without the formation of any new bone thus corresponding exactly to Professor Charcot's description of "considerable atrophy without the production of *stactites*."—*Med. Record*.

TREATMENT OF TONSILLITIS.—Dr. Seiler, (*Med. News*), says:—The treatment of tonsillitis has of late been largely ventilated in the medical journals of this country and also in those abroad, and various remedies have been praised as specifics in this painful, and often recurrent, throat affection. Thus, for instance, a correspondent of the *Medical News* treats tonsillitis by the application of bicarbonate of soda, and claims that seldom are more than three applications of the dry drug necessary to cure even severe cases. There is no doubt that a mild alkali, such as the bicarbonate of sodium, is very soothing when applied to inflamed surfaces, and it is used largely in the treatment of burns on the skin, but in my experience it has failed to be more than a soothing application, and in spite of it many cases go on to suppuration. The same is true of the application of the gum-resins so highly recommended some time ago in this affection. I have not found anything better than a strong solution of nitrate of silver, sixty to one hundred and twenty grains to the ounce, applied with a brush to the inflamed glands; and, if the remedy is resorted to too early in the disease, the symptoms almost invariably subside within a few hours. If, however, the inflammation has lasted for a day or two, the silver-solution will not abort the attack, but it will in most instances prevent suppuration. It is curious to observe with what regularity in some persons the tonsillitis recurs during the winter months, and I have seen a number of cases in which a tonsillitis occurred regularly every six weeks. In these instances it is best to remove the glands, which are always more or less hypertrophied after an attack has passed off, either with the tonsillitome or, if the gland be too small to be grasped by the annular knife of the instrument, by a few incisions with the galvano-cautery knife.

TREATMENT OF DELIRIUM TREMENS.—In delirium tremens, nourishment is insisted on as of most importance by Dr. Atkinson in the *Practitioner*. Sedatives are useless unless the anæmic brain is supplied with nourishment, lack of which

causes want of sleep. The quality of the blood should be improved as rapidly as possible by easily digested food frequently supplied. Cut off all stimulants, order liquid essence of beef alternately every two hours, but with half a pint of milk. Chloral may be given every four hours, but will have no effect until the brain takes up some of the nourishment. Strong liquid food must be continued for several days. After ten or twelve hours of continuous sleep have been secured the chloral had better be discontinued and compound tincture of gentian, with tincture of nuxvomica, given three times a day. Dupuytren employed small enemata, containing from six to ten drops of laudanum, in delirium tremens. If the first injection is rejected, a second and third may be required. If the calm is incomplete, an injection is given every six hours. The rectum absorbs and does not digest the medicine, which passes, therefore, more directly to its destination. Six drops of laudanum, in an injection, take more effect than fifteen drops given by the mouth; large quantities of opium are often swallowed by alcoholic patients without producing sleep. Besides, it is often difficult to get the subject of delirium tremens to swallow.—*Med. et Pharm. Belg.*

A NEW ANÆSTHETIC MIXTURE.—Dr. Rook, (*Four. of Am. Med. Associations*) refers to a new anæsthetic recently prepared by Dr. Wm. A. Byrd, Quincy, Ill., it is composed by measure—of bromide of ethyl, one part; chloroform, three parts; alcohol, four parts. These substances mixed, form a clear solution of a pleasant odor, and of a warm, sweetish taste. In the use of this anæsthetic, the stage of excitement or intoxication is brief, sometimes absent, and never violent. The stage of spasmodic rigidity of the voluntary muscles seldom occurs. Within a few moments from the commencement of the inhalation the stage of complete anæsthesia is induced.

The time to produce complete anæsthesia, is from one to three minutes in a child, and from three to five, and possibly eight minutes in an adult. When inhaled, and especially if inhaled through the nostrils, patients will sometimes complain of a choking or suffocating feeling, and sometimes, though very seldom, coughing will be caused, but it is quickly checked by pushing the anæsthetic a little faster.

The first effect upon the eyes is to dilate the pupils, but when complete anæsthesia is induced they are more or less contracted.

The first effect upon the circulation is to quicken the pulse, but when complete anæsthesia is induced, the pulse becomes slower, fuller and stronger.

The first effect upon the respiration is to stimulate it. But when insensibility is produced, it becomes slower, very much resembling the respira-

tion of natural sleep. The temperature is generally lowered, and occasionally, free perspiration occurs. In the administration of this anæsthetic, owing to the quantity of chloroform entering into its composition, a considerable amount of atmospheric air should be inhaled with it.

AN IMPROVEMENT IN THE METHOD OF USING THE FREEZING MICROTOME.—Mr. Sollas, in the last part of the *Quarterly Journal of Microscopical Science*, remarks that whilst the process of obtaining thin slices of soft structures by means of embedding in paraffin has been brought to great perfection, the freezing method still remains almost in its infancy. As a step in the improvement of this latter method he suggests that instead of freezing in gum, as is now generally practised, gelatine jelly should be used. This ought to be prepared and clarified in the ordinary manner, and should set in a stiff mass when cold. The tissue to be cut is transferred from water to the melted jelly, and should remain in it till well permeated. It is then placed on the piston of a Rutherford's microtome, and the "well" should not be filled; no more should be used than is sufficient to surround the specimen. When well frozen, slices may be cut in the ordinary way, and should at once be transferred to the glass slide on which they are to be mounted. A drop of glycerine must then be immediately added; a cover glass is then superposed; zinc white, or some similar cement is run round it, and the preparation is complete. In this way a series of entire slices of extreme thinness may be obtained from the most disconnected structures, even when they contain hard siliceous spicules, as in the case of sponges. Mr. Sollas states that diatoms may be cut without difficulty by this method.—*Lancet*.

DIET IN TUBERCULOSIS.—In the *Berliner Klin. Wochensch.*, No. 47, Dr. A. Bidder, of Berlin, concludes three articles on the relation between the alkalies of the food and the etiology of tuberculosis, by advocating a diet as free from potash salts as possible, but rich in common salt, as being a soda. He argues that the latter renders the tissues unfavorable to the development of the bacilli of tubercle, and that in young patients with tuberculous processes going on in the bones, joints, glands, lungs, etc., half a gramme of common salt should be given three or four times daily with the food, according to age. If dislike to this be shown, benzoate of soda may be substituted in doses of 02 to 05 gramme (3 to 7 grains). Indeed, the latter salt (known to be useful in the summer diarrhoea of children) is highly relished; it is aromatic in taste, and increases the appetite. Bidder thinks, moreover, that the well-known injurious influence of iodide of potassium upon tuberculosis or scrofulous processes is probably due not to the iodine, but to the potash, which is replaced by soda in the stomach. The

diet should contain an excess of albumen, of fat, and of salt in the cases mentioned. The article concludes by a reference to rickets, in which a connection with tuberculosis is attempted to be proved. Rickets is here said to be due to an excess of potash salts in the food as one cause of it.—*London Medical Record*.

DANGER OF ANÆSTHETICS IN KIDNEY DISEASE.—Dr. Turnbull dwells upon the great importance of attention to the condition of the kidneys and examination of the urine when an anæsthetic is to be administered. Many deaths, unaccountable otherwise, are due to this cause. In diseases of the kidneys, the blood being loaded with urea, anæsthetics almost invariably produce coma and death. He enumerates a considerable number of deaths from ether and hydrobromic ether, but very few from chloroform. Norris has reported two cases of death supervening unexpectedly from sulphuric ether after operations for cataract. Both recovered consciousness but died comatose, one in a few hours, the other after eighteen days; no organic lesion was found post mortem except Bright's disease. Cases have also been reported by Emmet, Hunt and Montgomery, verified by post mortem examination. The kidneys are the active agents in eliminating ether from the blood, and if they are unable to perform this office, and if the skin is cold, moist and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain, in true Bright's disease of the kidneys.—*Med. and Surg. Rep.*

ANOTHER ADVANCE IN ABDOMINAL SURGERY.—Mr. Nelson Dobbin, of Bristol, suggests the opening of the abdomen in cases of gastric ulcer where perforation has taken place. He advises, the stomach having been exposed, and the injury discovered, it should be treated in one of the following ways: either simply to stitch the viscus to the abdominal wall and establish a fistula; or, the edges of the ulcer being pared, to unite them by sutures or simply to sponge out the peritoneal cavity and leave all to nature. Of course, during either treatment, the patients strength would be maintained by nutrient enemata. He has not yet practically tried his proposition. What led him to seriously consider the propriety of undertaking one of the steps he recommended, was a case he lately had of a young woman who, after a laborious day, was seized with pain and tenderness in the abdomen, followed by collapse and pain in the epigastrium. Death with symptoms of peritonitis took place in less than twenty-four hours. He was at the necropsy most strongly impressed by the ease with which the hole in the stomach could have been reached.—*Four. Am. Med. Association*.

AMPUTATION THROUGH JOINTS.—The dread which was formerly held of amputation at the

joints has even now by no means passed away. The disastrous results which follow wounds of the joints had long ago been noticed. In consequence, many hesitated to amputate through the larger joints, fearing the occurrence of like constitutional symptoms. And just here lies the error; the moment disarticulation is accomplished the joint loses its distinguishing characteristics. It is no longer a closed cavity; it is, in fact, no longer a joint, and is no longer subject to joint evils. The operation is a simple amputation, without the involvement of the medullary cavity, and without the many chances of osteo-myelitis. As to non-union of the parts dependent upon the presence of articular and interarticular tissues, more careful investigation has shown that these structures soon pass away, usually by molecular disintegration and by separation, and that their final healing takes place, not less speedily, but probably more firmly and more safely, than in the case of an amputation in continuity.—*Med. World.*

POTT'S DISEASE OF THE SPINE IN VERY YOUNG CHILDREN.—As a substitute for the plaster-of-Paris jacket, Professor Hal C. Wyman has devised a method of treatment which presents many commendable features. It is substantially a movable jacket, and its application is briefly as follows: The child being placed in such position that the spine is extended to nearly the normal limit, a piece of canton flannel large enough to cover, say one-third of the circumference of the trunk, is laid on the back. A sheet of absorbent cotton having been placed over this, a cheese-cloth bandage six inches wide and several yards long, with the meshes carefully filled with plaster-of-Paris, is dipped in water and folded lengthwise over the whole. When rubbed smooth with the hand so that it is perfectly adapted to the contour of the parts, a bandage is applied around the trunk, with figure-of-8 turns about the shoulders and pelvis, and the plaster allowed to set. The jacket thus constructed is in the form of a splint, and can be removed every night for the purpose of permitting massage.—*Medical Age.*

SULPHUROUS ACID IN MALIGNANT SCARLATINA.—In malignant scarlatina Dr. Keith Macdonald uses sulphurous acid. To a child ten minims of the acid in a little glycerine and water is given every two hours, and the acid (pure or diluted) is sprayed on the fauces a few minutes at a time every three hours. Also, sulphur is burnt in the room until the atmosphere begins to be unpleasant to breathe. This treatment was used successfully in about thirty cases by Mr. Jessop. Regarding the prophylactic power of belladonna in this disease, Mr. Owen Pritchard is convinced of its value. When a case of the disease occurred, he prescribed belladonna in one to three drop doses three times

daily to the remaining children in the same house who had never had scarlatina. Out of 74 children so treated, only four (5.4 per cent.) took the disease; while 36.2 per cent. of those not so treated contracted the disease.—*Med. World.*

SANTONINE FOR GLEET.—Dr. William Anderson thus writes to the *Lancet*: In treating a patient some months ago for lumbrici, he said to me "You have not only killed the worms, but you have cured my gleet." I may mention that the gleet had been obstinate, of long standing, and recurrent in spite of the usual remedies. He has had no return since. In 1864 I published a paper on santonine, but although I then made some experiments showing its effects upon the urine, it never occurred to me to try it in gleet or gonorrhœa. The formula I recommended is: Santonine, sacchari lactis, aa gr. v.; tere bene et ft. pulv. To be taken twice a day, fasting, in milk.—*Med. and Surg. Reporter.*

IODIDE OF POTASSIUM SEPARATELY.—"I shall give this patient twenty grains of iodide of potassium three times a day, and also one-twentieth of a grain of bichloride of mercury, with one grain of extract of cinchona three times a day, in the form of a pill. As you see I do not give iodide and mercury together. I direct a simple solution of the iodide to be made and the patient to take twenty grains in four ounces of water, three times a day, before meals, so as to secure its diffusion through the system before the mercury is administered. I think that it is always an error to combine these two remedies, for in such a combination you do not, as is commonly supposed, obtain the beneficial effect of both drugs."—*Bartholow.*

SYRUP OF DOVER'S POWDER.—The *Am. Jour. Pharm.* recommends the following:—

Deodorized tinct. of opium.....f. ʒ viij.
Syrup of ipecac.....f. ʒ x.
Simple syrup.....q. s. to make f. ʒ lxxv.

Each fluid drachm contains one half grain each of opium and ipecac. The addition of potassium sulphate (discarded in the new officinal formula) would probably make the preparation no better.—*Low. Med. News.*

THE ETIOLOGY OF PHTHISIS is expressed by a professor in Westminster Hospital College as follows (*Students' Medical Journal*):

Some are born to phthisis,
Some acquire phthisis, and some have
Phthisis thrust upon them.

Prof. Bartholow says that thymol is the best agent to destroy the odor of iodoform.

Prof. Da Costa recommends chloral hydrate in three-grain doses *ter die*, for infantile incontinence of urine.

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PUERPERAL FEVER.

Puerperal fever has come in for its share of the close inquiry so characteristic of the times. The disease did not escape the eagle eye of Hippocrates, yet the two thousand years and more which have elapsed since his day, have not sufficed to place it beyond the arena of conflicting views and heated disputations. Abnormal puerperal conditions must always remain subjects of the deepest interest and anxiety. The death of a beloved wife and mother is a great family calamity under any circumstance, but death in the puerperal state naturally evokes an unusual amount of sympathy, and subjects the unfortunate physician to a degree of adverse criticism that is sometimes appalling. Altogether the associated circumstances are such as to make the puerperal state one of far more than ordinary interest.

Even now, with all our boasted knowledge, it is no easy matter to formulate the predominant views of the day in regard to the nature of puerperal fever. The following quotations are from a paper recently read by Dr. J. Gaillard Thomas, of New York—"In regard to the pathology of the disease, he believed that puerperal fever, in whatever form it might show itself, was puerperal septicæmia; the cause of the affection being the absorption of a poison by a solution of continuity in the genital tract." In 1871 Hervieux had said:—"Here I stand . . . I believe in the multiplicity of puerperal diseases. I believe in their origin from puerperal poison." This aphorism he accepted as expressing his own views. Puerperal septicæmia

conveyed a clear and definite idea of the origin and nature of that affection. He thought that in spite of the fact that complications were of such frequent occurrence, the septic element was so paramount that the term should be adopted. Barnes had recommended the same, although he had adopted it with the proviso, that it did not indicate a distinct and specific poison. He himself however believed that there was a specific poison. In spite of every measure taken to prevent it, septic disease sometimes occurred. The poison might not be a necessarily specific one. It was probably the same as that giving rise to septicæmia after gun-shot wounds. . . . Whatever form the disease might ultimately take, whether cellulitis, phlebitis, peritonitis, or other variety of trouble, he could strike at the root by taking prompt action. . . .

Although we did not know the exact nature of the poison, there could be no doubt that such poison did exist, and that there were only two methods by which it could be introduced into the system. These were, first, through the atmosphere, and, secondly, by the contact of the hands of the physician or nurse, or of clothing or bed-covering with the genital tract."

In one of the passages quoted Dr. Thomas says: "The poison might not be a necessarily specific one. It was probably the same as that giving rise to septicæmia after gun-shot wounds." How to reconcile this admission with his adoption at the outset of Hervieux's aphorism, which makes a separate and distinct poison, "puerperal poison," the cause of the disease, we leave to Dr. Thomas himself to explain. Notwithstanding this contradiction it is clear that Dr. Thomas believes that the disease may be induced by other than a distinct puerperal poison, but rejects the theory of self-inoculation by the absorption of putrid matter, denying that the disease so developed, however much it may simulate its symptoms, is true puerperal fever. In the discussion which followed the reading of Dr. Thomas' paper, Dr. W. M. Polk fully committed himself to the theory that puerperal fever is absolutely identical with surgical septicæmia and pyæmia. To what extent such views prevail it would be difficult to say; neither do we know to what extent it is believed that puerperal fever is not due to a hybrid poison but to a distinct and specific one, called puerperal poison. It is gratifying to know, however, that for

all practical purposes we may effectually raise ourselves above this region of doubt and perplexity.

It is conceded on all sides that the puerperal state is liable to take on numerous troubles (simple peritonitis for example) apart from any infectious or contagious influence. It is also pretty generally conceded that such diseases do not acquire the power to propagate themselves by infection or contagion. Almost equally general is the belief in the existence of a highly infectious and contagious disease known as puerperal fever—a disease which tracks the doctor on his rounds and enters every door imprudently opened to it—a disease the germs of which, whether simple or hybrid, meet in the puerperal woman a special susceptibility, a congenial soil. It is furthermore believed to be, in some way unexplained, associated with other diseases, as surgical septicæmia, erysipelas, and scarlatina, so that the lying-in woman is peculiarly liable to puerperal fever during the prevalence of these diseases.

From these established facts it is easy to draw some important lessons in obstetric practice. Reasoning by analogy, it is quite evident that the dangers besieging the puerperal state are to a very large extent within our control, and hence preventable. To reduce these dangers to a minimum, all that is necessary to do, is to surround the puerperal woman with the safeguards now so well known to medical and sanitary science. It is unnecessary to allude here to the personal precautions which, at all times, but more especially at times of unusual danger, should be observed by the medical attendant. These are well known and more or less practised by every prudent physician. In all cases firm contraction of the uterus should be obtained, for nothing is so productive of untoward conditions as a soft, patulous uterus. In difficult, or operative labors, more or less laceration and abrasion at different points is inevitable. These are open avenues through which the system may be poisoned. These avenues must be guarded by the use of appropriate treatment, from the beginning, particularly the use of disinfectant applications and injections. To be of any use injections must be repeated several times in the twenty-four hours. The most scrupulous cleanliness should be enjoined on the nurse, both as regards the patient and her own person. Were these precautions

more generally observed we should hear a good deal less about puerperal troubles. It is a most fortunate circumstance that the methods best calculated to prevent local disease are also the very best that can be adopted to ward off puerperal fever.

DOMINION HEALTH BUREAU.

A meeting of medical men and others interested in sanitary reform was recently held in Ottawa for the purpose of considering the question of establishing a Sanitary Bureau for the Dominion. Most of the professional members of the Senate and House of Commons and leading practitioners in Ottawa, were present. Dr. Bergin, M.P., acted as chairman and Dr. Playter secretary. A plan was proposed by the secretary and adopted, of which the following is a brief outline. It is similar in some respects to the plan proposed by Dr. Orton, M.P., a year or two ago. A good suggestion was also made by Dr. Hickey, M.P., viz., that certain members of the Senate and House of Commons be ex-officio members of the sanitary committee. The plan is as follows:—The Sanitary Bureau shall be connected with the Department of Agriculture, the minister thereof being minister of Public Health, in all matters relating to public health within the jurisdiction of the Federal authority, such as vital statistics, quarantine, etc. There shall also be a deputy minister or superintendent of the Sanitary Bureau, the same to be a medical man appointed by the Government, and who shall be the chief sanitary officer. There shall be a permanent sanitary committee associated with the Sanitary Bureau, which shall consider and discuss all matters coming within the province of the bureau, and all matters pertaining to the public health of the Dominion, and which shall also confer with and advise the minister and chief sanitary officer in all such matters, and consider what legislation, provincial and federal, will best promote the public health. The Sanitary Committee shall be composed of at least one member from each of the principal Provinces, and the chairman and secretary shall be appointed by the Government; the minister and deputy or superintendent of the Sanitary Bureau shall be ex-officio members of the Sanitary Committee. The committee shall meet at certain times in the year in Ottawa for the consideration of matters relating to the public health

of the Dominion. The chief sanitary officer and the secretary of the Sanitary Committee shall receive a salary, but the other members of the committee only travelling expenses and a per diem honorarium while engaged on the duties of the Board. There shall be appointed by the Government in various localities throughout the Dominion a number of local sanitary officers, who shall be medical practitioners, and who with the committee and officers before above named shall constitute the sanitary staff of the Dominion. Every local sanitary officer shall send to the department at Ottawa, on the first day of every month, a report or statement of the nature or kind, extent and course, so far as can be by him obtained, of any epidemic or epidemics of infectious disease that have prevailed in his locality during the previous month, and such information concerning the general condition of the public health therein as he may be able to obtain, or as may be determined upon by the Sanitary Committee; each local sanitary officer shall be paid for each and every such report or statement the sum of \$2. As the present system for the collection of mortuary statistics is enlarged from time to time, these local sanitary officers may become the statistical officers of their respective localities for making correct returns of deaths to the department. On the outbreak of any epidemic of infectious disease in any locality, the local sanitary officer of such locality may, at the request of the chief sanitary officer, make investigations into the source, origin or cause of such outbreak. The department shall issue for free distribution, early in each month, a report containing a synopsis of the reports received from all the local sanitary officers, and any other sanitary information for the public that may be deemed advisable by the committee; and it shall also issue an annual report.

The probable cost of the whole system per year will be about \$10,000 or \$11,000, which is indeed a very moderate sum for a Dominion Health Bureau. The plan seems feasible and has much to recommend it. We trust its promoters may be successful in carrying it through.

ONTARIO HEALTH ACT.

The amendments to the "Ontario Health Act" which were introduced during the recent session of the Local Legislature have now become law. The revised act places in the hands of local or district

Boards of Health the powers which have hitherto belonged to the municipalities. The local boards shall consist of the Mayor or Reeve, the Clerk, and from three to six ratepayers according to the size of the municipality, appointed annually by the municipal council; and the district boards of the mayor or reeve, the clerk and one ratepayer appointed by the council. The members of these boards are constituted Health officers with full powers, within the meaning of the "Revised Statutes respecting Public Health," in addition to those under the present act. It will be the duty of the Boards of Health, from time to time, to cause inspections to be made of their respective districts with the view to the removal of any accumulations of matter offensive and likely to have an injurious effect on the public health, to investigate all complaints regarding nuisances, and to take such action as may seem advisable. Local Boards shall have the same power and authority as Justices of the Peace to compel the attendance of witnesses, and secure evidence.

A somewhat arbitrary clause has been enacted, making it obligatory upon the council of any city, town or village, proposing to establish a public water supply, or system of sewerage, to communicate with the Provincial Board of Health on the subject, and submit their plans for its approval, as no drain or sewer can be constructed in violation of any of the principles laid down by the Provincial Board of Health. The Local and District Boards cannot but feel slighted at this usurpation of power. Surely if they are competent to deal with other and equally important duties they might also be allowed to determine the matter of water supply and sewerage in regard to which, being on the spot, they should be as competent to decide as the Provincial Board in its meetings in Toronto.

The duties of health officers, house holders and others in the case of infectious diseases are fully defined, and provision is made for the imposition and recovery of penalties liable to be incurred through infraction of the law.

KINGSTON MEDICAL COLLEGE.—The following is the list of graduates and honor men at the recent examinations:

Graduates:—R. N. Fraser, Westmeath, *Gold Medallist*; C. G. McCammon, Gananoque, *Silver*

Medallist; E. Beatty, Lansdowne; W. H. Bulles, Chatham; R. C. Cartwright, Kingston; H. R. Duff, Kingston; T. Cumberland, Rosemont; J. Ellery, Dresden; E. Forrester, Mallorytown; E. Foxton, Kingston; A. Forin, Belleville; J. Herald, Dundas; A. McGillivray, Washburn; E. E. Smith, Winona; J. E. Stirling, Kingston; W. J. Webster, Napanee; H. S. Williams, Picton.

Primary.—W. C. Beaman, H. Burdett, J. Caselman, C. Collins, W. F. Coy, M. L. Dickson, (honours), A. A. Dame, D. E. Foley, (honours), T. D. Galligan, G. J. Jack, A. Jamieson, W. M. Mather, E. J. McCardel, S. J. Mellow, A. F. McVeitty, F. B. Smith, D. A. Storms, A. N. White, E. W. Wright.

Intermediate.—T. H. Bertram, W. C. D. Clark, H. C. Cunningham, A. Dwyer, H. B. Ford, W. A. Kyle, J. A. Stirling, F. E. Hooper, H. Roy, W. Spankie, —Dawson, Corlis, and Smith.

Hospital House Surgeons.—J. E. Stirling and D. J. Russell, Cheboygan.

Demonstrators of Anatomy.—W. A. Kyle, Winchester, third year; M. L. Dickson, Frankville, second year. Prize of \$25, A. Dwyer.

DIGITALIS IN DROPSY FROM HEART FAILURE.

—In the *Can. Med. and Surg. Jour.* for January, 1884, Dr. Ross reports two cases of dropsy from heart failure, which show, in an unmistakable manner, the value of digitalis in the treatment. In one of the cases the patient was relieved on three different occasions from impending danger by timely doses of tincture of digitalis, in from five to ten minim doses. In the other case, one drachm of the infusion of digitalis, combined with fifteen grains of bitartrate of potash and ten minims of spirits of chloroform, were administered with excellent results. The infusion of digitalis, freshly prepared, is preferred by many to any other form in such cases as above mentioned. An article appeared recently in the LANCET by Dr. Jas. Braithwaite, strongly recommending the infusion.

CANADA MEDICAL ASSOCIATION.—We have been requested by the General Secretary, Dr. Osler, to state that the President and Local Committee have decided that the meeting of the Association shall take place in Montreal on the 25th, 26th and 27th of August. The meeting of the British Association for the Advancement of Science begins on the

27th, so that members will have an opportunity of remaining over to see the leading scientific men of Great Britain. Some of the members are medical men, and they are expected to join in the proceedings of the Association.

INHALATION FOR CATARRH, ASTHMA, &c.—The following formula is recommended in the *Four. de Med.*, Paris, by M. St. Martin :

R	Acid carbol.....	5 grammes.
	Liq. amm pur.	6 "
	Aquæ dest.....	10 "
	Alcohol.....	15 " M.

Sig.—Saturate cotton wool with the solution, and breathe the vapor from a wide-mouthed bottle, or use the mixture in an inhaler.

PERSONAL—Dr. Carroll, U. S. Consul, at St. Thomas, Ont., was presented with an address and a gold-headed cane as a mark of esteem by his personal friends previous to his departure for Italy, where he has received an appointment under the U. S. Government.

Dr. Osler, of Montreal, sailed on the 25th ult. for Germany, and will be absent until the middle of August.

IODIA IN SYPHILIS.—Dr. C. A. BRUCE, *Southern Clinic*, says: "He has had the most gratifying experience with IODIA in Syphilis. He has treated many hundreds of cases with it, and regards it as the best preparation he has ever used for constitutional syphilis, after the moderate use of mercury. He generally uses it in all cases of syphilis in the final treatment.

ARE YOU GOING TO EUROPE?—In another column will be found the announcement of Messrs. Thos. Cook & Son, Tourist Agents, 261 Broadway, New York, relative to the very complete arrangement they have made for tours in Europe the coming Spring and Summer. "Cook's Excursionist," will be mailed to any address on receipt of 10 cents.

APPOINTMENTS.—James Neish, M. D., health officer at Port Royal, Jamaica, formerly of Kingston, Ont., has been appointed garrison surgeon of Port Royal, with salary of £100, in addition to the duties at the quarantine station, with a salary of £500. Dr. Douglass has been appointed Li-

cense Inspector for the County of Bruce, and Dr. Worthington for the County of Huron.

OBITUARY. — Dr. Alexander Wood, of Edinburgh, died on the 26th of February. To him the profession is indebted for the introduction of the hypodermic injection of drugs by the hollow needle syringe.

SET AT LIBERTY. — Dr. Griffith, formerly of Fergus, who, it will be remembered was sentenced to three year's imprisonment in the Kingston Penitentiary for bigamy, has been set at liberty.

Books and Pamphlets.

TRANSACTIONS OF THE VACCINATION ENQUIRY. Part I. Edited by Montague D. Makuna, M. R.C.S., Eng.; L.R.C.P., London, etc., etc. Published by W. H. Lead, Leicester.

This is an invaluable publication, and its appearance at the present time, when so much worse than vapid nonsense has been spread amongst defectively informed communities, in both the old world and the new, must be regarded as most opportune. The committee of enquiry, under whose auspices the work has been brought out, consists in all of thirty members, twenty-two of whom are experienced medical practitioners, and eight are public vaccinators, officers of health and private gentlemen. The labour of compilation, which must have been one requiring extraordinary energy and exhaustless patience, has been performed by the editor with commendable efficiency. "Seven circular questions" were addressed to medical practitioners in England, Ireland and Scotland. The replies received from 384 are given in the publication in parallel columns, headed by the respective questions. The following are the questions submitted:—1st. What are your views regarding compulsory vaccination in England, Scotland or Ireland? 2nd. What are your views regarding the protection afforded by vaccination against small-pox? 3rd. What diseases have you, in your experience, known to be conveyed, or occasioned, or intensified by vaccination? 4th. What opinion do you hold as to the quantity and quality of vaccination, as determined by the cicatrices? 5th. What opinion do you hold as to the relative values of humanised and

animal lymph, both as regards efficacy and safety? 6th. What opinion do you hold regarding the relations subsisting between variola and vaccinia, and the theory of vaccination? 7th. How far do you consider insanitary conditions responsible for small-pox epidemics, and how far can small-pox be controlled by improved sanitation?"

To introduce here illustrative specimens of the answers furnished, or even to attempt any instructive analysis of their multitudinous contents, would be an undertaking alike unsuited to our capabilities and to the space at our command. Besides, the opinions expressed by the very great majority of the 384 respondents are so perfectly concurrent with those entertained by almost the entire body of the medical profession in Canada, that their reproduction in this country would be almost a work of supererogation. On the first question, as to the advisability of compulsory vaccination, there is a large affirmative preponderance. The like may be said as to the answers to the second question, with certain very judicious conditions introduced. The replies to the third question intimate exceptional morbid results, such as are well known to observant practitioners in America, but their occurrence is so infrequent, and with due precaution so easy of avoidance, that no conclusion adverse to vaccination can be drawn from them. The fourth question has elicited various opinions, as to the number of points of vaccination, some respondents demanding as many as six, some four, perhaps a majority three, whilst a few ask for only one. To the fifth question the majority reply in favour of animal lymph, but a respectable minority regard the choice as indifferent, and a few prefer the human lymph, provided due care is taken as to the constitutional soundness of the children from whom it is taken. The sixth question, as it involves theoretical discussions, has been answered variously, according perhaps to the preconceptions of the writers, some of whom assert their belief in the identity of vaccination and variola, whilst others insist on their specific difference, and a considerable number regard the former as a modification of the latter. To the seventh question the replies seem to have been pretty harmonious. Insanitary conditions aggravate small-pox epidemics, but *per se* they do not cause the disease; a fact which undoubtedly applies to all other contagious diseases.

It would be unjust to one of the 384 respondents, J. Mackenzie, M.D., F.R.C.P., who hails from Inverness, to pass over unnoticed his smashing replies; and as they are as short as they are pithy, we give them, in *ipsisimis verbis*: To the 1st question Dr. M. replies: "It (vaccination) ought to be speedily given up." To the 2nd; "No protection whatever, rather the contrary from injuring natural health." To the 3rd; "Eczema in an infant after vaccination, scrofula in four cases where no hereditary taint existed." The 4th, 5th, and 6th questions would seem to have been regarded by Dr. Mackenzie as too contemptible for his august consideration; and accordingly he has not condescended to notice them. His answer to the 7th would appear to indicate that he is not an unbeliever in the millenium, or that he expects to catch some larks when the sky falls. Here it is: "Will be a rare disease indeed when people live on sanitary rules." Verily, if small-pox will not die out until "people live on sanitary rules," we rather surmise that the malady will be very long-lived. Apropos of these "sanitary rules," we would very much like to know whether Dr. M.'s four subjects who, as he says, contracted scrofula from having been vaccinated, had always enjoyed the benefit of "sanitary rules." We should also desire to learn the extent of Dr. M.'s enquiries as to the absence of "hereditary taint," in the said "four cases." Enquiries of this sort, we all know, are of a delicate nature, and the replies of relatives are often very unreliable. Besides, the research is too usually performed in a very perfunctory manner. If Dr. M. is a young man we would advise him to try to learn more. If he is old, he will jog on, and rejoice in his lofty-pacing ignorance.

INFLUENCE OF THE MIND UPON THE BODY IN HEALTH AND DISEASE. By Daniel H. Tuke, M.D., F.R.C.P., LL.D., etc. Second American from the second English edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Hart & Co.

The venerated name *Tuke* should be a sufficient passport to any psychological work bearing this imprint. It is very gratifying to see that the American publishers have found this book so much sought after as to call for a second edition; but we do not wonder that it has been so much appreciated on both sides of the Atlantic, for it is not only a very instructive, but even a wonderfully amusing

book, considering, especially, that the author is, or ought to be, a member of the brotherhood of the *Friends*. Everybody knows that old Burton's "Anatomy of Melancholy" is well worth many readings, for the mere sake of the abundance of its quaint mediæval Latin quotations, some of which are however less pleasing to modern ears than they were to those of our forefathers, and mothers' eke, 250 years ago. Dr. Tuke's book is not so densely spiced with poetry as Burton's was, yet it contains some very fine samples from our best English poets, pleasingly and fittingly interposed here and there throughout its pages. He has not altogether shunned the Latins; yet he draws on his classic treasury only just enough to satisfy the reader that he still has a fair balance at his command. Like a sensible plain Englishman, he has found in Spenser, Shakespeare and Milton, almost all that he deemed pertinently illustrative of his subjects. No library should be without this book, and it may be read with both profit and pleasure by men and women, boys and girls, deacons and doctors.

HISTORY OF TUBERCULOSIS. By Dr. Arnold Spina, Translated from the German by Eric E. Sattler, M.D., Cincinnati.

This little book of 184 pages is printed in very plain type, on strong paper. It purports to be "A history of Tuberculosis, from the time of Sylvius to the present day," and it also contains "an account of the researches and discoveries of Dr. Robert Koch and other recent investigators." The characteristic bibliographic zeal of his countrymen is abundantly exemplified by Dr. Spina, in the multitudinous citations from both old and recent writers, which he has introduced. Nearly two hundred authors have been quoted, so that both the medical neophyte, who may not have become intimate with more than one or two authorities, and the long experienced savant who has been bewildered by the contraries of dozens, and has probably, and it may be fortunately, forgotten the whole of them, may, in this compendium, rehabilitate himself in the literature of Tuberculosis, with the least possible expenditure of time and patience.

Decidedly the most instructive portion of the book will be found in the final fifty-six pages, which are devoted to the discussion of Koch's investigations, which have been scrutinized by Spina in no very commendatory terms. Koch is, of course,

quite able to maintain the integrity of his bantling germ, but he certainly has in Spina no feeble antagonist.

HEALTH RESORTS—San Remo and the Western Riviera climatically and medically considered. By Arthur Hill Hassall, M.D. Lond., M.R.C.P. Eng. London: Longmans, Green & Co.

For health seekers from our Dominion who are favored with both abundant means and leisure, no more interesting guide book to that delightful resort lying between Cannes and San Remo, a space which includes a sea frontage on the Mediterranean of fifty miles, could have been furnished. In this small area lie the world-renowned health resorts of Cannes, Nice, Monte Carlo, Mentone, Bordighera, and San Remo, sheltered by protecting hills and mountains. Behind these mountains lie the Maritime Alps, reaching an altitude of some 7,000 or 8,000 feet, beginning at Nice and extending as far as Genoa, where the Apennines commence. These resorts are triply protected, by the olive-clad hills, by the mountains next in order, and by the Maritime and Ligurian Alps, acting as ramparts against the northerly winds. The mean temperature from November to April, is 52.8; mean humidity of same winter season, 68.9. This very interesting work of Dr. Hassall is divided into five chapters:—1st. Situation, water-supply, drainage, walks, drives, amusements. 2nd. Food supplies. 3rd. Geology, prevailing winds, sun heat, duration of days of warmth. 4th. Characteristic vegetation of the Riviera. 5th. Effects of climate on functions of the body. Results of treatment of consumption and other diseases. The advantages of the Riviera for consumptives in whom the disease is at an early stage, may perhaps in some measure be stated as resembling the picture of an Atlantis so well drawn by Dr. Richardson: "It should be near the sea coast and sheltered from northerly winds, the soil should be dry, the drinking water pure, the mean temperature about 60° Fahr., with a range of not more than 10° or 15° on either side." To all on this side of the Atlantic contemplating a search after health in European resorts, we would recommend a perusal of this excellent work by Dr. Hassall.

MANUAL OF PRACTICAL HYGIENE—Parkes. By Dr. Chaumont. Second volume. New York: Wm. Wood & Co. Toronto: Williamson & Co. In this the sixth edition of this most comprehen-

sive and valuable work considerable additions, illustrating the advance of the science of Hygiene, have been made and a very excellent American Appendix to the volume attached. An interesting account will here be found of the various State Boards of Health that within the last twenty years have from time to time been established—at the present time twenty-nine in number; of the great work accomplished by these Boards in spreading accurate knowledge concerning the causes of disease and methods for its prevention, and of the great advance that has been made in the collection of Vital Statistics; also very admirable treatises on water, soil, climatology and meteorology, ventilation and warming, removal of house waste, food adulterations, and hints to sanitary inspectors. This edition by Dr. Parkes should grace the shelves of every practitioner of medicine.

BRIGHT'S DISEASE OF THE KIDNEYS. By Henry B. Millard, M.D., M.A., with numerous illustrations. New York: W. Wood & Co.

This is another book of commendable brevity. It contains, in less than 240 large type pages, 25 chapters, illustrated by 24 attractive representations of kidney disease. The author has written as one who not only "has the courage of his opinions," but also as one who, in desirable addition, possesses the faculty of expressing them in clear language, and in a style well deserving of imitation by not a few of the fast bookmakers of this continent. Nor is he afraid to step outside the columns of stereotyped English lexicography, when necessity or fancy calls for the coining of a new word. Why should we not introduce new vocables? Surely our language has been, and should continue to be, a thing of continuous growth. It did not shrink into petrification in the times of Chaucer, Spencer, and Shakespeare, nor even in those of Milton, Addison and McAuley. It must obey the imperative law of evolution, despite all the fetters of the Johnsons, Websters and Worcester's in or out of *distendom*. We most heartily welcome Dr. Millard's contributions of such words as "causology," "lentescent," and "junctional." To ridicule them as rude innovations, would be the very acme of pedantry. More strength to his elbow say we; and we shall long to see more samples of his useful manufacturing.

PRACTICAL PATHOLOGY FOR STUDENTS AND PRACTITIONERS. By G. Sims Woodhead, M.D., F.R.C.P.E., Pathologist in the University of Edin-

burgh, with 136 colored plates. Philadelphia: H. C. Lea's, Son & Co. Toronto: Hart & Co.

The object of the work has been to supply a guide to the study and examination of morbid tissues, and this the author has accomplished in a most complete and satisfactory manner. The first two chapters contain full and complete instruction for preparing, staining, and mounting specimens. The following chapters are devoted to the various pathological conditions of the liver, heart, lungs, blood-vessels, kidneys, spleen, nervous system, tumors, parasites, etc., etc. The plan adopted is to follow the tissue from the body to the microscope, to describe the method of making macroscopic and microscopic investigation, to indicate the more important pathological changes of each organ, and to describe the more important lesions. The colored illustrations are most beautifully executed, and reflect the highest credit upon the artist. Upon the whole, the work is one that we can unhesitatingly recommend to the profession in Canada.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. By authors of various nations. Edited by John Ashhurst, jr., M.D., Philadelphia; in six volumes. Illustrated with chromo-lithographs and wood-cuts. Vol. IV.. New York: Wm. Wood & Co., 1884. Toronto: Hart & Co.

Three volumes of this admirable Encyclopædia of Surgery have already been most favorably noticed in these columns. We have only to add that this volume fully warrants the favorable opinion previously expressed. If we might make comparisons as to the character and value of each volume we would say that this is the best which has as yet appeared. The articles contained in the 4th volume are as follows:—Injuries of bones—Packard; Diseases of joints—Barwell; Excisions and resections—Ashhurst and Fenwick, (Montreal); Tumors—Bublin; Injuries of the spine—Liddell; Diseases of the spine—Treves. The article on injuries of the spine possesses the melancholy interest of being a posthumous contribution from the pen of the late Dr. Liddell, who died almost as the last proof-sheets were being corrected.

HEALTH AND HOME, a journal of Sanitary Science, and Home Hygiene. Edited by F. N. Boxer, C. E., Montreal, Que. Price \$2.

We have received the first number of this new monthly, which makes fair promise of future usefulness in the department of sanitary science. The object of the publication as stated by the editor is "the promotion of sanitary education in homes and schools, and the diffusion of sanitary know-

ledge to all classes." As such we have no doubt, if properly supported, it will contribute its share in the great work of educating the masses in sanitary science and domestic hygiene. Some of the defects incident to maiden efforts of this kind are observable in its pages, but future issues will no doubt be an improvement upon the present, which, upon the whole, is very creditable.

JOHN THOMSON, M.R.C.S.E.

We regret to record in this issue the death of Dr. John Thomson, of Chatham, N.B., at the ripe age of 75 years; one of our oldest physicians, and one whose career has been remarkable for its length, activity and usefulness. He was born in Perthshire, Scotland, in 1808, and came out to Miramichi with his parents in 1816. After a course of study with Dr. Key, he went to Edinburgh in 1828, and received his degree of M.R.C.S.E. Returning to his home in 1833, he commenced practice at Newcastle, N. B. Soon after he was appointed surgeon to the small-pox hospital in Chatham, and was subsequently placed in charge of the "quarantined crew and passengers of the ill-fated "Loostock," most of whom died of that disease in its most virulent type. Appointed to the superintendency of the Government Marine Hospital, he held it for 53 years; also of the County Alms House in 1869, which he held until his last sickness.

He was a man of unswerving integrity, most prompt and faithful in the discharge of his many duties, honorable in his intercourse with his medical brethren, and courteous to all. For 36 years he held a leading place as elder in the St. John Presbyterian Church, where he will be greatly missed. He was beloved by his patients and revered and honored by all.

Births, Marriages and Deaths.

In Peterborough, Ont., on the 26th of February, Dr. J. F. O'Shea, to Miss Minnie Henry.

At Walkerton, on the 18th of February, the wife of Dr. M. Stalker, of a son.

At Wickham, N. B., on the 17th of February. Robt. Black, M. D., aged 81 years.

In Halifax, N. S., on the 14th ult., Dr. Edwin Clay, aged 62 years.

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