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CANADA
MEDICAL RECORD

JUNE, 1901

Original Communications.

CASE OF UTERINE POLYPUS CAUSING SEVERE CONTRACTIONS RESEMBLING LABOUR PAINS LASTING SEVERAL YEARS.

REMOVAL—RECOVERY.

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., Eng.

Professor of Clinical Gynæcology in Bishop's University, Montreal; Professor of Surgical Diseases of Women in the University of Vermont, Burlington; Surgeon-in-Chief of the Samaritan Hospital for Women, Montreal, and Surgeon of the Western Hospital.

Mrs. T., 55 years of age, consulted me on the 21st of July, 1901, for a bearing down pain in the pelvis, from which she had been suffering for 12 years. She gave me the following history: She began to menstruate at the age of 13; the flow being profuse, painful and irregular. She was married at the age of 27, and had 9 children; her confinements were very quick, but she had hæmorrhage each time. Her last child was born 14 years ago, and she has had no miscarriages. Twelve years ago, or two years after her last child, she noticed a lump in her abdomen extending 3 inches above the umbilicus, and she began to have bearing down pains and to loose large clots, and when she was not passing clots she was loosing much dirty water or gluey discharge. During these 12 years she has had to remain in bed many times for 10 or 14 days at a time. She has been constipated nearly all her life, except for 6 months last year she had diarrhœa every morning. The patient now presents a very

waxy and slightly bronzed appearance, and has, moreover, a heart murmur, mostly due to anæmia. On *examination* the os uteri was found to be widely dilated, so that two fingers could be introduced into the cavity which contained a movable, smooth body about the size of a 6 months' fœtal head. By firmly depressing with the other hand the fundus of the uterus the tumour was found to have a pedicle about 2 inches wide situated at the top of the uterine cavity. During the examination there was considerable bleeding, and there was a very bad smell on the fingers afterwards.

Diagnosis.—A fibrous polypus which had developed in the wall of the uterus (interstitial) 12 years ago, and had been squeezed by uterine contraction into the cavity of the uterus becoming then submucous. This had, of course, increased the number of square inches of mucous membrane, and consequently the capacity of the uterus to bleed. Also the efforts of expelling the tumour from the wall into the cavity and then from the cavity into the vagina, which latter it had not quite succeeded in doing owing to the shortness of the pedicle, these contractions had developed the whole bulk of the uterus until the venous circulation had become obstructed and the mucous membrane had become varicose. The only element of doubt in the diagnosis was whether this benign tumour had taken on a malignant action or not. In favor of this possibility was the bad smell, but this might well be due to necrosis owing to the pressure to which it had been almost constantly subjected, and also the cachectic appearance of the woman, but this I have seen so frequently present in other cases that I have ceased to attach so much importance to it. It is due to a mixture of anæmia which makes the skin white and waxy, and of disorder of the liver and bowels and superenal capsules, which makes the skin dark and yellow. I have usually found the colour recover itself completely within a year after the removal of the tumour. In this case there was also, probably, a little mild sepsis going on owing to gangrene of the mass. Against the probability of cancer was the fact that the symptoms had lasted at least 12 years, and though cancer of the fundus kills

much more slowly than cancer of the cervix, 2 years is generally considered to be as long a time as the patient can survive the onset of the disease.

Prognosis was good, provided the tumour was removed without delay. The patient was in such a bad condition, however, that total hysterectomy would have been a serious proceeding, and I was, therefore, glad that I could feel justified in simply removing the tumour, and curetting and disinfecting the cavity.

Treatment.—There was no excuse for delaying 12 years, during most of which time the patient was under medical treatment with the above results. Her family physician was a man of large experience and very prominent, but he does not believe in special doctors for women, and no doubt he believed he was doing the right thing to let this woman gradually melt away under morphine for the pains, ergot for the hemorrhage and iron for the anæmia. But she had practically lost 12 years of her life, during which she might have been well and strong instead of being a chronic invalid. Two days after my first seeing her she entered a private room at the Samaritan Hospital, 1000 Dorchester street, and, after two days more of preparation, the polypus was removed with some difficulty, owing to the wideness of the base, by means of a cold steel wire and ecraseur. It was at once sent for microscopical examination to the acting pathologist (Dr. MacPhail, the pathologist being away), and, should his report show the slightest evidence of cancer, I will as soon as the patient's condition has improved sufficiently, perform abdominal hysterectomy. In the meantime the uterus was carefully and thoroughly curetted and swabbed out with pure carbolic acid followed by hot water, after which it could be felt to contract down to a size of a lemon. The cavity was then packed with iodoform gauze, which was left in two days. The result has been most satisfactory; the patient did not vomit once; had no pain and no morphine since, and has slept nine or ten hours every night, as she says, to make up for the nine or ten years during which she never had a full night's rest. Her

appetite is good, and she has not had a drop of hæmorrhage and only a little whites since the tumour was removed. Dr. Hall reports that there was no sign of cancer or sarcoma about the specimen submitted to him, so that there is every prospect of this poor woman having 10 or 15 years of health before she dies.

Remarks:—Although this was only a case of uterine polypus, it is of interest from many points of view. First, the frequency of this condition. Judging from the number that I have seen, there must be a great many women in Canada dragging out a miserable existence, who might be well and happy if their condition were recognized and treated properly. Of course, some of them do not consult a doctor, and for these we are not to blame; but, in those who do, we have only to give a mild purgative, loosen the clothing and put the patient on the table, when with one hand on the abdomen and one or two fingers of the other in the vagina, we can at once detect the enlargement of the uterus. If our fingers and the sound have been sterilized, we can ascertain that the sound, or if this will not pass, then a stiff bougie will enter five, six or seven inches into the uterus. With such symptoms as this woman had, and these signs, no time should be lost in having the polypus removed, or if the tumour is still in the wall of the uterus and the woman over forty, in having hysterotomy performed, the mortality being *nil* in the one operation, and less than five per cent. in the other. To those who do not consider a fibroid tumour or a polypus of any importance, I would say again as I have often said before, that these benign growths are not so innocent as they seem. Quite a number of these patients become so anæmic that they acquire a heart murmur, not only due to the watery blood, but also organic, due to the degeneration of the heart muscle and dilatation of the ventricles, so that the valves closing the auriculo ventricular openings do not come together. Although this calls for care in the choice of an anæsthetist as well as an anæsthetic (I feel safe with the A. C. E. mixture), it is no barrier to operation, as both murmurs entirely disappear in a few

months afterwards, owing to the stopping of the loss of blood. In other cases the kidneys degenerate and albumen appears in the urine; but I no longer allow this to deter me, as I have operated on more than a dozen cases where operation had been advised against for this reason, not one of which died from this or any other cause within a month of the operation.

I now come to a matter, the importance of which is not generally recognized, and that is the preparation of the patient. Many of the doctors who are kind enough to send or bring me patients for the first time, are surprised and sometimes annoyed because I ask them to allow me two days to prepare the patient; but all those who see a great many operative cases, and especially the nurses who take care of them, know that there is no comparison in the after-misery between those who are in the hospital two or three nights and those who are there only the night before or the morning of the operation. This is especially noticeable in the absence of vomiting, which is sometimes so distressing in those whose bowels and stomach have not been emptied by dieting and cathartics. Some patients are given a kindly-meant send-off by their friends, which takes the form of a feast of their favourite pie and cake and pickles; and they vomit them promptly after the operation, much to their own and the other patients' discomfort. In conclusion, I would say, examine every patient with hemorrhages, under A.C.E. if necessary, and do not dismiss her until you *know* the cause; and, if this is remediable, remove it at once or have it removed.

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Selected Articles.

THE DEADLY NURSING BOTTLE.

The filthy nursing bottle might well be used to illustrate the epitaph of many luckless infants. All seasons of the year claim victims, but the late summer and early fall months seem to yield greater devastation from this cause. All physicians and most mothers know that the nursing bottle should be kept clean; but few physicians and fewer mothers understand how to completely cleanse the bottle. It is unnecessary to state that the tube should never be used. The entire appliance should consist of a bottle and nipple. The difficulty in getting nipples large enough at the base to go over the neck of a wide mouthed bottle and yet have a tip small enough for the child's mouth, is generally the cause of the use of a bottle with a neck too small to permit of the introduction of either the fingers or the brush. Yet even such a bottle may be kept clean. We would advise every mother or nurse who has charge of a bottle-fed infant to commit the following directions: As soon as the infant is through nursing, remove the nipple from the bottle and drop it in a glass of saturated solution of boric acid in water. Empty the bottle completely, and fill with pure boiled water. It is well to have four nipples and two to six bottles. Once each day, cut a raw potato into squares about an eighth of an inch in size and place a few teaspoonfuls in each bottle and fill bottle half full of water and immediately shake thoroughly for several minutes; if necessary, this may be repeated, but the potato should be used but the once and only in the one bottle. After the potato washing, rinse the bottles with boiled water, and place them in boiled water till ready for use. When the child is ready to nurse, take the nipple from the boracic acid solution and rinse in boiled water, empty a bottle of water and at once fill with milk. It takes hardly as long to do the work as it does to tell about it, and no brushes or soap powders are needed. The plan is entirely satisfactory and absolutely safe. The rubber nipples sometimes take on a slightly greenish tint from their prolonged and repeated baths, but it in no way impairs them. If bottles are found in a filthy condition, we do not destroy them but place a spoonful of medium sized bird shot in the bottle in a solution of some of the soap or washing powders, and, after shaking vigourously for a few moments,

empty and rinse the bottle and follow with the potato rinsing. We immediately destroy every rubber nursing tube on which we can get our hands, for cleansing them, much less sterilizing them, is entirely out of the question. With the plan given, no strong, offensive or dangerous antiseptics are used; yet no child will ever have trouble from either bottle or nipple. We have used it with success for years, and have never had cause to change. We have seen one of our professional friends use rice in lieu of shot or the potato, and, he assured us, with perfect results.—*Medical World.*

HEADACHE.

The grimly humourous doctor who defined woman as "a constipated biped, with a pain in her side" might well have added "and a headache." This distressing affection is almost universal among female kind, and few of the sterner sex are entirely exempt from occasional attacks. If the personal and hygienic habits of our patients are not all that they should be, it is equally certain that our diagnoses and therapy are far from being satisfactory. The trouble with our diagnosis is that we fail to complete it. The patient comes to us with the headache, and we suspect stomach or bowels, give a purge and a stomachic and some kind of coal tar dose, and comfort ourselves in the assurance that the patient will be *relieved.* But nothing has been done in investigating the actual cause of the headache. unless the bowels or stomach have been the offending organs. This is the kind of treatment which has made fat the bank accounts of the patent medicine firms. The 10-cent headache packages of powders sold at the corner drug store do all for the patient that our 50-cent or dollar prescription does; when the patient learns this fact, we have not only lost them on headaches, but they will also try the druggist in any other complaint before consulting us.

We should treat minor complaints, such as headache, as carefully as we would treat a compound fracture of the limb. When the time comes that we do not have time to do so, then the time has come to raise our fees and cull our practise, or abandon general practise and enter a specialty. So long as you practise general medecine, you are bound by all the ancient precepts of honour and duty to do the very best possible for all those whom you undertake to treat. We know of no symptom found in so many diseases which is so ignored and misinterpreted as a headache. No head ever

ached without a cause, and the cause is just as apt to be, and just as often is, far removed from the effects of a functionally inactive alimentary canal. The general practitioner is no greater sinner in this respect than is the specialist; the general practitioner assigns the headache to some cause; the specialist assigns it to some organ in his own specialty. In the majority of cases both may show some cause why such a course might be rational, and in the majority of cases neither has made a diagnosis sufficient to prop the assertion.

It is a fact that many a diagnosis of some obscure and complicated trouble is made more easily and accurately than is the proper diagnosis of cephalgia. Surely it is worth the time required for a thorough diagnosis; the periodical repetition unfits the victim for any kind of business or social duties; it may be the warning signal of the onset of some grave or fatal disorder; it is puzzling and, therefore, interesting, to the true medical man; just tackle a few obstinate cases honestly and see if your best brain power and diagnostic skill is not fully taxed. It is essential that the patient be taught something of the nature of the case. In his innocence he comes to you for "something for the headache," and he hopes that you may give him something that will banish that headache forever. Your better knowledge teaches you that this is impossible unless the permanent cause be removed. He knows nothing of causation; it is pain from which he seeks temporary relief, without thought of the future. He seeks a magic cure from the ingestion of a draught. It is best to explain to him the obscurity of diagnosis; to take the time to find the foundation cause, and to charge him for it.

The ordinary headache is due to some reflex irritation, or to some unbalancing of the equilibrium of the celebral circulation; more grave and persistent forms take their origin in organic disease, or in a depraved condition of the blood, or in intracranial pressure from tumour or exudate. If the stomach fail to act properly, we may have a headache from reflex gastric irritation, augmented by the disturbed cerebral circulation consequent upon impaired nervous control.

The classification used by Stevens is, perhaps, one of the best of tabulations. It is as follows:

(1) Organic headache, as observed in meningitis, cerebral softening, abscess, brain tumour, etc., may be recognized by its persistent character and the associated symptoms of the primary disease, such as optic neuritis, mental aberration,

facial paralysis, and vomiting without discoverable cause. Under this heading he includes the syphilitic headache; diagnosed by the history, the leutic lesions, the somnolent character, and the magic effect of potassium iodide.

(2) The headache of cerebral hyperemia: (*a*) Active cerebral congestion occurs after prolonged mental exertion, undue exposure to heat, and as the result of high fever. Toxic and reflex headaches are often in themselves the direct sequence of active cerebral congestion. (b) Passive cerebral congestion: This follows mechanical disturbance of the circulation, as from the pressure of a tumour or the result of heart disease. In old people, it may result from inelasticity of the vessel walls, thus interfering with the momentum of the blood current, or by too easy dilatibility hindering the muscular action which accelerates the flow. When the head aches because of cerebral congestion, the pain is throbbing or "bursting" in character, the head feels hot, the face is flushed, and the conjunctiva are injected. Raising the head relieves, and lowering the head aggravates the pain. It is necessary, in searching for the exciting cause, to examine, not alone the heart, but also the kidneys, liver and other organs. In diametrical opposition to the foregoing, we find the next class.

(3) Headache of cerebral anemia: This may depend upon general anemia, or be found as a sequel of various excess; it is observed in aortic stenosis, in neurasthenia and after protracted emotional excitement. The pain is not throbbing, but is described as a "weight or pressure." It is often verticle in character and the face is pale; the spirits and mental action are depressed instead of irritable, and lowering of the head is paliative.

(4) Reflex headache: This is most frequently the result of eye-strain. It is worse across the brow or forehead, and is often accompanied by vomiting, restlessness and insomnia; it is aggravated by use of the eyes and relieved by darkness and quietude. Correct errors of refraction. (*b*) Pelvic diseases will produce an obstinate reflex headache in the female. The vertex is the seat of pain, and pressure will relieve it temporarily. (*c*) Gastric irritability is often responsible for this variety. Vomiting will relieve and a brisk purge is curative for the time. Search for evidence of stomachic disorder. (*d*) Nasal catarrh will cause such a headache referred to forehead, temples or vertex. The eye-ball and inner orbital wall are excessively sensitive to pressure, and artificial irritation of the nasal chambers at once aggravates he head symptoms.

(5) Toxemic headaches may be of uremic origin ; examine for increased arterial tension and albumin or casts in the urine. (*b*) The lithemic or gouty diathesis is often proclaimed by an obstinate headache associated with irritability of temper, brick-dust deposits and dizziness. (*c*) The headache of chronic malarial poisoning is generally supra-orbital, recurring at regular intervals and easily controlled by suitable quinine therapy. (*d*) The rheumatic headache comes on after exposure or changeable barometric conditions ; the scalp is tender, and the pain augmented by jaw motion or frowning. (*e*) Alcoholism often induces cephalgia. In the acute form it is due to cerebral hyperemia ; in the chronic variety it is generally presumed to be the result of a subacute meningitis. (*f*) The auto-intoxications following constipation, fever and diabetes are to be included here, as are also such toxemias as come from absorption of unrespirable gases, ingestion of lead, etc.

(6) Hysterical headache : This variety is worse at the menstrual period in the female (males also have hysterical headaches), and is forgotten under influence of pleasurable emotions. It may be described as localized or general, " nail being driven into the head," etc.

We consider this classification as that of a master-hand seeking to lead the groping pilgrim to light under many and diverse conditions and environment. Indeed, his whole book does that (Manual of Practice of Medicine, W. B. Saunders, Philadelphia, 1898), yet it is not a complete guide for the lazy or ignorant man ; work is the first essential, and while a thorough medical education is desirable, any hard working man may well grapple with any headache and come out triumphant. This book will aid him, as will many others ; but there was never a star gemmed in any crown of medical fame which did not stand for sweat and weariness and disdainment of rest.

When the task seems too hard for you, better get out at once ; it will be better for you and full as well for your patients. If you are going to be a really good doctor, you must work like a slave and live like a soldier in a hard campaign. Neither extirpation of the stomach nor Cæsarean section wail half the lament in the medical ear which the agony of headache voices. If you entered the profession dreaming of barbarian peacock plumes and fabulous fees for mediocre work and skill, you are bound to be disappointed. If you have a million to back you, you may retain your title, however won ; but you will never be a doctor, in the full

meaning of the term, till you *work*. But we have wondered; perhaps because we appreciate the difficulties of a rational diagnosis of some obscure headache. We realize that the patient who has been unfitted for work for years, and who may, perhaps, have tried other doctors in abundance, hopes that you may aid him; yet we also realize your impotence until weary mountains of study have been scaled. We reiterate that headaches cause more aggregate pain and misery than those affections which lead to capital operations. Our sympathy is with the ranks of the general profession who meet the brunt of the severest trials. They meet them too poorly equipped, maybe; but that is their fault. We seek to spur them to a higher plane of usefulness. Let them equip themselves in knowledge and armamentarium until they shall be the peer of any doctor living; then they will have the consciousness of deserving the benediction: "Well done." And their patience will be fortunate.

Perhaps we have transgressed good editorial taste in our moralizing, but humanity will reap the benefit. If every reader but do his part, the added blessings to the race will satisfy us, however severe the condemnation from thoughtless and unthinking practitioners.

Little need be said on treatment; at least until we no longer are compelled to guess and dream at pathology. It is sufficient to meet the indications rationally if we but thoroughly understand them. It will be understood that headache is not migraine; of this we may speak later. Now we only hope to help humanity, without danger either from malpractice or from the nostrum vendor. Search out the primary cause of every headache, and rectify or treat it. Careful investigation will place it under some of the above various headings, and close study will bring the diagnosis yet nearer exactness. If it be in consequence of reflex irritation, organic disease, cerebral hyperemia or anemia, toxemia, or simple nervousness, we have confidence in the American practitioner who may grapple with it. He needs both skill and staying power in most cases; yet "if he wins, he wins a pile," and it is well worth trying. If you can banish the headaches from your ordinary every-day practice, you will win both fame and competence, Satisfactory results do not lie within the possibilities of any drug or combination of drugs. It is essential that every individual case be met personally and studied well. In the attacks it may be necessary to give some drug for temporary relief, but this is always to be followed in the intervals by a thorough search for the

basic cause. Correct eye strain by suitable glasses. Treat any existing gastric catarrh, by bismuth, soda, and silver nitrate. If there be anemia, tone up the blood with iron, arsenic, strychnine, etc. Examine the urine for evidence of uremia. If malaria be suspected, push the quinine. A hot mustard foot-bath will relieve cerebral congestion promptly, especially if an ice bag be placed to the head; aconite and the bromides come into good play here. Caffeine does much good in cerebral anemia. Salol is excellent for headaches of rheumatic origin. If kidneys be found inefficient, restrict patient to a milk diet and promote diuresis and maintain free action of skin and bowels.

Get out of the old routine of treating the symptom and get in line of rational treatment by an accurate diagnosis. *Medical World.*

THE TREATMENT OF ECZEMA.

There is a popular medical belief that arsenic is one of the best of drugs in all skin diseases, and particularly so in eczema. This belief is not founded on facts, and is certainly not borne out by experience. Instead of being indicated, arsenic is most strongly contraindicated in the majority of cases. Iron often but adds fuel to the flame. In fact, it is much better for the practitioner to appreciate that he is dealing, in many cases, with a strictly local disease, and that no internal medication is needed.

Often the systemic conditions are not all that they should be, and the practitioner jumps at the conclusion that this is the cause of the local affection. In many cases local treatment would relieve and cure the trouble. The system should be brought up to par, but the local treatment is by far the most important in most cases. It is advisable to maintain all the enunctories in full functional activity and to see that the body is properly clothed. Diet is important, and stimulants must be rigidly interdicted. Irritation of any kind must be guarded against, and soothing or protective applications employed after the indicated remedies have been employed.

The crusts are best removed by applications of weak solutions of soda bicarbonate, or of any bland oil or glycerine. Water is to be avoided as much as may be possible; even in bathing it is well to keep the affected areas dry. Reasonable cleanliness may be maintained for a time by sponging the affected part with warm glycerine. If it be the hands

that are affected, the rubber tissue gloves now for sale at all instrument dealers will frequently cure inveterate cases, if worn constantly, without either local application or internal medication. In those varieties due to microbic or parasitic infection, it is highly important to choose an antiseptic which will not be in the least degree irritating. Weak boracic acid solutions probably meet this indication as well as any other agent. To relieve inflammation, and to serve as a protective to exclude the air, the "creams" are most useful. One of the best is as follows:

℞ Oxide of zinc.....6 drams
Lanolin.....2 drams
Olive oil.....8 drams
Prepared calamine.....3 drams
Lime water.....8 drams

Make a mixture. Apply freely and frequently.

It is occasionally necessary to keep the affected parts constantly covered with the medicating agent. This may be accomplished in the case of facial eczema in children by making a chamois skin mask with tapes to fasten in place about the head and neck; the medicament being made in the form of a stiff paste and spread on the inner side of the mask. The ointment of Lassar may be so used, but it is improved by the addition of a little resorcin, oil of cade, icthyol, or tar. It is prepared as follows:

℞ Salicylic acid.....10 grains
Vaseline.....4 drams
Oxide of zinc.....2 drams
Pulverized starch.....2 drams

In locations unsuited to the constant wearing of mask or bandage, one may make a jelly from starch and incorporate in it the indicated medicament. Such an application is spread thickly over the affected parts; it has, of course, the objection that it is easily removed by any motion or rubbing of clothing.

Some cases will be found in which fat, oil, or grease of any kind, irritates and causes the diseased area to spread. In such a case, one may often use the following with marked advantage:

℞ Pulverized calamine.....3 drams
Oxide of zinc.....2 drams
Glycerine.....3 drams
Lime water enough to make.....4 ounces

Mix. Shake well before applying and apply frequently.

A combination of sulphur and zinc ointment is often beneficial where fats are tolerated. One may begin with ten grains of sulphur to the ounce of zinc ointment, and increase the amount of sulphur as he finds the diseased area will allow. Such an application is best spread on paper and held in place by a bandage; waxed paper is preferable, and the ointment is spread generously.

Carbolic acid is a valuable remedy in chronic cases. It is applied in the proportion of one dram to eight ounces of equal parts of glycerine and water. A weak solution of silver nitrate (XX grains to the ounce) in sweet spirit of nitre, is often serviceable in such cases. Chrysarobin in good strength is one of the best applications in the chronic form, but the patient must be warned that it will stain the clothing and may produce temporary pain and hyperemia. It is used in strengths varying from ten to forty grains to the ounce of ointment.

In cases where long standing eczema has caused hypertrophy of the tissues, persistent massage will prove beneficial. In the varicose veins which so often complicate chronic eczema of the leg, the elastic stocking cannot be dispensed with.

Probably no other disease requires so careful symptomatic treatment and such fine diagnostic power. In the acute form, avoid irritation. In the chronic form, repair the damage, even if temporary irritation be induced. We have not seen formaldehyde mentioned in connection with eczema, but it should prove valuable in parasitic forms, and we shall try it on our next case.—*Med. World.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

CRAMPS OF THE LEGS.

Dr. John McDonald, after discussing the causation of cramps, their relation to the valveless condition of the inferior vena cava, and consequent great hydraulic pressure, to constipation with its pressure on the iliac veins, and to

the gouty diathesis leading to the deposit of urates in the muscles surrounding the congested veins of the legs, says that in the remedial treatment of cramps the attention should be directed mainly toward (1) the relief of constipation, (2) the removal of the, uric acid toxine, and (3) the establishment of a better nutrition.

It is obvious that for this purpose an effective cholagogue agent is of the first importance to stimulate cellular action of the liver, increase its normal secretions and initiate peristalsis, and that, combined with an appropriate uric acid solvent, the circulation of the blood may be quickened, while at the same time its subalkalinity may be neutralized and oxidation increased by the removal of the toxine mainly responsible for the abnormal condition.

A more active interchange having thus been established between blood and tissue, the former better enabled to perform its function of removing poisonous waste, the nutrition of the latter becomes improved, and the third indication is fulfilled. The author records a case of obstinate cramps treated successfully on these lines.—*Northwestern Lancet.*

THE PLACE OF CEREALS IN INFANT FEEDING.

H. D. Chapin, New York, states that to break up the curd of cow's milk and furnish a small quantity of easily absorbable food, cereal gruels, in which the starch has been converted into dextrin and maltose, are the most practical and desirable agents. It has been admitted that cereals give the finest curds of any diluent. How much effect a digested gruel has on the curding of milk depends on the strength of the gruel and the dilution of the milk. The very best effect, so far as digestive effort is concerned, is obtained when the starch is completely gotten into soluble forms so that the particles of proteids and cellulose of the cereals are free. The curd of cow's milk which has been diluted with thoroughly digested gruel shrinks away from each little particle of cellulose and proteid of the cereal, and allows a rapid exudation of the soluble, easily absorbable portion of the food, consisting of albumin, globulin, whey proteid, dextrin, maltose and milk sugar. The curds are soft and spongy and break apart on slight agitation. It is not necessary to use a digested gruel stronger than one heaping tablespoonful of flour to the pint for any dilution of milk. If, when modified milk disagreed, all milk was cut off for a few feedings

and then a new beginning made, a great deal less trouble would be experienced than by attempting to shift percentages slightly. There is no form of nourishment so easily borne as predigested cereal gruels, and when properly used these are of great benefit even when the infant is breast-fed. After a reference to the standard text-books and recent articles, the conclusions are reached that chemical analyses of milk are not the only scientific bases of comparison, that nature adapts an animal's milk food to its digestive system, and that cow's milk and woman's milk were intended for different digestive systems; that as cow's milk forms solid curds and woman's milk flocculent curds, the curd of cow's milk intended for an infant should be broken up mechanically; that as cereal gruels mechanically break up the curds of cow's milk, and as infants are able to utilize them, their use is rational. A great variety of food can be supplied an infant by means of digested gruels at a trifling expense, and the tendency is always to get back to milk feedings and not to keep on indefinitely with a diet of carbohydrates, as when most infant foods are used.—*New York Medical Record.*

DIABETES MELLITUS—ITS ETIOLOGY AND TREATMENT.

DR. ADRIAN D. WILLIAMS (Dietetic & Hygienic Gazette, 1901, XVII, 165) reports the following case:

Nellie L., aged 16. This case is particularly interesting because of the youth of the patient. First seen October 3, presenting the usual symptoms of diabetes. Had an insatiable appetite, and her mother stated that the amount of water she drank was "simply enormous." An attempt to restrict this resulted in her resorting to various devices to obtain water surreptitiously. Symptoms had been present since last spring; patient much run down, skin dry and harsh, suffered from constipation and severe headache. Examination showed sp. grav. of urine, 1036; glucose, 5 per cent.; she passed daily 30 pints of urine. Placed patient on a rigid diet, and carbohydrates were strictly interdicted. As in other cases, patient was given careful instructions regarding hygiene, exercise, frequent bathing, cold spinal douches and Turkish baths. Arsenauro was prescribed, beginning with 10 drops in one-half goblet of water, three times daily; instructions given to gradually increase the dose.

Contrary to expectation, patient took kindly to restricted diet; hygienic measures recommended were carried out faithfully. The patient was seen twice each week; an examination of the urine made each time. For two weeks no great change occurred, although the girl said she felt much better. Hunger, thirst and polyuria reduced. On October 21, however, the percentage of sugar had fallen to a trifle less than 3 per cent., quantity of urine remarkably lessened, patient taking her treatment faithfully, dose of arsenauro having reached 28 drops three times a day. From this time there was a steady decrease in the quantity of urine and of sugar. There was a marked improvement in the general condition of the patient. November 4 glucose is absent for the first time. Weight of patient increased from 92 pounds (when first seen) to 100 pounds; skin softer, is healthier looking, bowels acting well, headache had ceased, still passing abnormal quantity of urine, yet much less than two weeks previously. Patient taking 40 drops arsenauro t. i. d., no physiological symptoms had developed, and as patient was steadily improving, she was instructed to continue at that dosage. November 10 small quantity of sugar was detected, although the patient's condition was steadily improving. Next examination no sugar was found, and he allowed the patient a limited amount of carbohydrates—a change she welcomed. Since that time no sugar has been found. The weight of the patient, now on a more liberal diet, is 108 pounds; is feeling in good physical condition, parents stating that the change in her disposition is most marked. Her appetite continues a trifle greater than that of most girls of her age, but the excessive thirst and polyuri have ceased.

TREATMENT OF INFLUENZA.

According to W. H. Thomson (*New York Medical Journal*, Jan. 26), the present epidemic of grip is milder than when the disease first made its appearance in 1889-90. He attributes this amelioration to a relative immunity acquired from previous attacks. Aconite, in the writer's experience, is the best remedy for the general achings which characterize the onset of many febrile infections. Its action is promoted by the addition of a small dose of Dover's powder. Phenacetin is also very serviceable as an analgesic. The writer is accustomed to prescribe throughout the febrile period of influenza two pills, three times daily, each containing 1½

grains solid extract of aconite, ½ grain Dover's powder, 2 grains phenacetin and 1½ grains of quinine. As the temperature declines the dose is reduced by one pill a day until all catarrhal symptoms have subsided.

In cases where there is a sudden shifting of the trouble from the nasal passages to the trachea and back again, a pill of ¼ grain extract of belladonna, with a grain or two of camphor, seems to afford relief. Flushing the throat by means of a fountain or Davidson's syringe with a quart of hot water, containing in solution 2 teaspoonfuls of potassium chlorate and 5 drops of oil of peppermint, is also helpful. For the periodic excruciating supraorbital pains, with photophobia the fluid extract of ergot in dram doses, every three hours if necessary, is specific. It is better borne by the stomach when combined with a dram of elixir of cinchona. Ergot also often assuages post-influenzal pains in the thorax, abdomen, sacrum or pelvis after morphine and quinine have failed.

The markedly paroxysmal, dry, nervous cough, sometimes persisting for weeks after other symptoms have subsided, and apt to be especially troublesome at night, generally yields to doses of twenty grains of ammonium bromide with 10 of antipyrin. For intercurrent bronchitis, especially serious in this disease and allied in nature to the mechanical phenomena of occlusion, the best remedy to liquefy the viscid bronchial secretions is an emulsion of linseed oil, to each dose of which 1-12 grain morphine and 8 grains chloral may be added to overcome the nervous element. Adjuvants not to be neglected are repeated, thorough dry cuppings of the chest, back and front, followed by the application of large cloths wet with an infusion of capsicum, made with a dram to the point of boiling water. A favorite liniment for cutaneous stimulation consists of one part each of aqua ammoniac, turpentine and tincture of capsicum, with three parts of soap liniment. For the tedious debility following influenza the author relies mainly on fluid extract of cocoa with nux vomica. It is important to impress upon the patient the necessity of staying in bed until he is well, no matter how mild the attack may appear at first to be.

DR. ANDREW H. SMITH said that he had just come from the bedside of a young man suffering from grippe, and had been impressed with a novel symptom—retention of urine. The patient was a healthy young man, and there seemed to be no obvious reason for the retention. With regard to the treatment of periodical neuralgia by ergot, which Dr. Thom-

son thought so highly of, he said that he was reminded of his experience some years ago with the caisson disease, and its most troublesome and obstinate neuralgia. In the latter nothing had given such prompt and marked relief as full doses of ergot. The annoying and persistent cough, so commonly observed after the grippe, had seemed to him to have its seat just at the bifurcation of the trachea. In the few instances in which he had been able to get a view of the bifurcation with the laryngoscope he had found a velvety condition of the mucous membrane at this point. An irritation started here would naturally be intensified by the fact that the impact of the air at every inspiration was received upon this wedge of tissue. He had succeeded best in relieving this annoying irritative cough by the administration of malto-yerbine. Sometimes it was desirable to give the fluid extract of yerba santa in some other vehicle. The vagueness of our knowledge concerning the pathology of grippe made it difficult to lay down any definite rules for its treatment. The great depression resulting from an attack of influenza left the system in a condition peculiarly favorable for an attack of pneumococcus infection, and this explained the tendency to pneumonia. The physician should constantly impress upon his patients, suffering from grippe, the necessity for respecting the langour which they felt. *Proceedings*, N. Y. Academy of Medicine, Jan. 15, 1901.

CHOREA AND RHEUMATISM.

"Chorea is rheumatism of the brain, and I feel as certain of that as I do of anything in Medicine." These are the words used by Sir Dyce Duckworth in addressing his students at St. Bartholomew's Hospital a short time since, and in support of his view he was able to add that the recent researches of Drs. Poynton and Payne have rendered his conception as nearly certain and positive by way of demonstration as anything can well be. These two observers have succeeded in inducing chorea in the rabbit by the inoculation of the diplococci of rheumatism, and they have detected these diplococci in the endothelial cells and capillaries of the brain. They found them not only there, but dipping into the motor centres of the rabbit's brain. That is almost as complete and perfect a demonstration of the nature of the disease as could be wished for, but Sir Dyce Duckworth was singularly fortunate in being able to quote an extremely interesting case of fatal chorea in the human subject, in which

Drs. Poynton and Payne discovered these rheumatic organisms in the mitral valve and also in the motor cortex of the brain. The very natural conclusions these gentlemen have drawn is that chorea is induced by the presence of these diplococci or of the toxins which they produce in the brain. It would be difficult to describe the modern view of the morbid anatomy of chorea more concisely and clearly than Sir Dyce Duckworth, who says that so far as it has been studied it shows nothing incompatible with the theory that it ls an inflammatory process depending on microbic invasion, and the symptoms of the disease appear to indicate that the changes are caused by multiple local lesions due to the deposition of a particular form of disease rather than to any diffuse toxæmia. Believing that the determination of this process to the brain will only occur in persons particularly and specifically predisposed to brain weakness, we naturally come to regard it as rheumatism localised in that organ.—*Medical Press and Circular.*

TREATMENT OF ECLAMPSIA.

A most interesting paper by Stroganoff (*Monatschr. f. Gebtsh. u. Gyn.*, October 6, 1900) seems to be apt to overturn the routine treatment of eclampsia with chloroform narcosis. On theoretical reflections he concluded that the two main principles for a proper and judicious treatment of eclampsia ought to be the following:

1. In order to prevent new convulsions, the irritability of the nervous system has to be reduced and every external irritation has to be avoided.

2. The vital energies of the patient have to be aided by inciting the action of heart and lungs, and by accelerating confinement.

Acting in accord with these principals, he employed in all his cases of eclampsia the following procedure:

As soon as possible after the first convulsion he gives a subcutaneous injection of one-fourth of a grain morph. mur., and continues to give narcotics during the next twenty-four to forty-eight hours.

The same dose of morphine is repeated in one or two hours, according to the condition of the patient. In very severe cases a third injection may be given, one and one-half hours later. Two or three hours after this third dose of morphine (in milder cases after the second) the patient gets thirty to forty grains of chloral-hydrate per rec-

tum, and is kept now under influence of narcotics, by getting twenty to forty grains of chloral-hydrate every six to ten hours. Should she show symptoms of an approaching fit, one sixth to one-fourth of a grain of morphine is injected. This combined use of morphine and chloral hydrate gives better results than the exclusive use of either one.

In order to ease the respiration, inhalation of pure oxygen is used (instead of the usual inhalation of chloroform, which, according to the views of Stroganoff, does considerable harm by asphyxiating the patient!). The patient is in a well-ventilated room. Nose and mouth are continually and carefully cleaned from mucus. Every external irritation, every superflous touching of the patient, noise, dazzling-light, etc., have to be avoided.

The action of the heart is incited by giving, besides milk for nourishment, a mild tea infusion. If the kidneys are not considerably affected some brandy is added. Tinct. moschi, ether sulf., etc., may be used.

Repeated baths, or wrapping of the patient in order to excite perspiration, do more harm than good, as these procedures, both, are too irritating, and obstruct the breathing.

Are any manipulations with the patient unavoidable—for instance, at operative delivery, a. s. f.—chloroform has to be given to prevent new convulsions brought on through these irritations. But chloroform narcosis has to be limited to the shortest time possible.

The results attained by Stroganoff with this scheme of treatment have fully justified his theoretical presumptions. Out of fifty-eight cases of eclampsia which came under his care, and in which his method was applied, *none* died. This result ought to be convincing, as statistics published by many authors, show that the maternal mortality in eclampsia so far was between twenty-two and thirty-nine, four per cent. (Hofmeister).—*Interstate Medical Journal.*

FAVOURITE PRESCRIPTIONS.

INTERMITTENT NEURALGIA—FACIAL NEURALGIA.

℞ Fl. ext. gelsemium (P., D. & Co.)..... gtt. lxiv
Quinine sulph..... ℥ ss
Morphine sulph..... gr. 1
Water..... ℥ iv

M. Sig.—Begin four to six hours before onset of paroxysmal pain in malarial neuralgia and give one teaspoonful

of the above formula every two hours until eight doses are taken, or until the characteristic effects of the gelsemium result in double vision, then cease taking for that day and repeat daily in the same way. Usually the attack ceases on the second or third day.—*Med. Summary.*

Bismuth Subgallate in Gonorrhea.

Dr. Dokerchaieff states that he has had brilliant results from the use of bismuth subgallate in both acute and chronic cases. In acute cases he first washes out the urethra with a boric acid solution or a two per cent. solution of potassium permanganate. Then he injects the following :—

℞ Bismuthi subgallati.....
Pulveris acaciæ.....aa ʒij
Aquæ destil..... ʒiij

M. Sig.—Use as an injection every two hours and retain the liquid each time for five minutes, and allow it to escape drop by drop.

In chronic cases the urethra is well irrigated, and a bougie made up as follows is introduced :—

℞ Bismuthi subgallati..... ..... gr. xx
Wool fat..... ..... ʒiiss
Ceræ albæ (white wax)..... ʒss

M. Sig.—Insert and lightly massage the penis to bring the mucous membrane in contact with the bougie.—*J. A. M. A.*

For Premenstrual Pain.

℞ Codein .... ¾ grain
Chloral ....
Ammonium bromide.....aa 15 grains
Camphorated water..... 1 ounce

M. To be taken in one dose at bed-time.—*N. Y. Med. Jour.*

Asthma.

A good combination for general use internally is the following, according to Jackson :—

℞ Sodium iodide..... .....
Sodium bromide..... .....aa gr. ij
Fl. ext. euphorb. pil..... .....
Ethereal tinct. lobelia..... .....aa gtt. iij
Nitroglycerin..... gr. $\frac{1}{100}$

M. Sig.—Take at one dose, and repeat in half an hour, if needful.—*Med. Record.*

SURGERY.

IN CHARGE OF
ROLLO CAMPBELL, M.D.,
Lecturer on Surgery, University of Bishop's College ; Assistant-Surgeon, Western Hospital:
AND
GEORGE FISK, M.D.
Instructor in Surgery, University of Bishop's College ; Assistant-Surgeon, Western Hospital.

AFTER-TREATMENT OF PERITONEAL SECTION.

Henry T. Byford (*Amer. Gyn. and Obst. Jour.*) gives his method of inducing peristaltic action as soon as possible after peritoneal section, for the purpose of preventing intestinal paralysis and adhesions. His success prompted him to use it in simple as well as complicated cases, in order to make the patient more comfortable and to render the convalescence more rapid. This method consists of four drams of fluid extract of cascara or some equivalent, two hours before the time set for operation, dram doses of sulphate of magnesia every hour from the time the patient awakes after the operation, and a high glycerine and water enema (℥ii to ℥iv) every two hours, beginning eight hours after. A high glycerine enema was given before the patient left the table after operations in which adhesions were separated and raw surfaces left. A prompt movement of the bowels and a free passage of flatus not infrequently resulted from this enema before the others were given, and hence he began giving it as a routine practice in order to save, as far as possible, the trouble connected with giving a nauseated patient the salines and later enemas. The treatment must, as a rule, not be discontinued until the patient passes flatus, not only with the enemas, but also freely between enemas, *i. e.*, efficient peristaltic action should continue at intervals. After the first day means must be taken to maintain frequent peristalsis and a daily evacuation of the bowels. To this end two drams of sulphate of magnesia or two or three ounces of Hunyadi water are given night and morning for two weeks, the dose being regulated according to the effect. The treatment may be modified somewhat to suit different cases. If a patient be in need of a stimulant, usually an ounce of whisky is added to the enema administered on the operating-table, giving what in the Woman's Hospital is called the one, two, three enema, viz., one ounce of whisky, two of glycerine, and three of water. In patients who have lost much blood a large, high beef-tea enema is given instead, and repeated every four hours.—*Pacific Med. Journal.*

THE PRESENT STATUS OF THE SURGICAL TREATMENT OF GASTRIC ULCER.

In the twenty years, ending six months ago, only 188 cases of gastric ulcer had been treated surgically, with a mortality of 16.4 per cent. During the past six months the author believes that double that number have been treated by operation, and with markedly decreased mortality.

Robson's record shows a mortality of less than 5 per cent. The surgical treatment of intractible or relapsing gastric ulcer is in the greater number of cases the only satisfactory method, and operation should be resorted to at a much earlier period than has hitherto been the custom, and always before the patients are so reduced by pain and starvation, or the supervention of serious complications, that their weakened condition renders any operation dangerous.

Gastro-enterostomy, of all operations, is the one to be relied on in the treatment of chronic ulcer. The posterior operation is preferable. It can be performed in from twenty minutes to a half-hour. The junction of the stomach and the first part of the jejunum being affected around a decalcified bone bobbin, just two continuous sutures being used.

Excision of the ulcer is, as a rule, unnecessary. Pyloroplasty is apt to be followed at a later period by recurring stenosis.

Pylorectomy is an unnecessarily severe operation for simple ulcer, and presents no advantages over gastro-enterostomy.

Pylorodiosis, which consists in stretching the pyloric sphincter, is very dangerous, and also apt to be followed by recurrence.

Complications.—Perforation is one of the most serious complications, and occurs in about 15 per cent. of all cases of ulcer of the stomach. Occasionally recovery from this accident has occurred when the stomach was empty at the time. Statistics clearly prove that operation for perforation of gastric ulcer, if undertaken within a few hours of the accident, is very hopeful, but that death occurs in more than half the cases when operated on after twenty-four hours.

Hemorrhage occurs in 80 per cent. of all cases. Cicatrical contraction of the pylorus is also a frequent complication.

Hour-glass contraction of the stomach occasionally occurs when the ulcer is situated in the middle of the organ. —Robson, *Brit. Med. Jour.*, Feb. 21, 1901.

THE OPERATIVE TREATMENT OF UMBILICAL HERNIA IN ADULTS.

J. A. Blake, New York, states that the results from operative treatment of umbilical hernia in adults have been disappointing, so much so as to warrant the general dictum that, unless the symptoms absolutely indicate interference, operation is not indicated. This is especially true in regard to operations upon the larger herniæ, but is not in the small and early cases, as statistics show. After briefly considering the conditions which have to be met and overcome in large umbilical herniæ with separation of the recti muscles, the author reviews some of the methods which have been employed for the relief of the condition. These are divided into five categories. 1. Lineal approximation of margins of fascia or fascia and muscle. By far the greater number of operations fall within this group. The method of splitting the sheaths of the recti and union in several layers is the best, and, moreover, is probably the most applicable to the cure of small herniæ. 2. Interlacing of fasciculi of the inner portions of the recti after splitting their sheaths was devised by Dauriac. The author does not see its advantage over the method of simple approximation of the bare muscle. 3. In order to overcome the separation of the recti, the method of involuting the abdominal wall in the middle line was devised, resembling the Czerny Lembert method of intestinal suture. 4. The flap operation, by which the hiatus in the abdominal wall, after removal of the sac, is closed by reflecting flaps from the sheaths of the recti muscles. 5. Lapping the abdominal wall. This method is particularly applicable to the cases in which there is stretching of the linea alba above and below the sac in the median line for the necessary distance, with or without excision of the ring and a portion of the linea alba. The entire wall on one side is then lapped in front of the other, and there sutured, so that the ventral surface of one side is in contact with the dorsal surface of the other. Three cases are reported in which this method of operation was adopted, all of which are too recent to deduce the ultimate results, but which demonstrate the success of the immediate results. Two points in the technique are emphasized, namely, the absolute cleansing of fat from the rectus sheath, which is to be applied to the back of the opposite rectus, and the insertion of the mattress sutures, so that they will be in the course of the muscle fibres and not strangulate them. In all three cases the

suture material used was plain catgut for the peritoneum, No. 2 chromicized gut for the aponeurosis and muscles, and silkworm gut and silk for the skin. Some of the more apparent advantages of this method are: 1 The doubling of the abdominal wall at the hernial site. 2. The breaking of the lines of suture. 3. The broad surfaces for union. 4. The obliteration of the separation of the recti and the reduction in the size of the abdomen. Its field is really not limited to herniæ proper, but also includes the treatment of pendulous abdomen, and of enteroptosis due to laxity of the abdominal wall.—*N. Y. Med. Rec.*

SURGICAL NOTES.

Hernias coexisting with adherent omentum are never safe, and especially so in men of active life and habits. In these cases it is always best to advise operation. *In Cancer of the Breast* the presence of a large amount of fat renders less easy a thorough removal of the glands. Hence the prognosis of cure or prolonged survival must be more guarded in fat than in lean women. *In all Plastic Operations* it is important to remove the stitches as soon as possible. If left too long in the skin they will cause the formation of small scars, while, if the operation has been through mucous membranes, the cutting through of stitches causes the formation of little tags. *Clubbed Fingers*—Sickly, pale children with clubbed fingers may have chronic bone disease, or bronchiectasis, or congenital heart trouble, but in the great majority of instances there is an empyema, and hence the necessity of always carefully examining the lungs in this class of children. *Rectal Exploration*—When investigating the rectum with a long bougie it is always well to remember that there are two possible sources of error. In the first place the instrument may so double over that a mistaken idea of the length of the channel will arise. On the other hand the bougie may be arrested by one of Houston's folds, thus simulating a stricture. *Cancer*—It is permissible to do an incomplete operation for cancer only when it is knowingly performed with the object of relieving pain, soothing the imagination by giving the patient a faint hope, and getting rid of a loathsome sore, and because we know that recurrence in a scar is usually much less painful than the original ulcerative process. *Pain.*—In the diagnosis of malignant tumors it is well to recollect that the element of pain is quite an uncertain one. Sarcomata, for instance, are usually less painful than carcino-

mata, and yet we occasionally encounter cases of painless carcinomata of various regions. In some instances of adenoma the painmay be just as severe as in either of the other two. *Aneurism*—In the presence of large aneurisms of important vessels it is well to remember that operation is most likely to succeed when the occurrence is recent, when there is no evidence of aortic or mitral disease, when there is an absence of the rasp sound along the aorta, which would indicate extensive atheroma, and when there is no important visceral disease.—*International Journal of Surgery.*

OBSERVATIONS ON THE SURGERY OF THE GALL-TRACTS.

Jones (*Medical Record*) states that patients with long-standing disease of the gall-tracts are poor subjects for surgical operation, and surgical interference is attended by considerable risk. In such cases it would seem to be best to do first a cholecystotomy—the simplest operation and the one attended by the least risk—leaving more radical treatment for another time should it become necessary. He emphasizes: (1) The diagnostic value of the point of maximum tenderness on pressure, which is over the gall-bladder, at or near the costal margin of the ninth rib. This point in disease of the gall-tracts corresponds in importance with McBurney's point in disease of the appendix. (2) The diagnostic value of the presence of bile in the urine excreted during or immediately after a very brief obstruction of the common duct. (3) That disease of the gall-tracts is of very common occurrence, and is liable to be mistaken for other troubles which it closely imitates, so it is important that the cases be recognized early.—*The American Journal of the Medical Sciences.*

TUBERCULOUS PERITONITIS.

The efficacy of simple incision is well shown in a case recorded by Abbé, of a woman who, for marked tuberculous peritonitis, was operated on by simple incision, and made a complete recovery. Two and a half years after she was operated on for a small ventral hernia; during this process the abdomen was inspected, and no trace of tubercle was discovered. In the ascitic form five methods of laparotomy have been adopted: 1. Simple incision, with free evacuation of the fluid and closure of abdominal wound. 2. Incision, with subsequent flushing of the abdominal cavity with sterile water, saline solution or some mild antiseptic solution, and closure of the wound. 3. Incision, flushing, and thoroughly drying the abdominal cavity, closing the

wound. 4. Incision and drainage. 5. Incison, drying the peritoneum, and treating it with some drug, as iodoform, camphorated naphtol, etc., closing the wound. Laparotomy with or without manipulation, is of great benefit in a large percentage of cases.—WALLES.—*N. Y. Med. Rec.*

ICHTHYOL.

is recommended by Dr. T. G. Lusk (*Post Graduate*, XV., p. 1007), of the New York Post-Graduate Medical School and Hospital, for relieving the pain and preventing the rupture of vesicles in cases of *herpes zoster costalis*. An astringent, antiseptic drying preparation suitable for the purpose may be made as follows, says the author :

Ichthyol	2 fl. dr.
Magnesium carbonate	2 dr.
Zinc oxide	2 dr.
Water	to make 4 fl. oz.

This mixture should be sopped on and a binder applied to prevent rupture from friction. A 5 per cent. ichthyol collodion may also be used with advantage.

ERYSIPELAS INOCULATION FOR THE CURE OF SARCOMA.

The inoculation of twenty-six patients with erysipelas from whom sarcomatous tumors had been removed by Wyeth, and the recovery of the patients and no return of the disease, is an important clinical experience. These clinical facts are all the more important just at this time, as the discovery of the cancer protozoa by Gaylord and Parks following it so closely is more likely to interest the scientific world much more than if these facts had been determined at periods more remote from one another.

It is certain that these two important facts concerning cancer will have much to do with the management of that disease. The clinical experiences of Wyeth certainly warrant the inoculation of sarcomatous patients with erysipelas after the removal of the growth, as the process seems to have been harmless in his hands. He removes the growth, and as soon as the wound heals and is free from the danger of being directly infected, he inoculates his patient in the immediate neighbourhood where the growth was located, and after the erysipelas has manifested itself treats it as he would any case met with in practice. While erysipelas, under some circumstances, may be a very serious thing to consider, ordinarily it is a harmless disease, the tendency of which is to recovery without any evil after-results.—*American Practitioner.*

A NEW TREATMENT FOR TUBERCULOUS GLANDS OF THE NECK WITH MINIMAL SCARRING INVOLVING A METHOD OF STERILIZING A TUBERCULOUS REGION THROUGH THE LYMPH CHANNELS.

G. Betton Massey describes his method as follows: A small opening is made through the skin and into the gland by a narrow bistoury, under a chloride of ethyl spray, and into the opening is thrust a sliver of amalgamated zinc to act as an anode, not insulated, of a weak galvanic current—1 to 3 milliamperes—which is turned on gradually and maintained for a few moments, to cauterize the track and keep it patulous for the treatment proper. When the tract has received a sufficient impregnation with the mixed oxychlorides of zinc and mercury thus developed, to keep it patulous for a few days, the zinc electrode is withdrawn and an insulated gold electrode about the calibre of a piece of No. 18 wire is inserted, its point having previously been amalgamated and made to hold as much mercury as possible. This instrument is left bare for one-quarter of an inch from the point only, in order that all the current action shall be expended within the gland, the remainder of the instrument being insolated with fused hard-rubber or fused shellac. From 2 to 10 milliamperes is now turned on and maintained for ten minutes, or until all the mercury has been dissipated from the gold surface, after which a piece of absorbent cotton or lint is placed over the opening, topped by a piece of plaster, the patient receives an application at intervals of two or three days. Cocaine may be used to deaden the slight pain. Thus the tubercle bacilli are destroyed, while often some of the gland tissue is left. The scar left is a mere point.—*Phil. Med. Jour.*

THE TREATMENT OF TUBERCULOUS PERITONITIS.

Clinical lecture by I. Burney Yeo. The lecturer states that he has seen good results follow the internal administration of iodine and creosote, and the application to the surface of the abdomen of an ointment made up of iodoform and cod-liver oil in equal parts. The best results are obtained in the early stages, and in those in which there is more or less ascitic fluid. In these there is no matting of the intestines or shrinking or adhesion of the mesentery, but in advanced chronic cases, with induration of the various

intestinal coats, adhesions of the coils of bowel to each other, large tuberculous masses and caseous mesenteric glands, neither surgical nor medical treatment offers much hope for recovery. Yeo believes that if iodoform is rubbed into the skin of the abdomen in a young person, it probably rapidly enters the blood, and if its use is persisted in, it is continuously eliminated in the secretions, including the secretions of the serous cavities. It thus comes in contact with the seat of the tuberculous deposit.—*Lancet N. Y. Med. Rec.*

OBJECTS OF DRAINAGE IN ABDOMINAL SURGERY.

The chief purposes for which drainage is employed are as follows: 1. To drain away existing septic material. 2. To afford an exit for the sepsis when the operator fears he has possibly infected his patient. 3. To provoke adhesions, and thereby wall off weak spots from the remainder of the abdominal contents. 4. To keep the peritoneal cavity free of blood and other fluids. 5. To allow of a more certain knowledge of the conditions present in the abdomen. 6. Gauze drains are sometimes employed as tampons to control hemorrhage.—Dr. J. W. LONG—*Annals of Gynæcology and Pediatry*, December, 1900.

PREPARING FOR OPERATION.

The patient having undergone a preliminary course of treatment for a few days by the administration of medicine, careful dietary, and the use of cleansing baths, on the morning of operation, or the previous evening, has the surface of the part to be operated upon, and surrounding parts, carefully prepared by washing and shaving, then washing with an alcoholic and ethereal solution of sterilized green soap and hot water. All the soap is washed away with the sterilized hot water; the skin is then dried with a sterilized towel, after which it is wiped over with ether to remove any grease remaining. It is then sponged over with an alcoholic sulution of mercury biniodide 1 : 500 which may be allowed to dry by spontaneous evaporation; a dressing of sterilized dry wool or gauze is then applied, which is covered with waterproof material and bandaged on. This dressing is not removed until the moment before the operation commences, when the skin may again be moistened with the alcoholic solution of biniodide.—C. Y. PEARSON.—*N. Y. Med. Rec.*

METACARPAL FRACTURE.

Various experiments have proved that the metacarpal fragments are invariably held in place by elastic pressure. For this purpose two rubber drainage tubes of moderate size are chosen, which are lightly pressed into the adjoining interosseous spaces, so that they fill them to a certain extent. They are kept *in situ* by adhesive plaster strips passed around the hand. Thus, the recurrence of the displacement is prevented. The whole is surrounded then by a moss splint, a material which, after being dipped in cold water, adapts itself to the contours of the hand like a plaster-of-Paris splint over which it possesses the great advantages of being absorbent and much lighter. The Roentgen rays should be consulted before one is satisfied as to the question of impossible union.—CARL BECK.—*N. Y. Med. Rec.*

NEW METHOD OF TREATING FRACTURES.

Leonard F. Hatch (*Bost. Med. Surg. Jour.*, March 28, 1901), describes a new method for treating fractures of all kinds based upon modern surgery. The principles upon which he has based his treatment are to convert all compound fractures into simple ones, and to operate on simple fractures, making them compound, and then apply the first principle, making them simple. Fractures treated by this operative method are practically free from all pain, as both the sharp spiculæ of bone sticking into the soft parts and the swelling are avoided by the operation. In a compound fracture the wound is simply enlarged, while in simple fracture there is a point of selection for the incision. There must be the most perfect antiseptic preparation. Elevate the limb and apply a rubber constrictor. Fit a sterile posterior and anterior splint of any suitable material. The points of selection for incision are for the tibia along the crest, for the femur along the outer side of the thigh, for the radius behind the supinator longus, for the ulna along the ulnar side of the arm. A good free incision should be made, all clots and debris, such as shreds of tissue and loose pieces of bone, should be washed out, and all bleeding points tied. Be sure that the wound is dry, and see that coaptation is perfect. Apply one of the splints before closing the wound, close the wound with catgut sutures without drainage, lay a thin pad of gauze over wound and apply the other splint and bandage quite firmly. Remove dressing on seventh or eighth day and apply ambulatory splint or plaster cast. Hatch

reports in detail fifteen cases illustrating the advantages of this method of treatment, and formulates the following deductions: (1) We shoud not be deterred from operating on fractures by fear of sepsis, and it certainly is unscientific to adopt a blind way when a better presents; (2) it would be warranted if it did nothing more than to relieve the pain and swelling, which it certainly does; (3) it shortens the repair process about one week; (4) it reduces the chances of deformity and non-union to a minimum. The writer considers the ambulatory splint the best dressing for fractures of the leg.—*Medical News.*

HOME-MADE SPLINTS.

Dissolve one pound of gum shellac in one pint and a half of ninety-five per cent. alcohol, with one drachm borax. Let the mixture stand until all of the shellac has been dissolved; then it is ready to be applied. Old cloth makes the best splints. I generally use an old pair of trousers. Apply the solution to one side of the woolen cloth with a brush and dry thoroughly before a hot fire. It takes about one hour to dry properly. Then apply a second coat on the same side and dry as before. You will then have a single piece, but if you wish a stronger piece, apply the solution on one side of two pieces that have already been prepared, dry them, place them together and press with a hot iron, and they will unite and become as one piece. Always be sure to dry out all of the alcohol. To temper the cloth for use, hold before a hot fire until soft, then apply. It will adapt itself to the shape of the limb at once. To make it set quickly, hold in cold atmosphere or dip in cold water.—*Red Cross Notes.*

HINTS.

SURGICAL NEEDLES—It is a good thing to remember that surgical needles require sharpening about as often as scalpels, and that the use of a hone and a little emery powder will restore to usefulness many needles in an apparently hopeless condition. DRAINAGE TUBE—It is well to remember that a drainage tube is a foreign body, and hence an evil. Clean surgery and proper attention to—hæmastosis reduce considerably the number of cases in which drainage is indicated, and it seems to be the tendency of the best surgeons to do the least draining. A POULTICE is an excellent thing in its place, but there is no earthly reason for ever making it out of dirty vegetable matter. Gauze and absorbent cotton soaked in weak, warm antiseptic solutions, and covered with

protective, are the only poultices allowable in modern clean surgery. IN CASES OF SEVERE HEMORRHAGE FROM THE LUNGS, due to external wounds, the chest should be immediately opened, and a good-sized drainage tube inserted. This causes pneumo-thorax, and the pressure of air upon the lungs will greatly help in controlling the bleeding. The intravenous injection of saline solution must also be immediately employed. IN CRUSHING ACCIDENTS in which the limbs have been caught in machinery it is very difficult to cleanse the wound properly, owing to the fact that the parts are much covered with grease, due to lubricating substances. Ordinary gasoline is an excellent thing wherewith to remove this grease; it causes no pain, dissolves away the grease, and leaves a clean surface upon which watery solutions of antiseptics can exert their full power. CHILDREN who are prepared for operation must not be kept as long without food, prior to anæsthesia, as is proper in adults. Children weaken rapidly from hunger, and it is best to give them easily digested food up to three or four hours before the operation. As in the majority of instances they need not know that an operation is contemplated; there is none of the inhibitory effect upon digestion, caused by fear, that is so often observed in adults. IT IS IMPORTANT to remember that children, especially in crowded, poor districts, sometimes have empyema without even complaining of chills or showing a rise of temperature, and that the disease is often so insidious as to lead simply to general ill-health long before the parents become alarmed at the child's condition. Any child that has become gradually run down in health should be stripped and carefully examined for empyema, when no other cause is evident.—*International Journal of Surgery*, December, 1900.

VESICAL HYPERÆMIA

of mild degree is best treated by irrigation with a one-per-cent. solution of boric acid, followed by a one-fourth per cent. solution of nitrate of silver.—BIERHOFF. (*N. Y. Medical Record.*)

RECTAL OPERATIONS

require such profound anæsthesia that they are very favorable for the spinal anæsthesia method, the moment there is the least fear of general anæsthesia. Opiates may be given early enough by the mouth to obtain an effect before the cocaine analgesia has ceased, so that the patient is saved not only operative but post-operative pain.—CHASSAIGNAC.

RODENT ULCER.

Rub in resorcin powder each night, after removing crusts.—BLOMFIELD.

GELATIN IN ANEURISM.

Gelatin injections should be kept sterile. When large quantities are injected great pain may be produced. Aneurismal pain is usually lessened ; the tumor becomes firmer by large organized clots forming.—NIETERT.

INFANTILE ECZEMA (DRY VESICULAR, AND POPULAR).

℞ Zinci oxidi
Amyli,
Adipis lanæ.....āā 5.
Petrolati..... 10.
Hydrarg. oxid. flav..... 0.25-0.50
M. ft. pasta.

—LEISTIKOW.

EXTEMPORIZED DRESSINGS.

Cheesecloth cut into strips or squares is rendered alkaline by boiling for twenty minutes in a solution of washing soda (two ounces to a quart), then rung out and boiled again in clear water, previously boiled and allowed to settle. It is then passed through a bichloride solution (1 : 200). Just before using it is wrung out in bichloride solution (1 : 2,000), —*The Clinical Review.*

TREATMENT OF BURNS OF SECOND DEGREE.

Probably the best local application for burns of the second degree is the solution of picric acid. This is non-toxic in the strength in which it is usually employed and is antiseptic and analgesic. It also possesses the advantage of coagulating the albumin, and thereby diminishes the serous discharge and hastens the reparative process. It has been employed for several years in the Charity Hospital of Paris. It may be used in aqueous or hydro-alcoholic solution. It is soluble in water in about five per cent. It is readily soluble in alcohol. The addition of five to eight per cent. of alcohol not only makes a stronger solution of the acid possible, but seems to impart its own properties, which renders it more effective. The picric acid solution also seems to produce a smoother and better cicatrix.—S. [illegible] MILLER.

Therapeutic Notes.

Flatulence and Cholic in Infants.

℞ Magnesii carb..... gr. iiss
Rhei pulv..... gr. ¼
Syr. zingiberis..... *m* v.
Aq. menth. pip..... .....q.s. ad ʒ j

M. Sig.; Given every two to four hours to an infant three or four months old.—*Med. Rec.*

Fatty Heart.

A formula credited to A. Robin, by *Merck's Archives* is:

℞ Sodium arsenate..... $\frac{1}{64}$ gr.
Potassium iodide ..... ¾ gr.
Powd. nux vomica..... ⅛ gr.
Powd. rhubarb..... ¾ gr.
Ext. dulcamara..... 1½ grs.

Make into one pill. Take one such daily.

Professor Pel, of Amsterdam, after a great deal of experience, has found that the following powder is a most excellent remedy for gastric acidity.

℞ Bicarbonate of soda	10.00	ʒ iiss
Calcined magnesia	8.00	ʒ ii
Bromid of soda.....	10.00	ʒ iiss
Carbonate of bismuth.....	5.00	gr. lxxv
Sugar of milk.....	10.00	ʒ ijss
Oil of fennel.....	.26	gt. iv

Mix. Dose, from half to a whole teaspoonful, to be taken an hour after eating. An extra dose in case of pain. —*Buffalo Med. Jour.*

An Intestinal Antiseptic.

A very good intestinal antiseptic is this which is credited by the *Med. News* to the *Jour. de Med. de Bordeaux*:

℞ Betanapthol...	3.00	gr. xlv
Chloroform	.03	gtt. xv
Castor oil.....	90.00	ʒ iii
Spirit of peppermint.....	.02	gtt. v

Mix. Adult dose: A teaspoonful in port wine, beer or sweetened black coffee. Child's dose: A teaspoonful.

ROSACEA.

Suprarenal extract in five-grain doses from three to six daily. The extract is simultaneously employed as a tonic.—*Munro.*

FOR WHOOPING COUGH.

The *Journal of the American Medical Association* says that Dr. R. A. Lancaster has had great success in treating whooping cough with this mixture:

℞ Tincture belladonna.....	16.00–24.00	ʒ iv–vi
Whiskey.....	30.00	ʒ i
Phenacetine.....	19.00	ʒ iiss
Fluid extract chesnut leaves.....	180.00	ʒ vi

Mix. Shake. Label.

Dose—From ten (10) drops for a child one year old to a teaspoonful for a 10-year old child every two to six hours.

FOR FUMIGATING THE BEDROOMS OF CONSUMPTIVES,

The following solution has been recommended to be used as a disinfectant and fumigator for the bedrooms occupied by consumptives:

Formaldehyde.....	60 parts
Creosote.....	15 parts
Oil Turpentine.....	30 parts
Menthol.....	1 part

The liquid is spread on a hot stove-lid or metal plate; about 40 drops are enough for a bedrooom of ordinary size. —*Dietetic and Hygienic Gaz.*

RING-WORM OF THE SCALP.

℞ Chrysarobin.....	5 parts
Ichthyol.....	3 "
Salycylic acid.....	2 "
Petrolatum to.....	100 "

This preparation, Unna's ointment, has been given credit by Dr. T. C. Lusk, of the New York Post-Graduate School and Hospital, for the most rapid results in the treatment of ringworm of the scalp. The ointment is rubbed in, spreading of the inflammation to the conjunctiva and face being prevented by an oiled skin cap to the head. A soothing ointment is to follow the strong application after two or three daiys.—*Med. Age.*

Jottings.

GONORRHŒAL ARTHRITIS may be treated locally by an inunction of one part guaiacol with three parts olive oil. A teaspoonful is rubbed into the affected joint three or four times daily.

TYPHOID FEVER URINE is infectious, and should be as carefully disposed of as is the feces. Turbidity of the urine is frequently caused by the presence of the typhoid bacilli. This condition usually clears up promptly on administration of urotropin or cystogen.

EPISTAXIS WHICH cannot be controlled by compression is best treated by thermo-cautery. Cocaine should be introduced into the nasal cavity and the bleeding point located, after which the cautery should be applied at a dark red heat and held on the spot until cool, care being taken not to detach the eschar. A five per cent. zinc chloride solution may then be applied on a tampon.

CARBUNCLES.—Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flaxseed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Jour. Amer. Med. Ass'n.*

TREATMENT OF EPISTAXIS.—All that is necessary in epistaxis is to fashion, with a pair of scissors, a dry plug of prepared sponge, in size and length comparable with the little finger of a twelve-year-old-boy. This should be carefully soaked in boiled water, to free it from grit, squeezed dry to free it from unnecessary fluid, and inserted its full length, gently, along the floor of the bleeding nostril. No styptic is necessary. The expansive pressure of the soft sponge against the bleeding side, increased by the coagulation of a few drops of blood in its interstices, will check the bleeding at once. It should be removed in twelve hours; under no circumstances should it remain longer than twenty-four. Melted vaseline containing 5 per cent. of carbolic acid, applied with a medicine dropper in liberal quantities, is the only local treatment called for afterward.—B. Cornick, in *Canada Lancet.*

PUNCTURE OF THE abdomen for ascites should always be preceded by emptying of bladder. This is especially important in old men who may have retention of urine due to hypertrophied prostate.

MONSEL'S SOLUTION, placed under the ingrowing edge of a toe-nail, will tan the inflamed tissue and tend toward a cure. The application should be kept on for a number of days. The nail should be scraped very thin in the middle line.

A USEFUL PRESCRIPTION IN MIDWIFERY.—C. H. Miles, in the *Clinical Journal* of December 9, 1900, says that the following prescription will be found useful in primiparæ, especially during the first stage of labour, when the patient is nervous, irritable, and hysterical, the os rigid and undilatable, and the pains severe and irregular :—

℞ Potassæ bromidum..... ..... gr. x.
Sodæ bromidum..... ..... gr. x.
Ammon. bromidum..... ..... gr. x.
Chloras hydras..... ..... gr. x.
Tinct. aurantii..... ..... m x.
Liq. strychninæ..... ..... m iij.
Tinct. calumbæ..... ..... m x.
Aqua chloroformi..... ..... oz. j.

RULES FOR RECTAL ALIMENTATION.—The following rules are given in Thomas' "Sick-Room Dietary :" Cleanse the rectum, one hour before the nutritive enema, by flushing with two or three pints of warm soapsuds. Inject high (twelve to eighteen inches) to the sigmoid flexure, using the soft-rubber rectal tube for adults and the soft velvet-eyed No. 12 or No. 14 catheter for children. Use sweet oil or vaseline as a lubricant, but not glycerine. Expel all air from the tube. Inject slowly two to six ounces of the prepared food warmed to body temperature. Do not inject oftener than once in six hours, except in emergencies. Aid retention of food by placing patient on the left side, the hips elevated by a pillow, a soft compress retained against the anus for twenty to thirty minutes. For rectal irritability give five to twenty drops of tincture of opium with the nutrient enema, or the same amount of tincture, or one-half to one grain of extract of opium one-half an hour before the enema. This dosage must not be often repeated. Apply 2 per cent. cocaine solution to painful hemorrhoids.

THE

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Editorial.

THE ABOLISHMENT OF THE CANTEEN.

Many of our readers must have seen the attacks made on the Minister of Militia during the last two years for permitting canteens to be opened in the annual training camps of our volunteer militia, and existing at the regimental depots of our permanent force. Ladies have been the attacking party, and the subject has been so persistently approached that we think the Hon. Dr. Borden must have felt at times that his peace of mind lay in the direction of surrender. Fortunately, we believe, he resisted, and the canteen still remains. That he was fully justified in the stand he took must now we believe be admitted by all those who knew anything of the regimental canteen, and especially what has been done with it in the United States' army within the past year. So far as our knowledge extends, we do not know that any attempt has ever been made to deprive British regiments of their canteen. Yet, we presume there is, indeed we know there is, in the British Islands a strong and influential temperance party, who fortunately have shown their good sense by leaving this particular question untouched. Not so in the United States. So strong was the demand among a certain influential portion of the population, that Congress less than a year ago passed a law abolishing the canteen in the regular army service. All reports which reach us indi-

cate that this abolition of the army canteen was a serious blunder. We believe that everything possible should be done to elevate the moral condition of the soldier, but it is now fully admitted by those best qualified to judge that abolishing the canteen has made the morals of the American soldier worse instead of better. Since the canteen has been abolished, so soon as soldiers get their pay they go to the nearest saloon, where they squander their money in drinking the most abominable kind of liquor and indulge in gambling, subsequently visiting the lowest brothels where they get venereal diseases of the very worst type. Another very serious feature is the immense increase in the number of desertions, which those best able to judge attribute to the same cause.

The Association of Military Surgeons at the recent St. Paul meeting passed the following resolution:

"Whereas, The Association of Military Surgeons of the United States, now in session at St. Paul, recognizes that the abolition of the army post exchange or canteen has resulted, and must inevitably result, in an increase of intemperance, insubordination, discontent, desertion and disease in the army; therefore, be it

"Resolved, That this body deplores the action of congress in abolishing the said post exchange or canteen, and, in the interests of sanitation, morality and discipline, recommends its re-establishment at the earliest possible date."

The American Medical Association also passed the same resolution. The discussion was very animated at the Association, but the general sentiment was that the canteen was a much smaller evil than the present condition of affairs.

Dr. W. H. DeWhite, of Cincinnati, writes to the *Medical Fortnightly*, published at St. Louis, Mo., that he is trying to establish the fact which, from his personal observation, he believes to be true, of an inherited tendency or predisposition to appendicitis. He asks the favor that the profession will look into the history of their cases and let him know the result.

THE PAINLESS REMOVAL OF ADHERENT DRESSINGS.

The Dublin *Medical Press and Circular* says: Patients as well as practitioners, are familiar with the suffering entailed by the removal of gauze dressings, these dressings having the drawback of adhering very closely to granulating surfaces owing to their loose texture. Anæsthesia has abolished the pain attending surgical operations, but leaves the patient exposed to the pain of repeated renewals of the dressings. Dr. von Mikulicz, of Breslau, suggests an easy means of obviating this drawback, viz., by wetting the dressings with oxygenized water. This provokes a copious evolution of bubbles of gas, the mechanical effect of which is to free the gauze and allow its removal without causing pain. The method is so simple as to deserve the notice of surgeons.

MEDICAL FACULTY, UNIVERSITY OF BISHOPS COLLEGE, MONTREAL.

This Faculty has re-arranged several important chairs and additions made which will bring strength to others. The following embrace the additions and changes: Frank R. England, M.D., Professor of Surgery; W. G. Reilly, Lecturer in Anatomy; Robert H. Craig, M.D., Lecturer in Laryngology; W. E. Deeks, B.A., M.D., Lecturer in Medicine; James M. Jack, M.D., Lecturer in Dermatology and Registrar of the Faculty; Louis Laberge, M.D., City Health Officer, Lecturer in Hygiene and State Medicine; E. A. Robertson, B.A., M.D., Instructor in Gynæcology; C. E. Gurd, B.A., M.D., Instructor in Gynæcology. The above are additions to the Faculty. The following members of the teaching staff have received new positions: W. Grant Stewart, B.A. M.D., Lecturer in Medicine; George T. Ross, M.D., Lecturer on Laryngology; A. J. Richer, M.D., Lecturer in Medicine; William Burnett, M.D., Lecturer in Obstetrics; Frank J. Hacket, M.D., Lecturer in Surgery. The session opens on the 1st of October, and we hear,

it promises to be one of the most successful. The addition of a large amount of new blood, selected from the best in Montreal, is sure to arouse enthusiasm. Calendars can be had from Dr. Jack, 56 Beaver Hall Terrace.

DEATH OF THE HON. J. J. ROSS, M.D.

The death of the Hon. Dr. Ross, which took place on the 4th of May, removes one who was well known politically and medically. He was a strong Conservative, and once held the position of Premier of the Province of Quebec. At the time of his death he was a member of the Legislative Council of Quebec Province and also of the Senate of the Dominion of Canada. A few years ago he was speaker of the latter. He took a warm interest in all medical matters which came before the Quebec Council, and twice occupied the position of President of the College of Physicians and Surgeons of Quebec. His name indicated his Scotch origin, but he was a true French-Canadian. His character included the best of the two races from which he came. His political career was untarnished. No breath of scandal ever touched the name of John J. Ross.

THE JEWISH RACE FROM A MEDICAL POINT OF VIEW.

It has always been claimed that the Jewish race live longer and enjoy better health than their Christian brethren. That, to a certain extent, this is true is proved by an article by Dr. Fishberg, which recently appeared in the New York *Medical Journal*. The Jewish population of the United States is estimated at a little over a million. From a careful examination Dr. Fishberg states that the duration of life among the Jews is greater than among Christians, the prolongation being due to the smaller mortality among infants. This fact is significant, as statistics prove that their marriage rate is smaller, and each marriage less fertile than among other denominations. They seem to have lost their former

claimed immunity from zymotic diseases, but they still have a marked immunity from tuberculosis. In the crowded districts of New York, where the Irish, Germans and English had a mortality of this disease of from 19 to 13 per cent., the Jews had only a mortality of 5.76 per cent. As a race they are remarkably free from alcoholism and syphilis, the latter evidently we believe due to their circumcision, as they appear to have gonorrhœa, however, equally with their Christian brethren.

Book Reviews.

A Textbook of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each ; over 150 illustrations. Philadelphia and London : W. B. Saunders & Co., 1901. Canadian agents, J. A. Carveth & Co., Toronto. Price per set : Cloth, $6.00 net.

The author of these two volumes is not so well known on this side of the Atlantic as he is in Germany, where he is ranked among the best of their distinguished medical men. If these volumes meet with the sale their value entitles them to, his name must in the future with us carry great weight. Like most German authors, he is strong in diagnosis and his pathology is written in a clear and concise style, and, unlike the majority of German writers, he is evidently a firm believer in therapy. The two volumes are produced in the very best possible style.

F. W. C.

Progressive Medicine, Vol. II, June 1901. A quarterly digest of advances, discoveries and improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Dr. H. R. M. Landis. Lea Brothers & Co., Philadelphia and New York, 1901.

Each succeeding issue of this elegant quarterly seems to be an improvement on those which have preceded. By this time it has fully established its reputation and is steadily increasing the number of its readers. The present volume contains Surgery of the Abdomen, including Hernia, by Dr. Coley ; Gynæcology, by Dr. John G. Clarke ; Diseases of the Blood and Ductless Glands ;

Hæmorrhagic diseases; Metabolic diseases, by Dr. Stengel; Ophthalmology, by Dr. Jackson.

F. W. C.

Diseases of the Intestines. By Dr. I. Boas, specialist for gastro-intestinal diseases in Berlin; authorised translation from the first German edition, with special additions by Seymour Basch, M. D., New York City, with forty seven illustrations. New York, D. Appleton & Co., 1901.

This is a work of rare merit, and any physician who does not have it in his library cannot possibly be up to date in the interesting and important diseases which affect the intestinal tract. Moreover, it is, we believe, the only volume in the English language of a detailed and exhaustive character on this class of affections. The book is intended more especially for the requirements of the general practitioner upon whose shoulders Dr. Boas believes should rest the responsibility for any operative interference; the surgeon alone being responsible for the technics. This is, we think, contrary to the generally accepted idea, yet we think that perhaps Dr. Boas is right. To be in a position to accept this responsibility, a very careful study of intestinal diseases is necessary, and this volume will help most materially to that end. General practitioners of the present day are very apt to avoid being present at major surgical operations. Our author thinks that so far as abdominal surgery is concerned, this is a mistake. This department of surgery has made gigantic advances during the last few years and given the medical man many hints for medicinal treatment. If he wishes to keep abreast of progress he must follow these advances with the greatest concientiousness, and consider carefully the changes made from time to time in surgical technique. That our author is nevertheless inclined to be conservative is proved by the following: "As an internal practitioner, I have naturally little sympathy with extreme radical measures, and with increasing experience believe with conservative surgeons that we have almost reached the limits of possibility in intestinal surgery." The chapter on examination of the feces is full of most valuable information, from which secretion, he believes, much can be learned. Perhaps he is right, yet most men who would not hesitate to carefully examine an offensive lochia, or a cancerous discharge, hold back from examination of the feces. When it is known that so much valuable information may be gained from an examination of it; the objection is sure to disappear. Altogether, we consider Dr. Boas' book one of the, if not the most valuable, which has emanated from the English press for many a day.

F. W. C.

A System of Practical Therapeutics. By Eminent American and Foreign Authorities. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics, Jefferson Medical College; Physician to Jefferson College Hospital, etc., Philadelphia. New (2d) edition, thoroughly revised. In three very

handsome octavo volumes, containing 2,593 pages, with 427 engravings and 26 full-page colored plates. Per volume, cloth, $5.00 net; leather, $6.00 net; half morocco, $7.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

Dr. Hare's name is so well known in connection with his popular work on Practical Therapeutics that no introduction for these volumes is required.

This system is designed to furnish a thoroughly practical work of reference in medical treatment, and also in the management of such surgical cases as are met with by every physician. The needs of the general practitioner have been kept constantly in view by the Editor and his collaborators, and their endeavour has been to prepare articles so clear and definite, so comprehensive and detailed that the reader may be able to carry out successfully the methods which the widest experience has shown to produce the best results.

The work is above all practical. Each author tells with minute detail how he would treat the case under consideration if he himself were at the bedside. Illustrations have been freely used whenever they can make the text more clear, and prescriptions indicating the best methods for combining remedies for definite purposes will be found in abundance throughout the work. Remedial agents other than drugs, preventive measures, etc., are carefully and completely covered, and in the third volume special attention is given to treatment in those general and special surgical affections which the family physician is likely to meet in his regular practice.

Although nominally a second edition, this system is practically a new work, having been carefully revised in every line in order to reflect the knowledge of to-day. Many of the articles are entirely new, as will be seen from the following summary of the contents of volume I.

General Therapeutic considerations, by Horatio C. Wood, M. D., LL. D.; Prescription Writing and the Combination of Drugs, by Joseph P. Remington, Phar. D., Ph. M., F. C. S.; General Sanitation, by Henry B. Baker, A. M., M. D; Nutrition and Foods, including the treatment of Obesity and Leanness, by I. Burney Yeo, M. D., F. R. C. P.; General Exercise, by Edward Mussey Hartwell, Ph. D., M. D.; The Rest-Cure for Neurasthenia and Hysteria, by John K. Mitchell, M. D.; Electro-Therapeutics, by A. D. Rockwell, A. M., M. D.; Hydrotherapy, by Simon Baruch, M. D.; Climate, by S. Edwin Solly, M. D.; Mineral Waters and their Medicinal Uses, by James K. Crook, M. D. (*new*); Massage and Sweedish Movements, by Robert E. Moore (*new*); Disinfection, by W. M. L. Coplin, M. D. (*new*); Diseases of the Thyroid and Thymus Glands, including Myxœdema, Cretinism, Grave's Disease and Obesity, by S. J. Meltzer, M. D.; Chronic Articular Rheumatism, Rheumatoid Arthritis, and Gout, by James Stewart, M. D. (*new*); Treatment of Diabetes Mellitus, by James Tyson, M. D. (*new*); Diseases of the Blood, by Ralph Stockman, M. D., F. R. C. P. Edin. (*new*); The Present Treatment of Syphilis, by

Edward Martin, M. D.; The Treatment of Tuberculosis, by Lawrence F. Flick, M. D. (*new*); Scrofulosis, by Walter Chrystie, M. D.; Scurvy, or Scorbutus, by Charles Edward Banks, M. D. (*new*).

The second volume of this great work shows on every page its practical character and the endeavour of its editor and author to furnish exactly that aid for which every physician, and especially the general practitioner, seeks in times of doubt and anxiety.

Comparatively few physicians have the opportunity to benefit by a long experience in a large hospital, nor can all practice in great cities where diseases of every sort are met with in varying types and phases. The value of this work then, to the general practitioner, cannot be overestimated, giving as it does in careful detail the most recent accepted methods of treatment in the chief medical centers.

Therapeutics is a Post-Graduate course which every physician may take in his own office with acknowledged authorities as his instructors and the experience of the world for his study.

The second volume contains able practical sections on the following subjects:

Typhoid Fever (*new*), by H. A. Hare, M. D., Philadelphia; Malarial Fevers, by James M. Anders, M. D.,LL. D., Philadelphia Small-pox, by William M. Welsh, M. D., Philadelphia; Varicella, Rubeola, Rubella and Scarlatina (*new*), by J. P. Crozer Griffith, M. D., Philadelphia; Yellow Fever (*new*), by D. T. Lainé, M.D., Havana; Dengue (*new*), by J. W. McLaughlin, M. D., Galveston; Acute Tonsilitis and Influenza. Acute Articular Rheumatism (*new*), by Frederick A. Packard, M. D., Philadelphia; Diphtheria (*new*), by Floyd M. Crandall, M. D., New York; Spasmodic Croup and Rickets (*new*), by Floyd M. Crandall, M. D., New York; Diseases of the Mucous Membrane of the Mouth, and Mumps (*new*), by Floyd M. Crandall, M. D., New York; Pneumonia, Croupous and Catarrhal (*new*), by H. A. Hare, M. D., Philadelphia; Asthma, Bronchitis and Whooping-Cough, by Norman Bridge, M. D., Chicago; Acute and Chronic Organic Diseases of the Heart, by W. H. Thompson, M. D., LL. D., New-York; Diseases of the Blood-Vessels, by Frederick C. Shattuck, M. D., Boston; Nervous Diseases of the Heart, by Sir Lauder Brunton, M. D., D. Sc., LL. D. Edin., LL. D. Aberd., F. R. C. P., F. R. S., London; Diseases of the Stomach, by Thomas G. Ashton, M. D., Philadelphia; Diseases of the Liver, Gall-Bladder, Hepatic Duct and Spleen (*new*), by John H. Musser, M. D., Philadelphia; Diarrhœal Diseases and Dysentery, by W. W. Johnston, M. D., Washington; The Intestinal Parasites, by H. A. Hare, M. D., Philadelphia; Diseases of the Kidneys, by N. S. Davis, Jr., M. D., Chicago; Headaches and Neuralgia, by Wharton-Sinkler, M. D., Philadelphia; The Drug Habits, by F. X. Dercum, M. D., Philadelphia; The Disorders of Sleep, by Hugh T. Patrick, M. D., Chicago; Locomotor Ataxia, Acute Infantile Spinal Paralysis, Myelitis, and Amyotrophic Lateral Sclerosis, by M. Allen Starr, M. D., Ph. D., New York; Apo-

plexy, Brain Tumour, Spinal Tumuor, Meningitis, Cerebritis and Neuritis, by Charles K. Mills, M. D., Philadelphia; Spasmodic Affections of the Nervous System, by Joseph Collins, M. D., New York; The Medical Treatment of Insanity, by H. M. Bannister, M. D., Kankakee, Ill., Hospital; Treatment of Insanity, by Edward N. Brush, M. D., Baltimore; The Modern Treatment of Diseases of the Skin, by Henry W. Stelwagon, M. D., Philadelphia.

The great success achieved by this work in its first edition demonstrated its particular adaptation to the requirements of practicing physicians, those who are well enough posted themselves to realize that constant improvements are being made in treatment which it behooves them to use for their own and their patients' benefit.

No part of medicine is developing so fast as the apex—the end, aim and object of it all—namely, the best thing to be done, or practical therapeutics, whether non-medicinal means are to be employed or medicines in their best combinations. This work covers all and tells all in the best and plainest manner, with full details and prescriptions for all contingencies. The advances aforesaid are represented to the latest date in this new edition, which is well worth its value to owners of its predecessor and is indispensable to all who would be thoroughly equipped with an authoritative guide and complete reference book on practical medicine.

The Surgical Volume tells the general practitioner how to do and perform everything in a surgical way that he is likely to meet and how to conduct post-operative treatment in cases which have required a surgical specialist. Rich and instructive engravings and colored plates are introduced to illuminate the text whenewer desirable.

The following briefly shows the contents of volume III:

Anæsthesia and Anæsthetics (*new*), by Charles Lester Leonard, M.D.; Surgical Technique (*new*), by Charles H. Frazier, M. D; The Treatment of Fractures and Dislocations (*new*), by Henry R. Wharton, M. D.; Minor Surgery and Bandaging (*new*), by George W. Spencer, M. D.; Cerebral Concussion and Shock, by Joseph Ransohoff, M. D., F. R. C. S., Eng; Pleural Effusion and Empyema; Abscess and Gangrene of the Lung, by A. J. McCosh, M. D.; Peritonitis Non-Operative and Post-Operative, Apendicitis, Paratyphlitic Abscess, and Obstruction of the Bowels, by George Ryerson Fowler, M. D.; Obstruction of the Intestines, by Edward Martin, M. D; Diseases of the Rectum and Anus, by Joseph M. Mathews, M. D.; Therapeutics of the Male Genito-Urinary Tract, by William T. Belfield, M. D.; Therapeutics of the Genito-Urinary Disease of Women, by Edward E. Montgomery, M. D.; Therapeutics of Pregnancy, Parturition and the Puerperal State (*new*), by Edward P. Davis, A. M., M. D.; Diseases of the Eye and their Treatment by the General Practitioner, by Casey A. Wood, M. D.; Diseases of the Ear and their Treatment by the General Practitioner, by S. MacCuen Smith, M. D.; Diseases of the Nasal Chambers and Associated Affections, by E.

Fletcher Ingals, M. D.; Diseases of the Uvula, the Pharynx and Larynx, by D. Braden Kyle, M. D.

This work is undoubtedly the best and most comprehensive system of practical therapeutics which we to-day possess, and no up-to-date physician can well afford to do without it. R. C.

PUBLISHERS DEPARTMENT.

No one has a better right than Andrew Carnegie to write upon "British Pessimism," for he is one of the field marshals of American industry, whose exploits have done much to occasion that pessimism. His article on that subject, reprinted from *The Nineteenth Century*, will be found in *The Living Age* for July 20.

Sydney C. Grier's striking story of life in India, "The Warden of the Marches," which suggests Mrs. Steel's stories in the intensity of its interest, is concluded in *The Living Age* for July 6. It is published in book form by the Blackwoods in London, and has attracted much attention.

The next serial in *The Living Age*, beginning in the number for July 13, is Mathilde Serao's "Sister Giovanna of the Cross," translated from the Italian. It is a pathetic and exquisitely written story of a nun, forced out into the world by the closing of the establishments of the religious orders. It has a peculiar timeliness, in view of the discussion of the Associations' Law in France.

Latter-day achievements in the direction of photography in colors are interestingly described in an article entitled "The Sun as Painter in Water Colours" in *The Living Age* for July 13.

SANMETTO IN UTERINE CONGESTION.

Dr. M. J. Halsey, of Fowler, Ind., writing, says: "I have found Sanmetto perfectly satisfactory, and I take pleasure in recommending it in cases of uterine congestion, having tried it and proved its efficacy in such a case. I have placed it in the foremost of my list of favorite remedies for congestion of any mucus membrane in the body."

Dr. Richard Eiche, of Cleveland, Ohio, writing, says: "It is doubtless of great value to the medical profession that we have a remedy at our command like Sanmetto. I have used this remedy with much success in irritation and inflammation of the neck of bladder, in prostatitis, in nervousness arising from irritation of uterus, ovaries and testes, in incontinence of urine and in old cases of gonorrhea and gleet. This remedy also powerfully influences the reproductive apparatus. It is not here my intention to waste space in pathological discussions, but will say that Sanmetto is a weapon in the hands of the physician and a backbone to the worn and old of both sexes."

AN ADDITION TO OUR NEXT MATERIA MEDICA EARNESTLY RECOMMENDED.

For many years I have prescribed Sanmetto extensively, and I should assassinate Truth were I to assert that, in a single instance, the results were otherwise than wholly satisfactory. There is not a form of genito-urinary inflammation wherein I have not used it. I can sincerely and earnestly recommend its addition to our next Materia Medica.

A. MAZETTA ROWE, M.D.

Glasgow, Ky.