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## Original Communications.

### THE PRIMARY REPAIR OF GENITAL LESIONS OF CHILDBIRTH

BY K. N. FENWICK, M.D., KINGSTON.

During the past few years so much has been accomplished through antiseptic methods, in obstetrics as well as surgery, that we need to review many of the procedures of former years and consider them in the light of this modern reform.

Thus symphyseotomy, at one time discarded as a dangerous operation, has now secured a permanent place as a means of saving mother and child, when the latter was too often sacrificed through that barbarous procedure — craniotomy.

The repair of recent tears of the genital tract has not met with the attention of the general practitioner that the subject deserves, and this operation, too, requires to be looked into again by the light of modern aseptic methods.

That tears both of the cervix and perineum do occur sometimes in the practice of the most skilful, and in spite of the most careful attention during labor, is a fact which everyone must acknowledge. He who says not, is either inexperienced or non-observant.

The blame, however, is not always from its occurrence, but from neglect in promptly detecting, and correctly repairing the damage when it does occur.

The careful physician should always examine, by sight as well as by touch, for often the most serious lesions of the pelvic floor are those which are not apparent superficially. The dread of hæmorrhage, or septicæmia, or of an anæsthetic; the supposed need of assistance; the idea that union may not take place; or else that these

lacerations may undergo spontaneous cure, have all been urged as excuses for the neglect of this important duty.

Although spontaneous cure may sometimes occur in a moderate degree of laceration, it is an uncertain rule to go by, for even should the knees be tightly tied together, the passage of the lochia between the torn surfaces will prevent union by the first intention, nor will it ever unite as perfectly as when properly stitched.

When the parts are accurately adjusted by sutures, even when partial union is obtained, the support to the tissues is such as to restore their previous tonicity and vigor, whereas when left to nature the torn ends of muscles, nerves, fascia and mucous membranes are drawn into the cicatrix. The result is too often reflex irritation, subinvolution, or atrophy of the tissues, and loss of support of the pelvic floor, which is sure to end in retroflexion and prolapse. Were these tears carefully attended to in every case after confinement, one source of septic infection would be removed by closing the avenue for the admission of germs, while the work of the gynecologist would be very materially curtailed.

While these remarks apply more particularly to lacerations of the perineum, and very few will nowadays dispute this position, the repair of a recent laceration of the cervix is still a mooted point. Skene thinks "it is impossible to fully estimate the extent of a laceration in the relaxed condition of the cervix immediately after labor, and the difficulty of accurately adjusting the sutures under the circumstances would subject the patient to exposure, which is unwarranted."

To operate on a recent tear it will be found easier to place the patient on her left side, irrigate with bichloride solution (1-8000), pass a tampon into the vagina so as to prevent blood flowing from the uterus over the wound, then with a curved needle, held in needle-holder, pass a silk worm gut suture deeply through the tear. Beginning at the vaginal part we pass as many sutures as are necessary until we reach the anal part of the wound. We must be careful to catch up the torn fibres of the Levator ani whether the lesion is central or into one or other sulcus. If the tear is into the recto-vaginal septum, that must be carefully adjusted, first by at least two sutures which will restore the torn sphincter ani, and then

adjust the rest of the wound as in the less severe cases.

The American Text-book of Gynecology says, "It is not proper, in view of our light and methods of to-day, to attempt the immediate repair of cervical tears," unless it is due to rupture of a circular artery, when the immediate operation must be undertaken.

Bolt says, "the ideal method would be, could it be done with propriety, to sew up all tears immediately after delivery, as has been done by Pallin and others; but if we consider the objections to this method it is obvious why it has so few advocates."

These objections we have already mentioned, but, perhaps, the real reason is more generally from carelessness or inability on the part of the general practitioner.

When we think for a moment of all the consequences likely to follow from a neglected laceration of the cervix, such as endometritis, abrasion of os, menorrhagia, subinvolution, reflex disorders, and even cancer, does it not seem very necessary to weigh this subject carefully and consider if we are doing our whole duty to the lying-in woman should we neglect to examine her carefully after labor, and if a marked laceration of the cervix is discovered, to accurately adjust its edges by sutures.

By thus acting we may prevent an occurrence of these serious consequences which are sure to result from our neglect.

Having now decided upon the necessity of always repairing recent tears of the genital tract, let us consider the best methods of doing this, for I am convinced the general practitioner is often ignorant of the proper method of operating.

1. *Perineal Tears.*—A few months ago I was called to see a woman, five days after confinement, who was suffering from septicæmia. On making a digital examination my finger passed between the labia directly into the rectum. I found the attending physician had used forceps, had torn through the perineum and recto-vaginal septum, and then closed the wound by two or three skin sutures. The result was, that fæces and lochia were held in the wound, giving rise to septicæmia. I at once opened up the wound, thoroughly irrigated the parts, and, fortunately, the woman recovered. A few weeks ago I did a flap-splitting operation which has been entirely successful.

An anæsthetic is not necessary, but if the patient is nervous or over sensitive, it is best to use it. Vaginal douches are not necessary afterwards, but I prefer some form of aseptic occlusion dressing. The bowels should be kept solvent in all cases.

2. *Cervical Tears.*—In a case of hæmorrhage, occurring after labor, where the uterus is firmly contracted, the source of it is usually a torn artery in the cervix, and the immediate repair of the injury is a matter of necessity. An alternative is the gauze tampon, but surely this is not to be compared to the other plan.

It is a question of election, however, when we find a severe tear which we know may possibly heal if the patient's recovery proceeds aseptically, but the chances are against such a favorable result, while there is danger of sepsis, subinvolution, and the necessity of a subsequent operation for its cure. Are we not, then, justified in doing this simple operation and thus leaving our patient in the best possible condition to regain complete health?

The operation is simple, requiring neither assistant, anæsthetic, nor even a speculum. By placing the patient on her left side and grasping the torn cervix with a volsellum, draw it down to the vulva, and pass a sufficient number of sutures to close the tear. The sutures should be tied tightly, otherwise when the œdema leaves the tissue they would loosen, and so result in failure.

While silk worm gut is the only material which should ever be used in closing perineal tears, either this or chromic cat gut should be employed for the cervix, and for several reasons I prefer the chromic cat gut.

In conclusion, then, I would urge that every woman after labor should be carefully examined for tears of the genital tract, using every aseptic precaution, and should they be discovered it is our duty to repair them accurately within a period of twelve hours after the confinement.

In this way we will be doing our whole duty to the lying-in woman, in assisting to restore her to a condition of perfect health, and preventing the evil results of such neglect which usually means that she must fall into the hands of the gynecologist for a subsequent operation.

## THE PRESENT STATUS OF THE ELECTRICAL TREATMENT OF FIBROIDS.\*

A. LAPHORN SMITH, B.A., M.D.

Member of the Royal College of Surgeons of England ; Fellow of the American Gynæcological Society ; President American Electro-Therapeutic Association ; Surgeon-in-chief of the Samaritan Hospital for Women, Montreal ; Gynæcologist to the Montreal Dispensary ; Surgeon to the Women's Hospital, Montreal.

The present age in gynæcology and abdominal surgery, especially, may be called the extreme surgical age : and, as a result of the wonderful advances and the great lowering of the death-rate of surgical operations, owing to the application of the principles of asepsis, surgical enthusiasm has reached its highest point. One must have a great deal of courage indeed, to advocate any other method of treatment than surgical operation, especially at a meeting where the surgical element so greatly preponderates : nevertheless, the writer believes that the majority of women, with fibroid tumors, can be relieved of their pain and bleeding, by means of the constant electrical current. If employed within certain limits, it is absolutely devoid of danger ; while the application of the treatment should be almost devoid of pain. On the other hand, the surgical treatment, even under the very best of conditions, has, so far, always been accompanied with a mortality rate. There are fewer deaths than there were when Freund lost seventy-five per cent. of his cases of abdominal hysterectomy, but still the death rate remains, so that the electrical treatment, with no death rate, had this great advantage over the surgical treatment. The electrical treatment, also, leaves the ovaries and the tubes in no worse condition, but, on the contrary, in a rather better condition than they were before : while the surgical treatment is nearly always accompanied by the removal of the ovaries. With married women, and indeed with all women, the loss of the ovaries was no small affair. The temptation to operate was very great. The patient's fate was sealed one way or the other, when the operation was concluded, and whether she lived or died, the surgeon received a great deal of praise for having the courage to perform

the operation. Also the remuneration was sometimes very considerable. With the electrical treatment, on the contrary, it was tedious, required sometimes as many as fifty or one hundred applications, and there were occasional relapses. This application took up a good deal of time, but this objection may be lessened by devoting two afternoons a week, exclusively to this treatment ; in which case a considerable number of applications may be administered in a few hours, the patients being prepared in an adjoining room, by a nurse or an assistant.

The physician who cures the patient with electricity does not receive the same credit for his good work as the one who cures her by surgical means, so the temptation is very great to operate ; but he could show fifty or sixty women who had remained well since several years, who had been treated by electricity. A great many well-known gynæcologists have used the Apostoli method for fibroids with good success, but have refrained from publishing their cases, for fear of injuring their surgical reputation. This is a fact known positively to the writer.

One of the objections to electricity which has been raised is unjust, and that is that it causes adhesions. The writer referred to several cases which had been cured of their symptoms, but were subsequently operated on, for other reasons, and in which no adhesions whatever were found after as many as one hundred strong applications of the galvanic current.

Another case which he referred to demonstrated the truth of Apostoli's dictum that when the application of this method causes febrile reaction, the tubes are badly diseased. In this case, which had been treated for fibroid, it had every appearance of being one, could not endure the Apostoli method, and was operated on by the writer, who then found that the large pear-shaped mass in the centre of the abdomen was made up of two large sausage-shaped tubes filled with pus, and two ovaries the size of oranges, and the uterus, all glued together and covered with lymph. These were separated from each other and removed, all except the uterus, which, not being much enlarged, was left. This patient made a perfect recovery.

He was very much opposed to galvano-puncture, which was, he considered, a dangerous proceeding,

\* Abstract of paper read before the section of Obstetrics and Gynæcology of the American Medical Association, at Baltimore, May 7, 1895.

and he thought that one could obtain all the benefits required by the gentle use of the positive pole, either in the form of platinum, zinc or copper in the uterus, which dried up the bleeding mucous membrane, and by its tonic action upon the muscular tissue through which the blood vessels pass to supply the bleeding mucous membrane cut off the blood supply just as surely as though we tied the ovarian arteries. The action of the electric current, he said, as applied to fibroids was threefold. The first was not mysterious, but was but the arrest of circulation in the dilated capillaries, by electro-chemical cautery. The second is no more difficult to understand than the action of ergot or strychnine; it not only tones up the vasomotor system, making the calibre of the arteries less, but it calls into play the special and remarkable power which the uterus possesses of controlling its own circulation when it has the strength to contract.

The third effect of the current, its electrolytic action is, he admitted, as mysterious as it has ever been, but not more so than the invariable absorption of syphilitic gummatous deposits following the administration of iodide of potassium. Whether what we call electrolysis means the actual breaking up of an organic tissue into inorganic atoms, or whether it means, as seems more likely to me, that the growth deprived of its blood supply undergoes fatty degeneration and is partly eaten up by phagocytosis, stimulated to greater activity by the trophic nerves, no one with a large experience with this subtle fluid can deny that a uterus infiltration with and enlarged by the deposit of fibrous tissue, whether localized in the form of fibroids or diffused as in areolar hyperplasia, so that the sound will enter four or five inches, will invariably diminish in depth by means of electrical treatment.

Then again what is the enormously enlarged uterus after delivery but a bleeding myoma? Does it not stop bleeding when the arteries which supply it with blood are squeezed by its contract-walls? Does it not rapidly get smaller when, for the want of blood and exercise that immense mass of muscular silently undergoes fatty degeneration and returns to the blood from whence it came.

Wonderful and almost incredible as the total disappearance of a fibroid or myoma may seem to some, it is no more mysterious than this wonder-

ful process of nature which we call involution. Have those who doubt and even worse, deny the power of electricity to work a change in fibroids, never reduced the size and weight of a uterus which nature had failed to involute? Has Emmett never reduced its size by repairing a lacerated cervix? Have Churchill and Athill and ten thousand others with honored names never reduced the quantity of tissue in the uterus by the application of iodine? Have not a hundred thousand others reduced the weight of blood and muscle and areolar tissue in the heavy uterus, by means of glycerine and hot water and other therapeutic measures?

Then why in the name of reason and justice deny that an agent which we can see blanching tissues before our eyes, and making muscles of every kind contract, why deny, he said, that it can diminish the blood supply too, and favor the fatty degeneration and absorption of the fibrous or myomatous uterus?

The electrical treatment of fibroids, reduced to the above simple equation, and stripped of all the extravagant claims which were at first made for it, stands to-day upon a foundation so strong and true that it will find an honorable place in the treatment of fibroids as long as women shall dread to die by the surgeon's knife.

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### Selected Articles.

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#### THE PRESENT STATUS OF THE DIPHTHERIA QUESTION.

Much can be learned from a study of the present status of the diphtheria question. What is more important, a proper direction may thereby be given to future work. It is strange how the minutiae of diseases escape careful consideration until some special line of research calls for the most exact examination of all details. Future work on diphtheria can be made more rapidly productive of results when the questions to be solved are accurately outlined. Certain it is that the diphtheria problem cannot be reduced to the same simple formula in man as in the lower animals. In the artificial diphtheria of animals the Loeffler bacillus is the exciting cause, the antitoxine is the neutralizing agent—and there the matter ends. In man, however, many etiologic factors remain yet to be solved.

The use of Loeffler's culture-serum for diagnostic purposes, though adapted to clinical ends,

has led to scientific misconceptions. Throughout the recent literature we find the terms "pure culture" and "mixed infection" used haphazard. These terms lack scientific definiteness. No one knows exactly what "mixed infection" is, and there is reason to doubt if a "pure infection" ever occurs. Nothing can be more self-evident than that the question of mixed or pure infection cannot be solved by one culture-medium alone, especially if that medium is especially devised to favor the growth of others. To use Loeffler's culture-serum for diagnostic purposes is highly satisfactory; to use it as a basis of scientific differentiation is clearly irrational.

Silberschmidt examined 91 cases of diphtheria with Loeffler's serum, bouillon, and glycerol-agar, and all but one showed the presence of streptococci or staphylococci. Those who work with glycerol-agar alone will sometimes fail to detect the Loeffler bacillus when it is present in the throat; and those who work with Loeffler's serum alone will fail to find other germs that could be demonstrated by other means.

Bernheim has shown that if streptococci and Klebs-Loeffler bacilli are inoculated in the same tube, the streptococci are retarded in development. Bernheim, by the use of glucose-bouillon and Loeffler's serum, demonstrated that none of his cases presented "pure infection."

In a recent examination of over 120 throat cases, I failed to find any that might be considered a "pure infection."

The term "mixed infection" is far from standing for anything definite. If every case in which streptococci or staphylococci are present at the site of infection is a case of mixed infection, then cases of pure diphtheria are rare indeed. The predominance of one germ over another cannot be made the basis of scientific discrimination, especially if only one culture-medium is used. In follicular tonsillitis, staphylococci and streptococci are present. In a case of "mixed diphtheria" we should expect in addition to the symptoms due to the Klebs-Loeffler bacillus, those due to the streptococcus and the staphylococcus but this is notoriously untrue, as the symptoms (fever, headache, backache) of follicular tonsillitis are usually more severe than those of diphtheria.

What is "mixed infection," and how can we tell that the cocci present in a diphtheric throat are playing any rôle in the disease? Certainly, to talk of the comparative value of the anti-toxine in cases of pure and in those of mixed infection, is thoroughly irrational, as we do not know what is pure infection and what is mixed infection. A prognosis cannot be made from the bacteriologic examination, as some cases die in which staphylococci predominate, others in

which Klebs-Loeffler bacilli predominate. It may be interesting to note here that Bernheim has shown that if animals are inoculated with the filtrate of cultures of diphtheria-bacilli and streptococci, the disease runs a more violent and rapid course; if, however, a filtrate of cultures of staphylococci is used in large quantity, the disease is milder than in cases of pure diphtheria.

The question of deciding the infectiousness of convalescent patients is not so easy as was supposed. When a pharyngeal culture fails to reveal the presence of virulent Klebs-Loeffler bacilli, the patient is usually dismissed as no longer dangerous. Tezenas du Montcel showed that when there is a nasal discharge, the pharyngeal culture may repeatedly prove negative, and still virulent bacilli may persist in the nose from one to eight weeks. Sevestre et Méry examined 18 cases from day to day in 1893. In one case, non-virulent bacilli persisted in the pharynx several days; one month later, the bacilli were found to have regained virulence, and a sister of the patient was seized with the disease. In two other cases virulent bacilli were found fifteen days after recovery, although intermediate cultures revealed non-virulent bacilli. In two other cases pharyngeal cultures were negative, though nasal cultures showed virulent bacilli, in one case up to the forty-ninth day. These researches prove that non-virulent bacilli may regain their virulence, and that an existing nasal discharge should not be overlooked in declaring convalescents contagion-free.

The relation of albuminuria and nephritis to diphtheria is another subject that requires clearing up. All writers have noticed the great frequency of albuminuria in diphtheria, and most of them have used albuminuria and nephritis as interchangeable terms. Nothing has been made more clear by recent study than that in a large proportion of cases the albuminuria of diphtheria does not depend on nephritis. We are not justified in diagnosing nephritis unless we find epithelium, casts, or blood in the urine. Anyone who takes the trouble to examine diphtheric urine microscopically, will be surprised to find how often albuminuria may exist without the presence of renal elements in the urine. Fischer reports 141 cases of albuminuria without casts. I have myself frequently examined the albuminous urine of diphtherics without finding evidence of nephritis. Schroeder reports 44 cases of albuminuria, only 6 of which presented evidence of nephritis. *The Stadt Physikat of Trieste* reports 105 cases of diphtheria; 75 of these had albuminuria, but only one-half of these had casts in the urine. This rather startling clinical evidence is made more striking by *post-mortem* observations. Goodall reports 30

cases of suppression of urine in diphtheria, leading to a fatal issue in 27 cases. The common characteristics of these cases were: Severe local disease; marked albuminuria; never hæmaturia or sediment in the urine; anuria more or less complete; frequent vomiting and cardiac failure. *Post-mortem* examination of the kidneys showed them to be usually normal to the naked eye in every respect. Ten cases were examined microscopically and only trivial changes found. Nothing can be more conclusive than that marked albuminuria and renal insufficiency may be due to causes outside of the kidneys themselves. F. Siegert reports a series of 100 tracheotomized diphtheria cases; 27 of these had albuminuria, but nephritis was found *post-mortem* only three times; 10 patients had from 0.5 to 6 per cent. of albumin in the urine *intra vitam*; careful *post-mortem* failed to reveal the presence of nephritis.

In estimating the effect of the antitoxine on the kidneys, therefore, much more must be taken into account than the existence or the degree of albuminuria. In fact, a new subject is opened for investigation, and the albuminuria of diphtheria has yet to be explained. One thing seems fairly certain, viz., that the antitoxine exerts no harmful influence on the kidneys.

It is probable that the experiments of Mya represent the truth of the matter, viz., that the antitoxine has no appreciable effect on heart, blood, or kidneys. This observer watched four children from eighteen months to six years of age. He kept them under very close observation for several days, noting pulse, diurnal temperature variation, blood, and urine. Then he injected 30 c. cm. of the antitoxine, and noted the changes during the succeeding hours and days. The first child, aged six years, convalescent from measles, presented the following conditions for several days before inoculation: The erythrocytes numbered 5,160,000; the leukocytes 6916. The average quantity of urine for twenty-four hours was 660 c. cm.; the specific gravity was 1014; the urea equalled 14.25 gm.; there was present neither glucose nor albumin, but a trace of indican. The rectal temperature varied from 37.5° C. to 37.8° C. The injection of the antitoxine was followed in a few hours by a reduction of the erythrocytes to 3,541,666; an increase of the leukocytes to 9381. No variation was noted in pulse or temperature. The urine increased to 1280 c. cm. on the second day; the secretion was free from albumin, glucose, and urobilin. All of these variations were transitory, and in a few days the normal was regained. The results in the other three children were the same. The changes due to the antitoxine may be summarized as: 1. Transitory diminution of the red blood-corpuses. 2. Slight leukocytosis. 3. Polyuria. 4. Slight increase in the excretion of urea.

That the oligocythemia was not due to destruction of corpuscles is proved by the absolute absence of urobilin from the urine. It was probably due to dilution of the blood from the lymph-channels, as also evidenced by the leukocytosis and polyuria.

These observations of Mya are very important, as they were conducted with great care. Moreover, they agree with other clinical observations. Albuminuria is present in a majority of cases of diphtheria treated without the antitoxine, being variously estimated by Hensch, Baginsky, and Eberth, as occurring in from 50 to 60 per cent. of all cases. Schwabe reports 470 cases of diphtheria in the Friedrichshain Hospital, before the antitoxine period; albuminuria was found in 227, though examinations were made but once in each case. Kolisko says that in 75 *post-mortems* of cases treated with the antitoxine, the kidneys presented no deviation from kidneys seen before the antitoxine period. Ganghofner, in a most guarded paper, reports albuminuria, lasting any considerable time, as occurring only in 20 of 110 injected cases. Of 33 cases injected on the first or second day, none had severe albuminuria. In Cincinnati albuminuria occurs in nearly every severe case of diphtheria. I had the opportunity in March of making a curious observation of five children in two families, two of whom were treated with and three without the antitoxine. The cases all ran a mild course, but all suffered from rather marked albuminuria. The cases lay side by side, in a hospital ward. The appetite was good in all, and there was no pain, no œdema, no morphotic elements in the urine; yet the albuminuria persisted in all, notwithstanding treatment for from two to three weeks. Authorities are almost unanimous in the belief that the antitoxine does not lead to increase in the proportion of albuminurics, some even noting a diminution.

Testimony on the subject of the heart is variable, the vast majority of writers noting no bad effects on the heart. Some few, among whom is Baginsky, believe that the heart is unfavorably effected. Mya observed absolutely no variation in the rate, rhythm or tension of the pulse, as shown by sphygmographic tracings. Observations of the blood have yet to be made. Certain it is that fear of bad effects need cause no one to abstain from the use of the antitoxine.

It is yet impossible to determine the effects of the antitoxine on the paralysis of diphtheria. Exact figures are not available. The occurrence of paralysis varies in different epidemics and in different regions. In Berlin it is very common (Hensch); in Munich it is not often met with (Seitz); in Halle it is uncommon (v. Mering). It seems incredible that the use of the antitoxine should increase the proportion of cases attended with paralysis; clinical reports, on the other hand,

seem to show that the proportion is not reduced. Heubner reported paralysis in 7.4 per cent. of 207 cases treated with the antitoxine; C. Seitz injected 74 cases on the first or second day of the disease, and encountered some very severe cases of paralysis. Hager had 3 cases of paralysis among 20 under observation; Washburn 6 among 48 survivors; Fischer 21 in 190 cases; Mya 5 in 50 cases; Soltmann only 4 among 76 recoveries; Germonig only 8 in 290 survivors; Siegert 33 in 100 tracheotomized cases; and so on through a long list. It is advisable to look over old records of the pre-antitoxine period and strike a general average for each locality, and then to follow up all new cases with watchfulness. This will require years of attention, and this is destined to be one of the last problems connected with the subject to be solved.

When we come to the final question as to how far the antitoxine has reduced the mortality of diphtheria, we enter upon a most perplexing field of enquiry. When all is said and done, the statistical method is the court of ultimate appeal; and yet just this method exposes us to a thousand errors. Here, too, it will be found profitable to seek the sources of error and eliminate them as far as possible from future research and summaries. Up to the end of January over 3000 reported cases had been collected, with a mortality of 20 per cent. (Heubner), and reports since that time have given us about the same results. On its face-value this seems to give us a marked reduction in mortality as compared with former times, and yet a critical estimate bids us withhold our judgment.

I should like to emphasize the following propositions:

1. Hospital statistics considered by themselves are likely to be misleading.
2. Diphtheria treated under favorable conditions is not so fatal a disease (even in Europe) as is commonly supposed.
3. The bacterial criterion of diagnosis has a wide influence on the results achieved.

*Regarding Hospital statistics.* Common observation teaches us that agitation of new remedies among the populace leads to a rapid influx of patients suffering from that disease to the centres of treatment. In 1890 the tuberculous world flocked to Berlin and to the hospitals for tuberculosis. During the past year hospitals have dealt with vastly more cases of diphtheria than heretofore. We are indebted to Gottstein, of Berlin, for some brilliant observations on this score. He compares the admissions and deaths in the Berlin hospitals with the municipal cases and deaths during the past five years. From September 30th to November 24th there died of diphtheria in the Berlin hospitals in 1890, 131 cases; in 1891, 124 cases; in 1892, 178 cases; in 1893, 197 cases; and in 1894 (antitoxine period), 131 cases; the admis-

sions, however, during this period increase from 318 in 1890 to 712 in 1894. The mortality in Berlin from diphtheria is less than half the mortality in the Berlin hospitals; *i.e.*, the severest cases are sent to the hospitals. Now if all of the cases in Berlin were sent to the hospitals the mortality would, without any change of treatment, fall, *eo ipso*, 50 per cent.

This is just what happened in the autumn of 1894. The number of admissions more than doubled and the mortality sank 50 per cent. The total mortality, however, was not thereby reduced, and as many cases died in 1894 as in 1890, only the place of their dying was changed. In 1890 there were 1592 deaths from diphtheria in Berlin, of which 682 (or 43 per cent.) occurred in the hospitals; in 1894, from January 1st to November 24th, there were 1281 deaths in Berlin, of which 737 (or 57.5 per cent.) occurred in the hospitals. Gottstein concludes with complete justification as follows: 1. The death-rate in hospitals was reduced 50 per cent., because twice as many cases were admitted. 2. The total mortality in hospitals in 1894 (to November 24th) was already larger than for 1890 or 1861. 3. The total mortality in the hospitals and the city was not at all reduced.

This able analysis explains the apparent benefit of the antitoxine in many other hospitals, and we may justly doubt the value of the statistics of any hospital that has suddenly experienced a large increment of patients.

With very few exceptions it is true that the mortality from diphtheria in cities at large is very much less than in the diphtheria hospitals, and hence any influx from the city to the hospital would of itself lower the mortality percentage of the latter. This is exemplified in the reports from Trieste. In 1893, 110 cases were treated in the hospital and 52.7 per cent. died; in the first eight months of 1894, 159 cases were treated and 46 per cent. died. Now came the antitoxine period; in the next five months 362 cases (!) were admitted and the mortality was naturally reduced to 20 per cent. Hahn reports from the Friedrichshain Hospital that though the number of cases in 1894 was very much increased, the total mortality in the hospital was not reduced, but only the percentage. Thus we see that hospital statistics *per se* are unreliable, and we should know in every case the number of cases treated as compared with the total number in the respective city.

*Diphtheria treated under favorable conditions is not so fatal a disease as is commonly supposed.* At the Congress of Internal Medicine, recently held in Munich, Baginsky said that his contemplation of diphtheria in former years was among the most gloomy of all his experiences: "In the diphtheric pavilion I gained the impression that we were absolutely helpless in dealing with diphtheria, and that nursing did more than medicines." All this



sounds dramatic, but we must remember that at the Munich Congress Baginsky was pleading the cause of the antitoxine. In 1891 his contemplations were not so gloomy nor his results so bad as he has since depicted them. In his *Arbeiten aus dem Kaiser u. Kaiserin Friedrich Kinderkrankenhaus*, published in October, 1891, he thus sums up the work of the diphtheria pavilion for the first year of the hospital's existence: 244 cases were treated; the mortality was 40 per cent.; 37 of these cases were admitted with far advanced septic and gangrenous diphtheria and died soon after admission. "Subtracting these cases," says Baginsky (p. 246), "but including a larger number of those that were tracheotomized, we had a mortality of 23.1 per cent., a result in diphtheria with which we ought to be very well satisfied." In his recent book he reports 527 cases treated with the antitoxine, with a mortality of 15.6 per cent.

Much stress is laid by the upholders of the antitoxine on the fact that the sooner the cases are injected the better the prognosis; and the brilliant achievements of the antitoxine in this particular are above dispute. It is, perhaps, not useless to call attention to the fact that before the antitoxine period the prognosis was good in cases brought early for treatment.

F. Siegert gives his results in the treatment of diphtheria without the antitoxine in the children's clinic at Strasburg. He cites in detail 100 cases that required tracheotomy—hence all severe cases. Six were received on the first day of the disease—none died; ten on the second day—two died. After the second day the mortality ranged from 31 to 53 per cent. Siegert urges further that fatal complications do not arise, as a rule, until after the fourth day, and that, therefore, if cases are treated early the mortality will be reduced *eo ipso*. Of fifty fatal cases in his clinic, there died on the first three days of the disease none; on the fourth day five; on the fifth day eight, etc. Dangerous symptoms do not arise early; parents wait until death seems imminent and then hurry their children to the hospital. During the antitoxine period they take them early and hence the percentage of recoveries is greater.

Ritter states that in the two years preceding the use of the antitoxine he lost no case of pharyngeal diphtheria that was brought early for treatment, although he had had altogether ninety-one cases.

Baginsky, Kossel, Ehrlich, and others emphasize the fact that after the injection of the antitoxine the membrane never spreads into the larynx. Ganghofner, however, in an article friendly to antitoxine, cites his pharyngeal cases during 1893, and finds that in only two cases did the membrane spread to the larynx after treatment was instituted. The mortality among these pharyngeal cases was only 15.8 per cent.

We learn from all these observations that diph-

theria treated promptly under favorable conditions (hospital-hygiene, good nursing, food, and air) is by no means so fatal as we are taught to suppose, but that even in the pre-antitoxine-days the mortality was great only among neglected or improperly situated patients. In private practice, in Cincinnati, at least, the percentage of fatal cases is small, the mortality ranges here from 19 per cent. (in 1891) to 33 per cent. in (1888), but the death-rate among the upper classes is very much less.

It is not true, as was first supposed, that all cases treated on the first or second day with the antitoxine will recover. Ganghofner had two cases that were injected on the second day to prove fatal. Henbner reports failure in a few cases injected on the second or third day. Kohts injected a case on the second day; twenty-four hours afterward new and extensive membranes formed. In another case, injected on the second day, the larynx became involved later, and tracheotomy was required. In the Trieste hospital five cases died, though injected on the second day.

Soltmann had thirteen deaths among eighty-nine cases; six of the fatal cases were injected during the first four days of the disease; and in thirteen cases the membranes descended to the pulmonary aveoli, notwithstanding the antitoxine.

Vierordt reports eight deaths among fifty-five patients. Two of the fatal cases were injected on the second day and two on the third. Ritter details the following history: He saw a strong child, aged three years, that had been taken sick only a few hours before; on both tonsils circumscribed patches appeared; the temperature was 39.7°, the pulse between 110 and 120. Behring's antitoxine No. 3 was used. The membranes, nevertheless, spread, the larynx was invaded, tracheotomy was refused, and the child died on the sixth day.

We are compelled to admit that the antitoxine fails to cure a certain proportion of cases, notwithstanding the fact that all other conditions are favorable.

Finally, a few words are in order regarding the effect of the bacterial diagnosis on hospital statistics. Formerly, at least in American cities, though all the fatal cases were reported, many mild cases were not. Now, that bacterial diagnosis and municipal supervision render diphtheria cases in a measure public property, many more cases will be brought to the notice of health-officers than formerly, and the mortality rate will seem to sink. This is prettily illustrated in the recent health report of Boston for the year 1894. Boston has not only a Bureau of Bacteriology, but it also has an army of school-inspectors to examine school children. With these combined means an enormous number of cases of diphtheria are ferreted out, cases that formerly would have been called simple sore-throat. This statement is made in the report

itself. Thus in 1894 Boston had 3,019 cases of diphtheria. The greatest number of cases of any previous year was 1814. We would expect from this an enormous reduction in the mortality, but find that the mortality (27.06 per cent.) is but slightly less than in preceding years—and yet the Boston authorities congratulate themselves on having reduced the rate of mortality by means of the antitoxine. They have simply reduced the rate by means of bacterial diagnosis and school inspection, while the absolute mortality is far in excess of former years.

Enough has been written to show that the questions concerning diphtheria and the antitoxine are still in their infancy, instead of nearing solution. It is well to know the pitfalls that are in the way of our attaining the truth.—Henry W. Bettman, in *Med. News*.

#### RHEUMATISM AS A CAUSE OF APPENDICITIS; POINTS IN ITS MEDICAL TREATMENT.

The etiology of appendicitis in many instances is still very obscure, both for physicians and surgeons. It is therefore satisfactory to become convinced, by careful clinical observation, that one has found an obvious and frequent cause of numerous cases of a disease which is frequently fatal.

To my mind this cause is rheumatism. The judgment I now hold definitely about this matter is not an opinion reached rapidly and without carefully weighing the observations and reports of others. After several years of close inquiry into the origin of those cases I have met with or read about, I have not been able to explain apparently inconsequent facts from any other standpoint. I do not remember personally to have seen an attack of acute articular rheumatism either directly precede or follow evident signs of appendicitis, and to be connected with it in such a way that the relation of the two affections was clearly defined. Although this statement is correct of my own experience, it is not true of others. And already more than one such report has been made. When it comes to the milder, and, according to some, perhaps less characteristic symptoms of rheumatism, these I have repeatedly observed in patients who have had one or more attacks of appendicitis. Again, I have seen more than one patient who, subsequent to attacks of appendicitis, has had decided articular manifestations, and during many years of this rheumatic localizations, the appendical region has remained entirely free from any inflammatory disease.

There is really nothing rational to urge against rheumatism as a frequent cause of appendicitis.

That rheumatic inflammation should attack this region very often is only what we should expect, if we consider the close relationship of the appendix with the peritoneum; and the fact that this serous membrane, like the pleura or the pericardium, is precisely the structure for which rheumatism, when it leaves the joints, has a special predilection.

The sudden development of many examples of acute appendicitis does not in any degree militate against rheumatism as an efficient and frequent cause of it, since the sudden and rapid development of acute rheumatic inflammation is true of the tonsils, the ovaries, the uterine appendages, and the joints themselves. The rapid progress toward suppuration is no reason to rule aside my explanation, since acute quinsy with suppuration, now well known to be of rheumatic origin—as salpingitis with speedy formation of an abscess cavity of like origin—is no uncommon finding.

No doubt in many cases which I might easily report, exception could be taken by the reader to my diagnosis of the rheumatic cause of appendicitis, in view of possible error of interpretation. Here, again, as in most things medical—particularly where clinical manifestations are seemingly doubtful until repeated experience has corroborated proof—we are forced to apply the touchstone of wise therapeutic interference. In this connection I cannot but affirm that treatment with salicin, or the salicylates, in sufficient and frequently repeated doses, has, in my experience, diminished pain and inflammatory manifestations in the appendical region more frequently than any other routine method of treatment. In many cases, I am now thoroughly convinced, suppuration has by this means been mainly avoided. Not that other remedial measures of a suitable kind should not be instituted. Among these I place as very important liquid, or low diet, and relative rest. In very acute cases, of course, with pronounced fever and vomiting, entire rest in bed, and liquid diet solely, are imperatively required. In these instances, moreover, I would insist in the beginning upon the local application of poultices, or the ice-coil, or ice-bag. I usually prefer repeated poultices, as I believe them more suitable to resolution of rheumatic inflammation. Again, I should rely upon moderately large laxative enemata to free constipated bowels in those persons who have very marked general reaction. In numerous instances, I am equally satisfied, where the general reaction is not so pronounced, a mercurial in the form of six or eight grains of grey powder, or an equal dose of blue mass, serves a better purpose. I do not believe it increases the danger to the patient, as I do not believe it increases the peristaltic action of the bowels to any appreciable extent, and I am of the opinion that it promotes the flow of the bile, which, in more ways than one, is

directly useful. Of course, in some cases where pain is very severe, anodynes should be resorted to, and in extreme cases of this kind hypodermic injections of morphine are our final resort. Yet let us bear in mind that like the operation itself, unless obviously called for, it is bad treatment—radically bad—if my belief in regard to the causation of many cases of appendicitis be correct and sustained.

I cannot but think, even as I write, of an opinion held by one of our most eminent surgeons, viz., that in prescribing a drug the same care and knowledge should be exercised as in performing a severe surgical operation. Evidently the thought passing through the mind of this great exponent of his side of the question, was the distinct conviction of the untold harm accomplished by ignorant interference, seemingly trivial in character. Now, morphine, of all drugs, is the one that locks up most rapidly and completely our secretory functions. It is true of the kidneys, the stomach, the bowels, the liver, the respiratory organs, in one way or another. How, then, can it be rational, when we wish, above all things, to promote and further rapid secretion and excretion, to employ, in very active manner and doses, the drug that arrests it all? Pain is present, says the answer, and pain must be subdued. Yes, I reply, but make the attempt first of all, and as long as you should, with drugs that will not be manifestly harmful. Codeine, in frequent and sufficient doses, will often advantageously take the place of morphine. It does not lock up secretions to anything like the same degree; it does not nauseate or constipate much, as a rule. It does mitigate, and sometimes abolish, pain. It allows time to be utilized so as to use the proper remedial drug—viz., salicylate of soda—and thus it guards the patient not infrequently against surgical interference, which is the ruling spirit of the hour. I do not wish to be considered as one of those who object at all to laparotomy in appendical inflammation, when surgical interference is called for. I do wish at this time to point out the medical way in which much that is beneficial may result, and considerable harm may be avoided.

In conclusion, I would add that local depletion with leeches, or wet cups, over the painful region, in patients of full habit, remains at present, as during the past, a proper and judicious abortive treatment of appendicitis.—Dr. Robinson, in *Med. Rec.*

#### MICROBES, TOXINS, AND IMMUNITY.

A new line of study has recently sprung up which has opened out an entirely fresh view before us; but a few years ago bacteriology was unheard of, and look at the important information it now gives us. A new departure has been created by

it in both medicine and surgery. In relation to operative surgery, it has laid the foundation for success which was previously thought to be quite unattainable, and in this branch of practice it has led to the greater surprise than in medicine, as the now known effect upon the healing process of the exclusion of microorganisms had not hitherto entered the mind. In medicine, on the other hand, suspicion has for a considerable time existed that certain diseases might be attributable to the invasion of the system by microorganisms.

The discussion at the Pathological Society in 1875, on the germ theory of disease, marks an epoch in the history of the subject, and shows that up to that time no decided progress had been made towards settling the question; for whilst some spoke in favor of the theory, no less an authority upon fevers than the late Dr. Murchison expressed himself strongly against it. Since then, however, knowledge upon the point has advanced in great strides, and, as we are all now aware, not only has it been clearly ascertained, that different organisms are productive of different diseases, but the distinguishing form and life history of many of these organisms have been definitely made out. To Pasteur we owe the initiative in this matter. Once the discovery made that a micro-organism was to be found in the body in association with a particular form of infectious disease, the foundation was laid for further research, and it soon became known that the organism could be cultivated outside the body, and thus cultivated was capable by inoculation of producing the disease. The start was now given, and bacteriology has since grown into an important science belonging to medicine, which has already much advanced our position, and promises to do so much more. Bacteriology is no mere abstract science, devoid of useful application. It gives us knowledge which enables us to control disease in a manner that could not be accomplished before. Knowing irrefutably that a particular disease is due to the invasion of the system by a specific living organism, we are taught that our first efforts should be directed to preventing the dispersion of the organism from an infected person to those around. To what extent we have the power of doing this is shown by the successful manner in which a disease that may have intruded itself amongst us may be stamped out. See how the spread of cholera has been barred in this country by the measures employed to restrain the dispersion of the bacillus. Truly through the knowledge that has been acquired during the last few years an immense power has been placed in our hands for doing good to our fellow creatures. But the prevention of the spread of disease, the lines of procedure for effecting which we have been taught, is only one of the services rendered to us by bacteriological science. In the early days of bacteriology it was

found that the bacillus might be brought into a weakened state, and that if introduced into the system by inoculation in this state it only produced a mild form of affection unattended with danger of life instead of the ordinary form of disease. Common experience has long made us aware that a person who has passed through an attack of an infectious disorder is not liable to the same extent as before to contract the disease on exposure to contagion, and that should he contract it the course run will assume a mild character. Out of these two factors we get command of some moment in the direction of providing escape from serious effects arising from the disease. Two modes of bringing the bacillus into an attenuated state are open for employment; one by conducting their artificial cultivation in a particular way, the other by transmission through the system of an animal differing in nature from that in which the disease naturally occurs. The latter is represented by the system of dealing with small-pox, which started with Jenner at the close of the last century. Jenner's discovery consisted in showing that vaccination with the lymph of cow-pox affords as much protection against small-pox as an attack of small-pox itself. He knew nothing about the virus of small-pox being attenuated by passage through the system of the cow. Another method of combating disease, more recently revealed by the teachings of bacteriology, is by availing ourselves of the efforts of Nature to counteract the effects of the bacillus.

In the case of some affections it has been made out that the pernicious results are due not to the direct action of the bacillus, but to the development of an agent by its growth which act in the manner of a poison to the system. This material, known as toxin, on being produced leads to the generation in the system, by, as it were, a conservative effort of Nature of a counteracting principle which has received the name of antitoxin. We have the poison and its antidote to deal with, and the result may be considered to be dependent upon which is the stronger of the two. This is valuable information to have obtained, and no one can conjecture how much more remains to be disclosed by the further prosecution of research. It follows that what is wanted for subduing the disease is a supply of antitoxin, and this it has been found may be obtained from the lower animals. It is the toxin which leads to the generation of antitoxin, and toxin is produced by the bacillus, no matter whether it exists inside the system or is cultivated in a medium outside the body. Produced as the result of cultivation outside the body it is susceptible of separation by filtration from the bacillus, and in this state the effect of its introduction into the system of one of the lower animals is to kill if used in sufficient quantity, and in smaller quantity to give rise to

the production of antitoxin, which, with suitable arrangements, may be procured in a form to be susceptible of employment as a therapeutic agent.

Here lies the principle of the modern treatment of diphtheria by the serum of the blood of the horse rendered charged with antitoxin by the repeated introduction of a suitable quantity of toxin into its system.—F. W. Pavy, M.D., in *Med. Press*.

## HYSTERIA.

There is nothing of special interest in the previous personal or family history of this patient. She is a girl of eighteen years, who was brought into the hospital as the result of an accident. She arose one night to quench her thirst and drank from what she supposed to be a glass of water, but which in reality contained a large amount of laudanum. The effects of the drug were almost immediately manifest, the alarm was given, the ambulance surgeon was summoned, who gave an emetic and emptied her stomach so promptly that she showed no very serious results of this accidental poisoning, although she had swallowed enough laudanum to have balanced her accounts then and there. She was brought to the hospital suffering chiefly from shock and nervous excitement and is now recovering from them.

You will ask, then, what there is about the case of interest. As the result of this shock and the fear of death, the girl has developed certain functional nervous symptoms which are characteristic. Her manner became somewhat excited, her behavior somewhat unnatural, on her body were areas which were highly hyperæsthetic and certain other areas which were anæsthetic, the anæsthesia affecting in particular one side of the face. In a case of this sort, with the history of poisoning and the development of nervous symptoms one might be led astray were it not for these particular symptoms of anæsthesia and hyperæsthesia. On the left side of the forehead she says she feels nothing at all, although, as you can see, I prick her so deeply that the pin hangs in the flesh. On the right side she feels perfectly. When I examined her in the ward two days ago, it was the right side that was anæsthetic while sensation was normal on the left side. Now, as I rub my finger over the right conjunctiva she does not feel it, nor did she at the previous examination. This is, therefore, not a case of unilateral anæsthesia today, although it was when I examined her in the ward. I am glad that this fact has been brought to our attention, for I might otherwise have given you the impression that such anæsthesia or hyperæsthesia was always unilateral, as is often the case. The left conjunctiva seems perfectly normal in sensation, although the left side of the fore-

head is anæsthetic. Sensibility is good in both hands. I just touch the back of her neck with the pin but she complains of pain, showing that there is hyperæsthesia at that point.

This disease—for this condition is truly a disease—is illustrated in the patient in a light form. Her symptoms have been limited to a varying anæsthesia and hyperæsthesia and a general excitement. This disease may be marked simply by the latter symptom or by a flood of tears, an uncontrollable fit of laughter, or it may be, by persistent vomiting, by constipation, by the voiding of a large amount of pale urine, sometimes even gallons being passed in the twenty-four hours. Sometimes it is manifested merely by excessive sweating, perhaps limited to one part of the body. There may be coldness, or a local or general increase of temperature: for example, I have known the temperature of the body to be raised to 114° F. with no other cause than hysteria. These manifestations may last for a lifetime or may subside. A little while ago I showed you a girl who had suffered from a brutal attack by her husband. She came here supposed to be affected in the brain or spinal cord, for she had a right hemiplegia without, however, disturbance of speech. She made a good recovery with no medication save the injection per rectum of asafœtida in large quantities and by a little mental treatment; insisting that she could walk, helping, encouraging and urging her to do so. She lost her temper one day without any reason and left the hospital on foot.

The paralyses which occur in the course of this disease are sometimes very permanent, sometimes accompanied by convulsions; or there may be convulsions without paralysis. Marked psychic disturbances may occur, such as delusions, hallucinations, mental perversions or peculiar disturbances, in which the patient goes into the condition known as catalepsy. Such patients are apt to be sleep-walkers.

For this mild case, I shall prescribe asafœtida. The simple nervines like asafœtida and valerian with such tonics as phosphorus, arsenic and iron are usually all that are necessary but, at the same time it must not be thought that the trouble is a trivial one simply because its essential element is the lack of power to control the nervous system. If the asafœtida cannot be administered by the mouth, we will give it by the rectum, using four ounces of the mixture at an injection. It should be introduced through the flexible tube with the patient lying on the right side so as to have the fluid gravitate into the transverse colon. If the large quantity is not retained, we can use an ounce or two more frequently. We might give half an ounce of mistura asafœtida by the mouth, or we might give the pill of asafœtida and soap in ten grain doses three times a day. A good treatment

for the control of violent patients is the injection into the bowel of chloral and asafœtida. Chloral is the best drug for the immediate relief of the acute attacks of this disease when there are convulsions or violent behavior. Chloral, however, is not a safe remedy to continue because it is too depressing. Valerian, asafœtida, sumbul and other drugs of this class may be kept up indefinitely without harm, so far as I know. The use of the cold bath, especially of the cold spinal douche, of general faradization or of static electricity may be indicated. Along with these methods of therapeutics, there is need of psychical treatment, not allowing too tender or too harsh usage at home, neither ridiculing or expressing too great sympathy for the patient, but enforcing a somewhat rigid and, so to speak, tonic mental treatment. Unfortunately, cases of this disease occur most frequently in the ignorant and in those in the lower walks of life, in persons whose mental and moral training is not of the highest kind, and whose minds are easily unbalanced by unnatural excitement or by some trivial occurrence. But although these are the persons most commonly affected, we may find hysteria in any walk of life. When it occurs in persons apparently so situated that we would expect them to be free from it there is usually a neurotic element in the family. There may be a history of insanity, of epilepsy, of chorea, or of sleep-walking, nightmare, or some other curious nervous disturbance; possibly that which goes by the name of neurasthenia.—Dr. Stockton, in *Med. and Surg. Rep.*

#### HOT WEATHER AND HABILIMENTS: A HYGIENIC HOMILY.

As the preparations for the September number of the Magazine are made during the heating, humidity-provoking days of August, the question of clothing, however scant, cannot be made light of. It would be altogether too frivolous and, to the most of us, devoid of interest to follow the leading of a morning's patient and "think about the fall sewing." But a consideration of the hygiene of clothing, of hot weather clothing, is *apropos* and professional withal. A charmingly written book, entitled "The Bishop's Conversion," relates, among other notions of the worthy bishop while in India, that he did not propose to use the pith-lined helmet and the sun-umbrella: the natives did not, why should he? Soon, however, the throbbing head and the inability to work caused him to repent and turn from the error of his ways. It is not necessary, however, to go as far as Hindostan to obtain examples of unhygienic methods of clothing one's self during the heated term. Indeed this line of thought was suggested by a personal letter to the writer and he can no better than to take

his readers in his confidence and let them share the good things.

"I am meditating on the abominations of *Starched Shirt Fronts*. Who invented them? or how were they evolved? Any one—every one—of us who has revelled at sea, by the shore, or in the freedom of camp life, in the luxury of a porous, light and not too warm flannel shirt, knows how good it is to be delivered from the bondage and oppression of the "biled shirt" with its sheet-iron rigidity and glossy luster, good enough when fresh for show, but so quickly collecting and exhibiting all manner of spots, dusty, greasy, or loaded with chance planted bacterial colonies, creased, crumpled and soaked with grimy sweat, after the least amount of active exertion, so that in a few hours you hate the nasty thing, as you tear yourself out of it and consign it to the tender mercies of the mangle of the Irishwoman or the industrious Chinaman.

"Can such a thing be healthy to wear for a few hours? Think of the check of natural transpiration as the accumulating drops roll down your chest—think of the sour smell that makes you hate yourself, and rush incontinently into the bath-tub or the river to open once more the pores which kind mother nature has sprinkled as so many breathing holes all over our skin—and then I think you will agree with me that the Starched Shirt Front is for men such an instrument of torture as only Dame Fashion could have invented or induced us to endure, just as she imposes like a straight-jacket a corset upon women.

"Nor is this all. Behind an immaculate shirt front what may not lie concealed? For my part I have learned to look with suspicion on the man whose expansiveness of white seems to say, 'Come, gaze upon the purity of my heart and life. You will find all sweet and clean and fresh within—plenty of room for all swelling emotions.' I cannot help thinking how much may lie hidden there—how often the fairest outer seeming can cover the deepest hypocrisy. Is there no covert allusion in the very name of the substitute for a clean shirt—the *sham*

"the things  
Th' indignant laundress blushes as she brings?"

"But this would lead me too far a-field on this hot day, and I will go back in thought to the good old times when knights-errant rode through green glades and forests in quest of forlorn damsels, armed cap-a-pie in their sheet-iron helmets and armor. How much better off are we in our plug hats and starched shirts? An old brave and hardy race of sea-rovers, the Berserkers—or bare-sarkers—the naked shirt wearers, drove them into the land of illusion and song, and there all the dudes of the present day will have to follow them when once we have been awakened to the knowledge of

the free and healthy life gained by abandoning the fetter of the starched shirt.

"Our ancestors had it and enjoyed it, too. Think of some of the old-fashioned gentlemen you have known, with a plain unstarched shirt, loose in the collar or unbuttoned perhaps, and of the manly heavings of the chest showing the ample movement of heart and lung; think of the ruddy glow of health in the sunburnt cheek and cheery eye, and ask yourself whether they were not better specimens than most of the tailor-made men you meet in your walks to-day? Allowance, however, must be made for the love of adornment—something to mark one somehow from the common herd—and so to the simple shirt-front came to be prefixed those gorgeous frills which we see in the portraits of the worthies of a hundred years ago, perhaps a few of us may remember a survival or two among the friends of our youthful days with a mirthful thought of the turkey-cock appearance presented by the wearer of a well-ruffled shirt. But after all, how much more sensible was such a mode of adornment—of 'putting on the frills'—which left amidst them all free ventilation through the texture of the shirt, than our method of encasing ourselves in impervious board-like fronts, keeping close to us all the matters Nature would have us rid ourselves of, and excluding the healthy life-giving breeze from any chance contact with our skin?

"Some have wondered at the impunity with which women bear exposure to temperature and inclement weather. May it not be that in spite of the corset they are less severely handicapped in comparison with us in our decorous *starched shirts*?

"It is too hot to pursue the subject further just now. But think about it and see if it is not time to start a crusade against our present dress in the interests of hygiene and happiness!"—*Ed. in Lehigh Valley Med. Jour.*

#### SULPHONAL AND TRIONAL COMPARED.

During the last few years several hypnotics, differing in value, have been introduced to the profession. Among the drugs of this class, two, sulphonal and trional, deserve especial favor; and it may be interesting briefly to compare them, as they both give good results, yet differ so much in their effect that it is well to know to what class of patients each is the more suitable.

Sulphonal is sparingly soluble in cold water, and is slow in its action. Sometimes as long as two or three hours are required for it to induce sleep. So slow is it at times that patients become impatient waiting for its effect, hence it is better to give it in the evening a while before bedtime. I have sometimes thought that the slowness of its action interfered with the induction of sleep, the

patient becoming so nervous waiting for sleep that he was thoroughly aroused. The effect of a full dose, however, continues long; and it will often produce sleep the second night, and in a few cases even the third.

Trional is much more soluble. It produces sleep much more quickly, within a few minutes. In one case the drug was taken before preparing for bed, and its effect was felt so soon that it was an effort for him to get into bed. Its action is less prolonged than that of sulphonal. I have never known it to produce sleep on the second night as markedly as sulphonal, though patients may sleep well the night after taking it, but not from its direct effect.

The day after taking sulphonal there may be great drowsiness during the day. This is less likely to occur after a dose of trional, and if it does is much less intense.

In consequence of the more rapid action of trional, some patients much prefer it to the more slowly acting sulphonal. This is especially true of those who have difficulty in getting to sleep when they first go to bed. Those who suffer from this form of insomnia become impatient at their inability to sleep, and each minute finds them more restless; indeed, it is in part owing to this restless nervousness that they are unable to get to sleep, and for this reason they are desirous of seeing an early result from any medicine they take. To such patients it may be well to give trional.

Another class of patients have no difficulty in going to sleep when they first go to bed; but they wake in a short time and lie awake two, three or four hours, or may have no more sleep that night. To this class sulphonal is the better drug, as it does not interfere with the first early sleep of the night, and acts later so that the patient does not wake at midnight as usual.

The effects of trional do not continue so long towards morning as sulphonal. It gives good refreshing sleep for four or five hours, or perhaps six; then the patient wakes and does not sleep again. In such cases it is possible that the next time a larger dose will produce a longer sleep. The effects of sulphonal are more likely to continue through the whole night until morning.

The dose of either of these drugs is ten or twenty grains. In many cases ten grains are sufficient, but where there has been obstinate wakefulness it is better to give more, fifteen or twenty grains. I have only very rarely given thirty grains of sulphonal. I have never had occasion to give more than twenty grains of trional; possibly not having tried it in such obstinate cases as the other drug. In the case of either drug it is better to give one sufficient dose than to give two or more insufficient doses.

After taking sulphonal there is not infrequently more or less cerebral heaviness and distress the

next day. In a few cases the discomfort has been so great that patients have objected to taking the medicine, and preferred to get along with less sleep. I have found much less of this unpleasant effect after trional. One patient, who refused to take sulphonal on account of this after-effect, had little or no discomfort after a dose of trional.

After fifteen or even ten grain doses of trional, I have known slight vertigo or dizziness to be felt before sleep was induced, if the patient rose from bed, lying down caused this to cease; but for a short time it was somewhat distressing. I do not remember this after the ingestion of sulphonal. It may be well, therefore, to warn some patients not to rise after taking trional, to wait until fully ready for the night before taking it, and then to stay in bed without getting up so as to avoid this unpleasant experience.

Sulphonal may be given in small doses, not more than five grains, to quiet restlessness in neurasthenia, hysteria and mania; given three times a day and, if necessary, during the night, it will often have a most soothing effect. I have not tried trional in this way, but should not expect such an effect, as it acts so much more quickly and its action is so much less lasting.

It will be readily seen from this comparison which of these two drugs to choose in combating insomnia; but it must be remembered that neither is a certain cure for this distressing symptom, and that the treatment must be directed to the patient's condition and not simply to the symptom insomnia.—S. G. Webber, M.D., in *Boston Med. and Surg. Jour.*

LARYNGEAL TUBERCLE.—At the late meeting of the British Laryngological Society, Dr. Theodor Heryng, of Warsaw, whose name is well known to most of the profession, contributed a valuable paper on the surgical treatment of laryngeal tuberculosis. As this paper contained the latest work on the subject, the conclusions thereof cannot fail to be of interest and value to our readers. Dr. Heryng considers that tubercle of the larynx may heal spontaneously, chiefly in cases of ulceration of the vocal cords and posterior wall; very rarely the more serious cases, with infiltration and deep ulceration, or implicating the cartilage, or accompanied with aphonia and severe dysphagia leading to rapid disintegration. He divides the general treatment into hygienic, dietetic, and climatic. The indication is the removal of dysphagia, and, in severe cases, the relief of dyspnoea; next, the recovery of the voice. The cure of deep ulcers with inflamed and thickened bases, and surrounded by proliferation products, and certain cases of chronic laryngeal tuberculosis, is most quickly effected by surgical means. The indications for surgical treatment given by Dr. Heryng

are as follows:—1. Tuberculomas of the epiglottis; 2. Stationary tumor-like infiltrations of the posterior wall; 3. Chronic tumors with inflamed bases which resist other treatment, and 4. Partial disease of the larynx. The contra-indications are: 1. Advanced pulmonary disease, with hectic and wasting; 2. Diffuse miliary tubercle of larynx, or larynx and pharynx; 3. Cachexia; 4. Severe stenosis due to inflammatory infiltration; 5. Nervous patients and those where there is little hope of recovery. The cause of recurrence after operation is threefold, inaccessibility of the parts and imperfect removal, the third, and most important, being, however, extension of the disease to the lungs, and inefficient resistance of the parts. Dr. Heryng uses curettes specially devised by him, and removes as much of the affected parts as possible at one sitting. The conditions favorable to successful surgical treatment are: the local character of the disease, its extent and character, the general state of the patient, his nutrition and strength, the parts of the lung affected, the age, constitution, circumstances, etc., of the patient, the thoroughness of the operation, and the after treatment. Most patients with laryngeal phthisis die of pulmonary phthisis, and a large number of temporarily cured cases are menaced with recurrence, but proof is not wanting that in rare instances complete recovery has been obtained, while partial cures have proved lasting, and dysphagia, dysphonia, and dyspnoea can be relieved, and these complications we are better able to treat now than formerly. Serious hæmorrhage is rare and can be treated. In surgically treating laryngeal tuberculosis not only must the operator be possessed of special skill and knowledge, but both he and his patient must be prepared to persevere and be patient. Severe cases require to be treated under special climatic conditions. In concluding his essay, Dr. Heryng remarked that the power of large tubercular deposits to become absorbed, and extensive laryngeal ulcers of healing with complete restoration of voice, is proved both by clinical results and by microscopical and anatomical observation. Before we close there is one factor in the surgical treatment of diseases like laryngeal phthisis to which attention should be drawn, and that is the racial factor. The French, the Americans, and the English are people who, on the whole, tolerate operations badly, being, as they are, of highly nervous temperaments. On the other hand, the Germans and most oriental races are, to a considerable degree, insusceptible to such procedures, hence the better success reported in severe operations by surgeons used to dealing with these races.—*Hosp. Gaz.*

THE EAR IN THE EXANTHEMATA.—Among the preventable diseases, which have so often been allowed to gain ground through neglect at their

first onset, may be counted otitis media suppurativa following the exanthemata. The aural surgeon meets such cases every day, and more often than not they have been neglected by parents because they believed in the absurd and ignorant fallacy that the patient "would grow out of it." Now, thanks to the improvement in the education of the general public, we may hope that these cases will become less in number, and that some of the more alarming complications of exanthematous otitis media may be met with less often. Quoting recent statistics, it may be said that out of 501 cases of middle-ear disease in children, 131 originated during an attack of measles, 63 during scarlet fever, 147 owed their origin to catarrh, and 101 to teething; so that it will be seen that some two-fifths arise in measles and scarlet fever. Now, without going deeply into symptomatology, it is only necessary to point out how these diseases give rise to pharyngeal troubles, causing blocking of the Eustachian tubes, and the accumulation of secretion in the tympanum. Since the Eustachian tubes drain better in the upright than the recumbent position, the child suffering from measles or scarlet fever is placed at a further disadvantage, as pointed out by Walker Downie, who consequently insists upon the frequent and strong use of the pocket-handkerchief to keep the nose and naso-pharynx free from the very beginning of the illness, when there are catarrhal symptoms. If the child is too young, politizerization can always take the place of the handkerchief. The pent-up secretion in the tympanum gives rise to considerable pain, and if this be not relieved by the means just mentioned, the risks of future otorrhœa can be best avoided by paracentesis of the membrana tympani. If done at the lower and posterior part of the membrane, with a shouldered myringotome under proper focal illumination, the child's head being securely held, this little operation is perfectly safe and simple, and the wound readily heals. If the patient be the subject of adenoids, these must be left until recovery from the exanthem. It cannot be too deeply and strongly impressed upon the public that it is during the primary febrile disease that the ear requires care, and that a discharge from that organ during measles, scarlet fever, or small-pox, means culpable neglect and carelessness. Inquiries as to the ear should be made at every visit, and an occasional examination with a speculum insisted upon. Further, when earache is complained of, it is by the simple and scientific methods mentioned above that relief must be afforded, and the ear (perhaps also the life) saved, and not by the palliative means of blisters or leeches.—*Med. Times.*

CHLOROFORM-ANESTHESIA.—As a result of a study of the question of chloroform-anesthesia, Brunton (*Lancet*,) has arrived at the following



conclusions: Experiments on animals have conclusively shown that chloroform given by inhalation and not blown artificially into the lungs kills by paralyzing the respiration. Clinical observation has shown that cases of simple danger without death during anesthesia are due to failure of the respiration. Cases of death may arise from the same cause, but may also be due to stoppage of the heart (syncope) or to stoppage of the heart and respiration together (neuroparalysis). The most common cause in neuroparalysis has been found by Caspar to be throttling, strangling, and drowning, which kill by neuroparalysis as often as by asphyxia. Anesthetics have no tendency to produce neuroparalysis except when they are given in such a manner as to irritate the respiratory passages, either mechanically or chemically. On the contrary, they tend to lessen shock. During imperfect anesthesia, both at the very commencement of administration of an anesthetic or during recovery from its influence, choking may occur and cause death by neuroparalysis as well as by asphyxia. The neuroparalysis is the result that is most to be dreaded, as simple asphyxia may usually be recovered from if artificial respiration be maintained. It is, therefore, most important in the administration of anesthetics to avoid anything that is likely to interfere with respiration, as such interference may act like throttling and cause death by neuroparalysis. During complete anesthesia, the reflexes being almost or entirely abolished, there is little risk of neuroparalysis, but the nerve-centers being weak there is more of asphyxia. At the commencement of administration and during recovery, when the reflexes are present but may be deranged, the danger of death from neuroparalysis is greatest, and the respiration then requires to be watched with especial care. Although there may be no objection to the anesthetist keeping his finger on the temporal artery, and thus unconsciously watching the pulse, yet the respiration must be his main care, and anything that will withdraw his attention from it is studiously to be avoided.—*Med. News.*

AN ADDITIONAL NOTE ON THE USE OF BROMOFORM IN THE TREATMENT OF WHOOPING-COUGH.—In the *Polyclinic* for January 16, 1894, I reported a number of cases of pertussis treated with bromoform, and gave a short description of the drug. Since that time I have used the remedy in quite a number of cases, and usually with most marked improvement in the condition of the patient. In some instances the disease was influenced in a very favorable manner, the paroxysms being greatly reduced both in frequency and intensity, showing that the drug was capable of exerting a very powerful influence upon the course and duration of the disease. As I said at that time, the good effect is partly, at least, due to its acting as

a local anesthetic upon the pharyngo-laryngeal mucous membrane. As a rule, I begin the treatment with two-drop doses every four hours, to a child of two years, increasing this somewhat if necessary. Bad effects are never seen from small doses and large ones rarely produce narcosis. As a rule, bromoform will stop the vomiting within a few hours, and I have known it to relieve children who were rapidly losing ground on account of their inability to retain sufficient food to nourish them, and to relieve them to such an extent that they promptly regained strength. In a few instances it has checked the disease while in the full vigor of the paroxysmal stage. The duration of the treatment was from two to four weeks. The drug must not be stopped too soon, as a relapse might occur. About seventy-five per cent. of the cases recovered within one to three weeks. I do not claim bromoform to be a specific, but I believe it will give better results than any other treatment we know of to-day for this dangerous and distressing disease. After the paroxysms have diminished a change of air, especially sea-air, is most beneficial; in some cases often acting like "magic."

As bromoform is but slightly soluble in water, it is best to add some alcohol to the solution, giving it in the following manner:

R.—Bromoform . . . . . 48 drops.  
Rectified spirit . . . . . 4 fl. drs.  
Distilled water . . . . . 1 fl. oz.  
Syrup tolu, sufficient to make 3 fl. ozs.—M.  
Dose.—1 fl. dr. in water every four hours.

Bromoform is difficult to drop. It may be given dropped on sugar, or in water. Let the requisite number of drops fall into a spoonful of water. The bromoform sinks to the bottom of the liquid and collects there in the form of a pearl. Care must be taken that the pearl is swallowed. The taste is scarcely perceptible. It must be remembered that bromoform is very volatile and decomposes readily. It should, therefore, be kept in closed bottles and protected from the light.—Dr. Carpenter, in *Phila. Polyclinic.*

THE NEW SPECIFIC FOR CANCER.—Emmerich and Scholl (*Deutsche Med. Wochenschrift*), report the results of their new treatment for carcinoma. They use the serum of sheep which have been inoculated with cultures of the streptococcus pyogenes. This is filtered through porcelain and kept in small tubes. Emmerich was led to experiment with this serum by saying that the serum of rabbits, which had been infected with the streptococcus, was decidedly antagonistic to the anthrax bacillus, and before Behring and Kitasato published their first results with the serum therapeutics of tetanus and diphtheria. Six cases are reported to show the results of the cancer serum treatment; and while none of them are old enough to

be sure that a radical cure has been effected, some of the histories are really amazing. The following is the most striking: Marie Aubet, *æt.* 54; turned over to Emmerich as inoperable. Two years before, the breast had been amputated for carcinoma, now has a return of the trouble in the shape of a tumor in the scar, the size of a pigeon's egg; another under the arm, still larger; the whole infra-clavicular region hard as a board, with a fistula leading from this infiltration into the axilla; several tumors the size of walnuts and hazel nuts, in the neck; the arm swollen, œdematous, and totally disabled. After the injection of 0.5 ccm. of the serum into the tumor of the breast, on two successive days, the tumor was reduced to half its original size, and on the third day after two ccm. in all had been injected into it, this tumor disappeared entirely. In the meantime small amounts of the serum (0.5-2 ccm.) were injected into the tumor of the axilla and the sub-clavicular infiltration, and four days after the commencement of the treatment, the infiltration had almost entirely disappeared, and the arm had become so nearly normal as to be used freely. Fluctuation now became perceptible in the axillar tumor and a tablespoonful of pus was evacuated from it by incision. The treatment was continued and in twenty-five days from the beginning, the axillar tumor was entirely gone and the fistula closed. In four days more the patient left the hospital temporarily with no evidence of persisting disease beyond a few scarcely perceptible nodules in the neck. The full amount of serum used in this case was 40 ccm. Interest is in the fact that after the infra-clavicular infiltration disappeared, the clavicle was broken by the movements of the arm; showing that the bone had been partly absorbed, and when deprived of the support given by the carcinomatous tissue, it could not stand the strains of ordinary usage. Whether or not the cure proves to be a permanent one in this case there can be little doubt that the serum will have prolonged her life.

The authors say that their serum is much more difficult to prepare than that for diphtheria, though from the description of the method it would seem to need far less accurate experimentation.—*Omaha Clinic.*

#### THE DIGESTION OF STARCHY FOOD IN INFANTS.

—The news comes from Berlin that Prof. Heubner has recently made some experiments on the digestion of starchy foods in young infants. He starts out with the statement that it is generally believed that infants under six months of age cannot digest farinaceous food. The question is, whether the saliva of the infant is secreted in sufficient amount to be of any practical benefit. Schiffer made one series of experiments, collecting the saliva from the mouths of twenty-eight infants, the children

all being under nine days old. Twenty-seven of these experiments gave positive results of the power of the saliva to convert starch into sugar. Another interesting series of experiments was conducted by obtaining an extract from the salivary glands as quickly as possible after the death of the infant. Traces of ptyaline were found in these glands in a child only one day old. This is quite remarkable, when it is also stated that not a trace of ptyaline was found in the pancreas, even when the children were three weeks old. From these experiments, it is safe to conclude that children only a few weeks old secrete a material capable of changing the starch into sugar. The reason why starchy food has been withheld from infants appears to be due to some prejudice, rather than to physiological facts. Jacobi prescribes one part of milk with five parts of barley meal, leading one to conclude that he thinks the starch in the meal is digested, or he would not prescribe it. Dr. Kafters, of Leipsic, made some extensive experiments by feeding young children with starchy foods, and then analyzing the fæces to ascertain what per cent. of starch passed through the body undigested. These experiments also confirmed the above statements that young children and infants have this power to digest starchy foods. Practically, however, it appears to be wise not to feed a child too much of this starchy food, to the exclusion of other diet, because the bulk of this starchy diet would be too large to be convenient. The point, however, is brought out clearly, that nature has supplied even the youngest child with all the power necessary for the conversion of starch into sugar. Evidently she is not afraid that the absorption of glucose will cause diabetes! The pseudo-scientists who so persistently advocated this idea not long ago, now find themselves without a single rock on which to stand.—*St. Louis Med. and Surg. Jour.*

**LIGHTNING STROKE.**—The indifference with which the inhabitants of large cities pursue their business during the most "terrific" thunderstorms, unmoved by any feeling of danger and inconvenienced only by the rain, contrasts strongly with the awe with which the countryman contemplates the passing storm, and the precautions, almost superstitious in mountainous and moorland districts, which he takes with the view of avoiding a thunderstroke. But the different attitudes are fully justified by facts, the deaths from lightning among the urban populations being far fewer than those caused by runaway horses; for chimneys, church towers, telegraph posts and wires all serve to divert and divide the currents, so that even when one or other is struck the accident is rarely attended by any loss of life, and the streets are among the safest places in a storm. In the country it is quite otherwise; the chimneys of

isolated houses, the trees surrounding a homestead, the hedgerow, the barn, the stack under which a man takes shelter, or his own person if he be overtaken in the open, act as so many conductors to attract and concentrate the spark—indeed, the solitary traveller or field laborer is less exposed to danger under trees than when he presents the only “point” in a wide “plane.” Dr. Brämer, who has endeavored to collect and tabulate the circumstances of all deaths from lightning in Germany during the last fifty years, finds that they have been nearly trebled in that period, a phenomenon which he attributes to the increased activity as well as numbers of the rural population. Village churches and schools contribute a remarkable excess of accidents during the hours of service or instruction, as if the aggregation of a number of human beings intensified the danger, possibly by the internal air current set up. The metal bells might also attract, and the old practice of ringing the church bells during storms has of late years been discontinued; while both causes, the massing of men and of steel, concur to render military encampments peculiarly liable. One-third of the annual average of accidents occurs in July, and the afternoon, or 3 to 4 p.m., gives the highest, and the corresponding period of 3 to 9 a.m. the lowest, number, the actual maximum being reached between 3 and 9 p.m., although the six hours immediately preceding—viz., 9 a.m. to 3 p.m.—contribute fewer than the midnight watches of 9 p.m. to 3 a.m. The popular fear of causing movements or currents of air by driving or running is not unreasonable, but the continuous series of telegraph posts and wires, and of metal rails, render a railway train about the safest possible refuge in a storm.—*Lancet*.

**THE TREATMENT OF DIABETES MELLITUS.**—Robin (*Brit. Med. Jour.*) describes in detail the medical treatment—“alternating treatment”—which he prescribes in diabetes. He believes that in this disease there is an increased activity of the chemical changes of general nutrition, and of the hepatic cells in particular, which is the result of increased activity of these general changes by acting primarily on the nervous system. The treatment is divided into three stages: 1. For four days a powder, containing about fifteen grains of antipyrin and eight grains of sodium bicarbonate, is given twice a day. In addition cod liver oil is taken twice a day with the meals, and Seignette salt as a morning purgative. 2. At the end of four or five days the antipyrin is discontinued, and sulphate of quinine prescribed—about six grains in a cachet at the midday meal. This is taken for six days, then discontinued for four days, and afterwards taken again for six days. Before the morning and evening meals a cachet is recommended containing arseniate of soda, carbonate of

lithium, and codeia. 3. After fifteen days these drugs are discontinued, and the author prescribes, for ten days, a pill containing opium, belladonna, and valerian. The cod liver oil is discontinued, and the patient is allowed to drink a weak solution of bicarbonate of soda (1 in 125). In the case of nervous women, or if there should be intolerance of the opium and belladonna pills, fifteen grains of potassium bromide are given two or three times a day for eight days. In addition to the medical treatment the diet is regulated. On account of the loss of inorganic salts in diabetes (demineralization) the author recommends the food to be well salted; to supply potassium salts advises green vegetables, especially cabbage and endive, and also a weak solution of potassium tartrate to dilute the wine taken at meals; and to counteract the loss of phosphates of magnesium and calcium he prescribes glycerophosphates of lime and magnesia. He also recommends bouillon on account of the inorganic salts which it contains. If sugar is still present in the urine after the third stage of the medical treatment above mentioned the course is recommenced. After a second course, whether sugar has disappeared or not, the drugs are discontinued for one month. Robin has treated by his alternating method 100 cases of diabetes, in each of which the daily quantity of sugar excreted was 100 grammes or more. In 24 of these recovery has occurred; in 25 recovery is still doubtful; in 33 there has been considerable and permanent improvement; in 18 the results have been negative.

**A SIMPLE EXPEDIENT FOR THE TREATMENT OF NOCTURNAL ENURESIS.**—Stumpf, in the *Münchener med. Wochenschrift* for June 11th gives an account of a simple and apparently rational expedient which he has successfully adopted in the treatment of nocturnal enuresis, especially in older children. He was led to try it on the basis of the fact that the passage of even a few drops of urine through the sphincter vesicæ excites the action of the detrusor to such an extent that the call to urinate becomes almost imperative. It is well known how difficult it is to restrain the act of urination after even a small amount of urine has passed the sphincter vesicæ and entered the urethra. His theory is that during sleep the sphincter of the bladder is apt to become relaxed, so that as the child lies horizontally in bed a little urine passes the sphincter and enters the deep urethra. The irritation of this urine causes at once strong reflex action of the detrusor, and the bladder is at once emptied in a full strong stream. It is a well-known fact that in nocturnal enuresis in children the urine does not leak away gradually but the bladder is emptied at once, a point which is in support of this theory.

In order to prevent the passage of the urine

into the urethra when the sphincter becomes relaxed during sleep a simple expedient is adopted, namely, the elevation of the pelvis, so that an accumulation of urine of ordinary amount in the bladder will gravitate back and distend the fundus, and not press against and tend to pass the sphincter. The elevation is secured by allowing the child only a single, small, flat pillow under the head, and placing one or two ordinary pillows under the thighs so that they lie at an angle of  $130^{\circ}$  to  $150^{\circ}$  with the horizontal spine.

This simple expedient was entirely successful in curing inveterate cases, one of a boy nine years, and one of a girl fifteen years old. It was then tried in twelve cases, and was uniformly successful. It was usually necessary to continue the treatment for three weeks, after which time the children were able to return to their former sleeping position without relapsing.

The writer has found it unnecessary to have recourse to the time honored measures of limiting the amount of liquids, frequent waking up during the night, etc. The chief difficulty about the treatment is to see that the children maintain the position throughout the night. Small children particularly are apt to wriggle and toss about and have to be watched, put back in position, etc. The method is therefore especially adapted to older children, in whom the position can be more easily maintained.

This method is certainly so simple and apparently so reasonable as to merit extended trial, especially as the time-honored methods of treating this pernicious habit are in so many cases unsuccessful.

It will be rather interesting if the elevation of the pelvis, which Trendelenburg introduced into abdominal surgery, and which has so extended and facilitated work in that field, should also prove of service in preventing children from wetting the bed.—*Boston Med. and Surg. Jour.*

**BRILLIANT RESULTS OF PHYSIOLOGICAL TEACHING.**—The following answers were made to the questions on a paper in physiology by a candidate for a degree in medicine at a medical school not in St. Louis.

(1) What constituents of meat does a clear soup contain, and what is its nutritive value?

Clear soup contains the juice of the meat only, and its nutritive value is high in peptones, para-peptones and proteids.

(2) Explain the action of relishes and condiments.

Relishes are the principal constituents of the body and act as a nourishment, while condiments act as a stimulant, giving to the body a stupor.

(3) What is the function of the stomach?

The function of the stomach is to digest the

food after it has passed from the mouth into the large intestine.

(4) What is the difference between blood-serum and blood-plasma?

After the blood has been drawn and stood until it has coagulated, a thick mass is formed on the top called blood-plasma. The fluid [*sic*] in the blood is called blood-serum.

(5) Explain the character and cause of the heart sounds.

The character of the heart sounds is a long sound preceded by a short, quick sound, resembling the sound of the words "lub dub." The cause of these sounds is flowing of the blood from aortic into tricuspid valves.

(6) What is meant by the "internal secretion" of glands? Give examples.

The internal secretion of glands is the absorption of the glands in the body. The salivary glands are absorbed in the act of swallowing the saliva in the mouth.

(7) What is glycogen? Where is it found and how does it appear to be useful.

(8) Explain the importance of afferent nerve impulses for the production of voluntary motions.

(9) Explain the phenomenon of irradiation.

(10) Give examples of anabolic processes taking place in the animal body.

(11) What is urea? Where formed? Where excreted? What is its relation to muscular work?

Urea is the principal constituent of the urine and is formed in the kidneys. It is excreted from the bladder through the urethra and thence to the penis.

(12) What is residual air? How is its amount measured?—*Boston Med. and Surg. Jour.*

**SUSPENSIO UTERI—THE PROPER METHOD OF PERFORMING IT, AND ITS RESULTS.**—Dr. Kelly refused to accept the name of ventrofixation or hysteropexy. The uterus is not fixed. He prefers the name of suspensio-uteri as more accurately describing the condition. In the past five years he has performed this operation one hundred and seventy times and thirty-seven times in the past year. The indications for the operation are extreme local discomfort associated with uterine displacements, and neurasthenia, with backache and headache. In the first class of cases, with local symptoms but no general symptoms, the operation is plain. In the last series of cases it is difficult to say just when the operation is indicated. The most brilliant cures, however, have been in this class of cases. He is willing to take the chances and fail in four cases in order to get one good cure. Of the 132 cases reported, 90 were married; and of the 78 per cent. had borne children, and 14 of them had had miscarriages. Not one died or showed bad symptoms. Transient mania has occurred in three cases, pneumonia

in one case, and stitch-abscess in three cases. Cystitis and frequent urination had occurred in four cases only, and had been but transient.

The operation is simple. The pelvis should be slightly elevated, and a small incision made just above the symphysis pubis about one and a half or two inches in length. The peritoneum is incised and drawn out with forceps. Two fingers are inserted to the fundus, and the uterus hooked up. Adhesions are stripped off with the fingers or cut with scissors or knife, and the uterus anteflexed. The abdominal wall is lifted on the left side until the peritoneum can be seen for one inch away from the line of the incision. A needle is then carried through the peritoneum, but not entering the muscular tissue, and then through the posterior uterine wall just below the fundus, taking in about one-fourth of an inch in length, and extending about one-eighth of an inch in depth. The suture is then carried to the opposite side of the abdominal wall. Another stitch is passed just above the first, near the incision, and inserted into the uterus below the other, and then carried back to the opposite side of the abdominal wall. This increases the anteflexion. A third suture may be inserted. The peritoneum is then closed by a continuous suture; then the fascia is closed and then the skin incision. The distance between the uterus and anterior abdominal wall is about one or one and one-half inches. The organ is attached by a strong fibrous cord which contains the sutures close to the abdominal wall. Pregnancy is not seriously interfered with. In only one case, and that after two years, did the uterus drop back.—Kelly, in *Jour. of Am. Med. Assoc.*

A CASE IN WHICH THIRTEEN FEET OF INTESTINE HAD BEEN DRAGGED THROUGH A PERFORATED UTERUS AND TORN AWAY FROM THE CÆCUM.—Dr. C. B. Nichols: I wish to report a case which I think it would be well to place on record. A few weeks ago I was called suddenly to see a lady who was said to be in great danger. She had either performed an abortion on herself or else some one had done so for her. The fetus had been delivered but the placenta remained in the cavity of the uterus. A physician was called, who discovered something protruding from the os, and, upon investigation, found it was an intestine. There was considerable hæmorrhage and very severe pain, with the prospect of speedy death. She was removed to the "Ridge Hospital," at once. When I first saw her I found the pulse and respiration very rapid and a profound hæmorrhage from the vagina. As soon as possible, I opened the abdomen and found the uterus about the size of a five months pregnancy and very soft. The abdominal cavity was quite filled with blood. Upon lifting the uterus out of the pelvic cavity I discovered, on the posterior surface, just above the internal os,

an opening in the uterus, through which passed a loop of small intestine. I immediately withdrew the intestine. The mesentery had been stripped entirely off. One end of the intestine had been torn from its attachment to the cæcum. I inserted my finger into the cavity of the uterus and finding the placenta, delivered it, enlarging the opening. I cut off the intestine at the point where the mesentery stopped, making a lateral anastomosis with the cæcum on the opposite side. Thoroughly irrigating the cavity, I then closed the wound, finishing the operation by 6 p.m. I found that thirteen feet of the intestine had been drawn through the opening in the uterus. The patient died at 12.30 a.m., one remarkable feature being that she survived the injury and subsequent operative procedure for over eight hours.—*Occidental Med. Times.*

THE FILLET IN BREECH LABORS.—Bar. (*Arch. de Tocol. et de Gynæc.*) exhibited at the February meeting of the Paris Obstetrical and Gynæcological Society, an infant, aged 2, with a deep scar on the left groin. It limped slightly, and the right thigh was four-fifths of an inch short. The mother at its birth was a primipara, aged 38; the child was then very bulky, and the fillet was used, as all other means to deliver the child, especially the forceps, had failed. Bar attributed the shortening to atrophy of the head of the femur following separation of the epiphysis due to the fillet. He exhibited a similar case where he had used the fillet. A deep incised wound lay in the left groin. A crack was heard during the extraction. The wound suppurated, and the child died of pneumonia. Charpentier admitted that he had damaged both soft parts and bones even when employing the fillet with the greatest care. Gueinot always aided the traction of the instrument by passing the hollow of the hand into the concavity of the sacrum, and exercising further traction. This provoked uterine efforts. Budin added uterine expression as an aid to the fillet. Porak believed in the application of two fillets, one on each thigh. Maygrier held that the fillet should be used in dorso-anterior, and the forceps in dorso-posterior, positions. By that principle fractures are avoided. Olivier protected the fillet by enveloping it in rubber tube. In that way he had always avoided accidents.—*Brit. Med. Jour.*

RELICS OF EVOLUTION.—The coccyx is one of the vestiges of our animal ancestors, says the *Scientific American*, and presents an example, perhaps, of a reversion to the older type. We are familiar with the caudal projection of the human fœtus that is like that of the animal, and we see in the dissecting room, at times, the vestiges of the tail muscles inserted into the coccyx. The *plica semi-lunaris* is a vestige of the nictitating

membrane found in certain birds; there is the pointed ear, or the turned-down tip of the ear, of many men; the atrophied muscles, such as those that move the ear, well developed in certain people, or that shift the scalp, resembling the action of the horse in ridding himself of flies; the supra-condyloid foramen of the humerus; the vermiform appendix; the location and direction of the hair on the trunk and limbs; the dwindling wisdom teeth; the feet of the fœtus, strongly inwards, as in apes, and persisting in the early months of life, together with great mobility and a distinct projection of the great toe, at an angle from the other side of the foot; and the remarkable grasping power of the hand at birth and for a few weeks thereafter, that permits young babies to suspend the whole weight on a cane for a period varying from one-half to two minutes.

**THE TRIUMPH OF M. PÉAN.**—The session of the Académie de Médecine of Paris, held January 15, was made remarkable by the presentation of a patient by M. Péan.

This patient had had a carcinoma of the larynx, and to relieve it, it was necessary for M. Péan to make entire extirpation of the larynx, the superior portion of the œsophagus and the inferior portion of the pharynx. Not only did the patient support the mutilation, but by means of a prothetic apparatus constructed by M. Michalès, under the direction of M. Péan, the organs were replaced so that the patient could breathe, eat and drink. Not only that, but the apparatus allowed the patient to make articulate sounds, so that speech could be understood. It is two years since the patient was operated upon, and the crowning glory of the operation has been the phenomenal, nay, the brilliant success of the artificial larynx. In former times the saving of the life of a patient so afflicted would in itself have been a triumph of surgery, but to replace lost parts with apparatus of such delicacy and usefulness seems to represent an art almost superhuman.—*New. Eng. Med. Jour.*

**IODOFORM INJECTIONS IN JOINT DISEASE.**—Ferraro (*Il Policlinico*, June 1st) reports the case of a man, aged 37, who after a long walk first noticed pain in the right knee, which was uniformly enlarged, red, and tender, and contained fluid. The joint was incised, and a considerable quantity of flaky pus let out. Two or three weeks after this, during which time the joint went on well, a small abscess formed in the upper third of the tibia; this was scraped. A similar purulent focus also appeared in the shaft of the tibia. The knee-joint became worse. The author then tried endo-articular injections of iodoform emulsions in sterilized glycerine (1-10) at intervals of twenty to twenty-five days. After each injection there was fever of maximum grade on the second or third

day. The tubercle bacillus was found in the joint secretion. Slight improvement followed the injections, which were used five times, but, the patient not being satisfied, resection of the joint was finally done. It was then seen that the cavity was full of a mass of adipo-muco-fibrous connective tissue, the caseous substance being almost all gone, the osteitic foci cured or in process of cure, and the tuberculous nodules undergoing fibrous change. No bacilli were now to be found. Probably the iodoform acts by exciting a reactive inflammatory process, with formation of new connective tissue.—*Brit. Med. Jour.*

**ENEMATA OF WHITES OF EGGS. MEMORANDUM.**—Albumen of eggs is valuable to feed patients when other forms of nourishment can not be taken or to reinforce other nourishment. I have known patients to take the whites of eighteen eggs in one day with evident advantage, in some cases the result appearing almost life-saving.

Exhibition by the mouth is made in three ways: 1, raw; 2, raw with milk; 3, dropped in boiling water and slightly cooked.

Enemata of uncooked whites I have lately used with decided benefit. Administration by a Davidson hard rubber springe No 494, one ounce. Eggs vary in size and weight, and should be sold by weight; the albumen of an egg varies in bulk from one-half to one ounce as eggs run.

Drugs can be administered with the raw albumen; sometimes a little laudanum is needed, but rarely, to quiet bowel. Patients state that an enema relieves the faint gone feeling in stomach, and such relief is longer than when the whites are administered by the stomach.—*Am. Jour. Med. Assoc.*

**HEART-DISEASE IN MASTURBATORS.**—Bachus (*Deutsches Archiv für klin. Med.*, Bd. 54, S. 201) calls attention to an affection of the heart which he has frequently encountered in masturbators. This is characterized by pain in the cardiac region, anxiety, and frequent annoying palpitation. The heart's action is disturbed in various ways, is frequent rather than slow, usually forcible, and often irregular and unequal. The sounds may be pure, or the first sound at the apex impure, or the second aortic or pulmonary accentuated. The pulse varies with the condition of the heart. Tension and size are usually not materially altered. The cause of the alteration is not easy to determine. That it is due to the increase of work on the part of the heart seems at first sight reasonable, since it has been claimed that blood-pressure is increased during coitus, yet, on the other hand, periodic increase in the work of the heart does not usually lead to hypertrophy. The diagnosis of the condition is based partly on the anamnesis, partly on exclusion of other causes. The treat-

ment includes cessation of onanistic habits, and other unfavorable practices (tobacco, alcohol), as well as symptomatic treatment of the condition.—*Am. Jour. Med. Sci.*

**LEGAL CONTROL OF SYPHILIS.**—The time has certainly come, says Dr. Bulkley, when the dangers of syphilis, and especially the dangers to innocent persons, should be fully recognized. It is too late in the history of science and of humanity to stigmatize the disease as "venereal," and on that account to withhold scientific protection from thousands of innocent sufferers. Among babies, nursing women, persons infected in dental or surgical operations, and in dozens of other manners, syphilis can no more be described as a "venereal" affection than any other contagious disease. The time has come to place it under the control of the proper health officers, and make it quite as *criminal to transmit syphilis wittingly* as it is to communicate smallpox, scarlatina or diphtheria.

**A DELIVERY-STOOL IN USE AT THE PRESENT TIME IN SPAIN.**—In the *Edinburgh Medical Journal*, page 771, 1875, Simpson describes a vessel made of strong, glazed earthenware, having a gap or opening in the anterior wall, and used at the present time by the physicians in Spain in confinement cases. This jar or stool has a wide flange upon which a patient sits, leaning forward, while the gap in the anterior wall of the jar permits necessary examinations and the expulsion of the child. Amniotic liquid and blood escape into the jar. Simpson commends this delivery-stool for its simplicity, and for the fact that it permits absolute cleanliness.—*Am. Jour. Med. Sci.*

**SUCCESSFUL TREATMENT FOR TAPEWORM.**—Dr. W. B. Fletcher says: "I read in some medical journal that a dose of naphthaline would remove the various forms of tenia. I have used it now for several years with most excellent success.

R—Naphthaline, . . . . . 20 grains.  
Chloroform, . . . . . 1 drachm.  
Glycerine, . . . . . 4 drachms.

M.—Sig. One dose to be given four hours after a light meal.

"Six hours after give a brisk cathartic and in due time all worms pass, apparently dead."

**INGLUVIN.**—Under this name Warner & Co., have introduced a peptic agent prepared from the gizzard of the domestic fowls and its digestive powers are alleged, by American physicians, to be very great. It comes to this country with considerable clinical endorsement as a specific for vomiting in pregnancy, as well as a powerful agent in the relief of dyspepsia and gastric disturbance. It will no doubt receive a fair trial from English practitioners.—*London Medical Record*, March, 1879.

## CANADIAN MEDICAL ASSOCIATION.

The Canadian Medical Association met in Kingston, August 27th, 28th and 29th, in Queen's University. There were about 110 members present. The programme was an interesting one, containing, as it did, the names of a large number of our prominent men, as well as those of some celebrities across the line.

"Diagnosis and Treatment of Retro-displacements of the Uterus." This was the title of a paper by A. Laphorn Smith, of Montreal.

He stated that at first sight one might think there was very little to be said either concerning the diagnosis or the treatment of this condition, that it was comparatively rare and that when it did occur it caused little or no inconvenience; while in the few cases in which something had to be done, the treatment was as easy as the diagnosis. The introduction of the pessary was considered by some all that was necessary to cover the requirements of the case. All of these opinions were of course erroneous; for there were many women not only married but single, who had been life-long sufferers, and who were still suffering because they had a displacement of the uterus which has been diagnosed, and if diagnosed not considered worth treating, or if treated, not treated in such a manner as to effect a cure. This condition, he said, was more common in married than in single women. Servant girls were often incapacitated by it, brought on by a heavy lift; it was sometimes the result of a fall on the back, the fundus being thrown below the promontory of the sacrum and held there. Such a uterus might or might not be held down by adhesions. The symptoms of such a condition sometimes simulated peritonitis; the patient experiencing acute pain in the pelvis and back and being unable to pass water; the bowels and abdomen being distended and tender; all of which were immediately relieved by re-placement. Many of the cases came on slowly as the result of failing health. The round ligaments became relaxed and did not hold the uterus in place. In the parous woman the condition usually resulted from miscarriages or abnormal labors, following subinvolution. It was often traceable to the use of pad and binder. The essayist then pointed out the diagnostic points. In simple cases the treatment consisted in placing

the patient in the knee-chest position and introducing a Sims' speculum; the air would rush in, the intestines fall towards the diaphragm and the uterus is drawn forward by suction. If the fundus was still fast, the anterior lip of the cervix should be caught with the forceps and gently drawn downward and backward to unlock the fundus. If it still assumed the faulty position there were probably adhesions due to diseases of the tubes. The vagina might then be packed with tampons of boro-glyceride, and the vaginal vault painted with Churchill's tincture of iodine, receiving from one-half to a dozen treatments. In such cases the pessary should never be used. If this failed to relieve the condition an Alexander operation, or that of ventro-fixation might be adopted, the technique of each of which the speaker described. The second was much easier and just as safe as the first. The first should be used in cases in which there was no disease of the tubes, ovaries and uterus. The second was more applicable to those cases in which inflammatory and other complications of these organs were found.

#### PRESIDENT'S ADDRESS.

Dr. Bayard then delivered his address.

Though his days in this world were nearly over now, it gave him great pleasure, he said, to preside over such a body as this. The venerable President then commented upon the amazing progress made by the medical profession in Canada during the last century, and remarked that this progress was largely due to the influence of the Canadian Medical Society. Referring to the high standard which was held by the profession in Canada, higher, perhaps, than in any other part of America, he ranked its members among the best citizens of the land.

"Go where you will," he said, "and you will find the physician engaged conscientiously in his work, whether it is in the houses of the rich or of the poor. It is a great honor to be a bishop, or to be a judge; it is an honor quite as great as either of these to be a good physician."

Referring next to the work done in Canadian hospitals, Dr. Bayard said that though these excellent institutions had been originally meant for the poor and indigent, fully a half who received charity from them were able to pay.

But the philanthropic part of the physician's duty did not cease with the hospital. There was still much to be done in general sanitation. The decrease in the death-rate all over the world was very noticeable, and was undoubtedly due to the greater attention which was now being paid to sanitary science.

In view of the fact that so few physicians are able to give the time to a special study of bacteriology, and keep privately all the costly apparatus necessary for this branch of research, Dr. Bayard most strongly advised that there should be special bacteriological experts appointed by the State, or by the municipality, who would give their time to such investigation, and who might be consulted upon all bacteriological matters by the members of the general profession. To the general practitioner this would be a great convenience.

With a good deal of justly deserved satire Dr. Bayard called attention next to the spectacular exhibitions which were often made by members of the profession in medico-legal matters; as when a number of physicians were called upon to give public testimony in court, each succeeded in arriving at a different conclusion from the others, thus affording much amusement to the public. This had been repeated with painful sameness whenever any celebrated criminal case has brought more than one physician to the witness box.

To avoid, if possible, so unsatisfactory a state of things, the President went on to advise, and most strongly, that all such medico-legal questions be brought at the time before thoroughly trained pathological experts, who would bring an intelligent familiarity with the subject to bear upon each detail. Great and unexpected advantage, both to the profession and to the public, would result from such a course, if properly carried out.

In the same spirit which he showed last year at St. John, Dr. Bayard next attacked the unscientific method still persistently adhered to in the education of children, in some parts of Canada at least. The close confinement, however careful the ventilation; the senseless and unhealthy clothing; the seats which they were forced to sit in; and the insufficient exercise—all these the Doctor criticised *in extenso*, and in conclusion advised strongly that a committee be appointed to look into the matter.

The next subject taken up by Dr. Bayard was one of intense interest to the public; and of even greater interest to the profession. Of the injurious effects of alcoholic drinks as a beverage, the doctor did not express the shadow of a doubt, but how those injurious effects could be best remedied was a matter in which he found himself in very great doubt.

Prohibition was a failure to-day as it had always been a failure. It was more than a failure, it was an impossibility. It had been an impossibility in the Garden of Eden, and its chances now were far less auspicious now than they were then.

The Gottenburg system, or State supervision of the traffic, with all profits accruing to the State, was then considered *pro.* and *con.*, and certainly



it was obvious that when the interest of the individual was taken away from the problem, and this particular merchandise dispensed without those extraneous allurements so potent with the members of the class which furnishes the greater part of the victims of the habit, much, nay, a greater part of the evil of the traffic at present noticed would be everted.

In Sweden and some other European countries where it had been tried, the system had proved, the doctor said, eminently satisfactory.

In spite of the fact that two representatives of Canadian knighthood were present, the President called attention to the sparse honors bestowed upon the profession as a whole by the Crown. The philanthropic part played by the medical profession in the life of the nation, and in the progress of civilization deserved certainly a royal guerdon more lavish, more copious, than had yet been elicited.

Finally, Dr. Bayard made a plea for greater representation of practicing physicians upon health boards, and with fuller compensation than they receive in that capacity; also for wider representation upon hospital boards, where medical men had now a very slight representation.

“Physical Culture and Training as a Therapeutic Exercise.” This was the title of a paper by B. E. MacKenzie, of Toronto. It began by stating the province of gymnastics and showing in what respects they differed from athletics. The paper dealt more particularly with the form of physical development he employed in correcting varying degrees of spinal deformity. The essayist first pointed out the various causes of this species of deformity and also referred to the other evils arising from the same. The question of the modern dress of woman was discussed and a comparison made between the bust of the present day woman with that of the savage woman and with the bust of the Grecians. The cure of this condition consisted in a change of dress, massage, and drill, the patient being taught to correct her own errors. The speaker showed photographs which represented the patient before and after treatment. One photograph showed apparatus for applying force in the treatment of lateral curvature. The developmental form of treatment consisted in having the patient placed before a mirror, shown her deformity; instructed how to stand and how to move the limbs and trunk to render the deformity less apparent; put in a class and given one hour every day for gymnastic work, increasing the amount of exercise from day to day. The exercise is given to develop the muscles of the back and abdomen especially. The patient is encouraged to do her best to assume and retain the best possible attitude. Histories of cases were

then cited showing how successful the treatment was when properly carried out. The doctor instanced a case of chorea treated with success by this method. The effect of the treatment on the muscular, nervous, and circulatory systems was explained. The effect on the patient's mental condition was striking. The treatment had been proposed for the correction of criminals and imbeciles by some of its enthusiastic advocates.

Dr. Louis Sayre commended Dr. McKenzie's paper and spoke highly of the treatment. He very forcibly dwelt upon the necessity of preventive measures being taken. He pointed out that the evils of spinal deformity arose from improper positions assumed in the school-rooms. He agreed that in these easy cases no splints whatever were necessary.

Dr. Reginald Sayre said that the effect of this systematic training was not only beneficial to the circulatory, nervous and muscular system and the co-ordinating power of the body, but in children he had seen the change was almost one from a mere animal to a rational being. The greatest amount of perseverance and patience was necessary to treat these cases with success, as the process was slow. One difficulty in the way of success was the difficulty of procuring suitable masseurs and instructors. Many of those who professed to be competent knew little or nothing about the correct principles and methods of treatment. This method of physical exercise he had found to be one of the most efficient in treating the atrocious deformities caused by rickets.

Mr. I. H. Cameron read the address in surgery, taking for his subject “The Progress of Cranial Surgery.” The essayist gave a historical review of the work that had been done in this department of surgery. It was only within the past twenty years that much had been done. Two of the factors in the progress of this line of work were the localization of special centres and the emphasis laid on the matter of asepsis. The matters of technique and instruments, and boldness in operating were not wanting in the older surgeons. The essayist dwelt very fully and thoroughly with the present aspects of the question. He discussed first fractures, their symptoms and appropriate treatment. Hæmorrhage was next reviewed, its varieties, symptomatology, and surgical treatment. Further subjects spoken of were abscesses, cysts and tumors. References were made to the application of surgery to diseased states of the brain. Speaking of the splendid achievements now universally accomplished in brain surgery the essayist said that these results have been made possible by the perspicacious genius, the patient and persevering investigation of one man, whose name is universally revered—Joseph Lister.

Dr. T. T. S. Harrison, of Selkirk, reported having operated on a boy in whom symptoms of

insanity were present, resulting from injury. By raising the depressed bone relief was obtained.

"Tumor of the Medulla Oblongata." Dr. J. E. Graham gave the history of a case of sarcoma found resting upon and forming a cavity in the restiform body in the left side of the medulla. The tumor was found in a married man aged 52. Eight years previous he had suffered from typhoid, the fever running very high. Patient never felt as well as before. Three years ago he had rheumatism for three months, followed by a mitral murmur. One year ago he had la grippe. The commencement of his illness was marked by an attack of fainting. Falling backward he received a blow on his back, on a line a little below the occipital protuberance. This attack was accompanied with nausea. His general health continued to fail gradually. He experienced great thirst at times. In February last he noticed that the left side of his face was numb; the same condition was experienced in the left thumb, the numbness extending to the left neck, arm and forearm. Complaint was made of headache in the occipital region. He also complained of vertigo and vomiting. The lungs began to undergo consolidation. Death followed. The tumor was removed, *post mortem*, and proved to be a sarcoma of the round-celled variety. Diagrams were then exhibited, showing the position of the tumor. The reader of the paper then went into the bibliography of the subject.\*

Dr. E. Buller, of Montreal, then read a paper on the "Removal of the Membrana Sympani and the Ossicles." This operation had been found to be one of great benefit in catarrhal otitis media, and was now a recognized surgical procedure among the profession. Under the varied forms of local medication some cases of middle ear trouble were very obstinate to cure. There was considerable rigidity of the diseased parts, and the bony structures were involved in the inflammatory process, the hearing being very much impaired. The operation was a comparatively simple one, and caused little inconvenience to the patient. Even though the discharge recurred after operation it was much more amenable to treatment than before. A marked improvement in the hearing followed operation.

Thursday, a.m.

The Committee on Nominations made the following report: "To the President and members of the Canadian Medical Association—Your Committee on Nominations met and appointed Sir Wm. Hingston, M.D., Montreal, Chairman, and Dr. Bray, Chatham, Secretary, and beg leave to report the following suggestions for consideration: That Dr. James Thorburn, Toronto, be President; Dr. Small, of Ottawa, Treasurer; and Dr. F. N. G. Starr, of Toronto, General Secretary. That

Dr. Fife Fowler, Kingston, be Vice-President of Ontario; Hon. Dr. Marciel, Quebec, be Vice-President of Quebec; Dr. W. W. White be 1st Vice-Pres. of New Brunswick; Dr. Wm. Tobin, Halifax, 1st Vice-Pres. of Nova Scotia; Dr. Chown, Winnipeg, 1st Vice-Pres. of Manitoba; Dr. Butt, Calgary, 1st Vice-Pres. of Northwest Territories; Dr. Warburton, 1st Vice-Pres. of Prince Edward Island; that Dr. Matheson, of St. Mary's be Local Secretary, Ontario; Dr. McCarthy, Montreal, Local Secretary of Quebec; Dr. Christie, Local Secretary of New Brunswick; Dr. Jones, Halifax, Local Secretary of Nova Scotia; Dr. Neilson, of Manitoba, Local Secretary of Manitoba; Dr. Geo. McDonald, Local Secretary of Northwest Territories; Dr. W. H. Richardson, Local Secretary of British Columbia; Dr. H. D. Thurston, Local Secretary of Prince Edward Island.

Dr. Roddick, of Montreal, presented the following report: The Committee appointed at the last meeting of the Association, to look into the question of Interprovincial Registration and composed as follows: Sir James Grant, Drs. Cameron and Pyne, Ottawa; Sir William Hingston, Drs. Warcil, Bausolied, Charlotte; Parke and Roddick (Chairman), Quebec; Drs. Christie and White, New Brunswick; Drs. Farrell and Muir, Nova Scotia, and Dr. Warburton from Prince Edward Island, express their regret that by the system which at present obtains a graduate in medicine entitled to practice in one province is not free to exercise his functions in all the provinces of this large but sparsely settled Dominion. That this condition of things prevents the names of medical practitioners in this Dominion being placed on the British register becoming thereby British practitioners is a boon which the Council of Medical Education of Great Britain has more than once signified its willingness to grant. With this end in view, that it is therefore considered most desirable that a uniform standard of medical education, and a uniform method of examination for the whole Dominion be established. In order to effect this purpose that the Secretary be instructed to communicate with the various Provincial Councils before the next meeting, asking that each Council discuss the position, and, if possible, appoint one or more delegates to a Dominion committee, for the purpose of adjusting a suitable curriculum to carry out the suggestion herein, and that such committee be requested to forward their finding to such of the Provincial Councils and to the Secretary of this Association before the next annual meeting.

The report was received and adopted.

Dr. Wm. Osler, of Baltimore, read the next paper on "Five Years' Experience with Cold Baths in the Treatment of Typhoid." The essayist said that he had not followed the Brandt treat-

ment exactly, but had had baths administered to most of the cases that had come under his care. The rule was to immerse the patient in a bath of 70° if the temperature ran up to 102½. This was the only treatment used unless signs of heart weakness supervened, when strychnina was administered. The majority of cases received small doses of alcohol after the bath. Milk or broths and egg albumin formed the diet. In considering the statistics he was presenting, it was to be remembered, that the hospital was the repository of the worse class of cases. During the five years he had under supervision 356 cases with 25 deaths, a mortality of 7.02%. Of these 298 were bathed and 19 died, a mortality of 6.3%. The 58 unbathed cases gave a mortality of 10.2%. These latter were either mild cases, or cases with temperatures below 102½°, or cases in which severe complications were present, or cases of very high fever with weak, rapid pulse, meteorism, etc., mainly. The contention that this method of treatment wherever tried, had mitigated the general symptoms and reduced the mortality rate, his experience had fully borne out, and despite the difficulties of carrying it out, the patients feelings and the increased nursing staff necessary, he could not from a scientific standpoint give it any other than first place in treatment of typhoid.

Dr. Muir, of Truro, N.S., spoke of the difficulties of carrying this treatment out in general practice. His idea was that typhoid fever was generally over-treated. The effect of the ordinary antipyretics was very injurious to the circulatory system. One of the main points was to watch the pulse. During the past five years he had treated 159 cases with a mortality rate of 8½%. In private practice patients were seen usually much earlier than in hospital practice. For this and other reasons their statistics would differ. Most of his cases had died from bowel complications. One important point in the treatment was to avoid constipation. This he managed by administering small doses of Rochelle salts. His antipyretic was alcohol. He gave very little medicine.

A "Skin Clinic" which proved of great interest was given by Dr. J. E. Graham, of Toronto; L. Duncan, Bulkley, and A. R. Robinson, of New York. The cases were alopecia areata, psoriasis and eczema, seborrhœacum.

office  
The members of the association were then treated by their Kingston brethren to a cruise among the Thousand Islands in the "America." As it was too late in the evening to assemble in the University, which was a considerable distance away, the members gathered in the Frontenac House parlor where many of them were staying and listened to papers by Dr. A. J. McCosh, of New York, on "The Operative Treatment of Injuries to the Head"; L. Duncan Bulkley, on "Some of the Newer Reme-

dies in the treatment of Skin Diseases"; and E. Farrell, of Halifax, who delivered the address on "Medicine."

Friday, Third day.

Dr. J. C. Campbell, of Seaforth, presented a paper, the report of a case of "Dysmenorrhœa, accompanied by Anti-flexion of the Uterus and Stenosis of the Internal Os." Treatment consisted of rapid dilatation with applications to the endometrium, afterwards with galvanism, followed by laparotomy, with extirpation of both tubes and ovaries. A complete cure was effected. The ovaries presented a cystic condition.

Dr. A. R. Robinson, of New York, read a paper on "The Importance of Early Treatment of Cutaneous Cancers." The essayist shewed charts representing microscopical sections of the various cutaneous cancers, pointing out the relation of the proliferating epithelium to the connective tissue; how that the sub-epithelial tissue was very resistant to the advance of the disease; how that the vulnerability of the deeper part of the corium was much greater than that of the papillary region. The clinical course of the disease was dependent on these facts. Therefore, early thorough treatment was advisable, remembering that at the start it was only a local disease, and capable of complete cure.

Dr. Mills, of Montreal, read a paper on "Cachexia Strumipriva." The condition was shewn in two cats which the essayist presented, from which a few days before he had removed the thyroids, the symptoms being those of loss of appetite, emaciation, almost inability to walk, dyspnœa, tonic muscular spasms, and stupor. The essayist alluded to the various theories advanced as to the function of the thyroid.

Dr. C. K. Clarke, of Kingston, read a paper on "Thyroid Feeding in cases of Stupor." Such cases ordinarily were of great interest and difficult to manage. He had experimented on a good many cases. The histories of a number of the cases were given. The effects of the treatment on some seemed to be very favorable and lasting. While in one case of almost hopeless dementia improvement went on from the commencement until a perfect recovery seemed to have been attained, when suddenly, in one day, the patient relapsed completely into his former condition.

Dr. Louis Sayre, of New York, gave a clinic on "Hip Disease" on two patients.

Dr. R. A. Reeve, of Toronto, read a paper descriptive of the "Mechanism and Value of the Ophthalmometer."

Dr. J. Webster, of Kingston, reported a case of cerebral tumor causing symptoms of insanity. Removal was followed by the relief of symptoms.

A case of "Placenta with Hydatids: Fœtus with Spina Bifida" was the subject of a report by Dr. A. Bethune, of Seaforth, Ont.

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; Canadian Advertising Agency, 60 Watling St. London. 5 Rue de la Bourse, Paris.

TORONTO, OCTOBER, 1895.

Owing to the pressure on our columns, this month, due largely to the full and interesting report of the proceedings of the Canadian Medical Association, held recently at Kingston, we have been obliged to increase the size of our Journal, which has caused a re-arrangement of some of our pages.

## TO OUR PATRONS.

With the September No. of the CANADA LANCET we began a new volume, and it is the intention of the management that this Journal during the coming year shall be in every way worthy of its past history. It will be our constant aim to present to our readers, in as concise a form as possible, the very best that the medical profession can furnish. We have much to thank our patrons for; and cordially ask their continued co-operation in keeping the LANCET in the place it has so long occupied—the leader of medical journals in Canada.

Another thing. To do this we need money. And a glance at our subscription list shows us a number of our friends who are behind; we believe not from choice, but simply from forgetfulness. It is our desire to have all subscriptions end with our journalistic year—August. In remitting will our subscribers kindly remember this, and do us this kindness. A glance at your label will make this plain—and also the fact how much you owe us. Make cheques and money orders payable to Dr. Charles Sheard, and address all business communications to Arthur A. Adams, 11 Colborne St., Toronto.

Dr. R. W. Garratt, of Kingston, gave the notes of a case of "Hernia of the Vermiform Appendix." The presence of the appendix was not suspected, but on opening the inguinal canal its ruptured end presented; pus exuded from it. It was drawn down, removed, and a good recovery followed.

A case of "Transperitoneal Nephrectomy" was the title of a case read by Dr. M. J. Ahern, of Quebec. It was done for hydronephrosis due to a congenital malformation of the left ureter.

Dr. Chas. Dickson, of Toronto, gave a paper on "Some Indications for Electrolysis in Angioma and Goitre."

Dr. W. Tobin read a paper dealing with the reorganization of the Canadian Militia Medical Department, in which he advocated the adoption of the departmental in lieu of the regimental system. He also advised the formation of bearer companies, and that they should receive information in stretcher drill and instruction in the matter of first aid to the wounded.

The usual votes of thanks were then tendered.

By the pilotage of Dr. Cunningham, who was most assiduous in his cordial attentions to the visitors, the members of the Association who remained until the end of the third day, were taken to see the Penitentiary and the Rockwood asylum, and were kindly received and shown about by the Superintendents. The homelikeness of the latter institution was a matter of much comment.

Thus closed one of the happiest meetings of the Canadian Medical Association.

THE William F. Jenks Memorial Prize of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, has been awarded to A. Brothers, M.D., 162 Madison Street, New York, for the best essay on "Infant Mortality During Labor, and Its Prevention." The Prize Committee also reports as highly meritorious the essay on the same subject bearing the motto, "Vade Mecum."

The writers of the unsuccessful essays can have them returned to any address they may name, by sending it and the motto which distinguished the essay to the Chairman of the Prize Committee, Horace Y. Evans, M.D., College of Physicians, Philadelphia.

DYSMENORRHOEA.—For twenty years I have used sanguinaria exclusively in the treatment of painful menstruation, Dr. Hall, *Chicago Med. Times*. I commence two weeks before the expected return of the menses, and give a teaspoonful [dose three times a day and a teaspoonful on going to bed.]

## DEATH FROM ELECTRICITY.

The number of deaths from men and animals touching "live wires" draws our attention forcibly to the death-dealing qualities of the "subtle fluid." In nearly every city, town and village, some sort of an electric plant is used for traction or lighting purposes, and in view of the resuscitation of a number of victims who were apparently dead, a careful inquiry into the subject should be made.

Victims of lightning-stroke come under the same heading, and make us hope that a large number who are apparently dead from this cause, may be restored to life by such well-known means as artificial respiration, and rhythmic traction of the tongue, after the method of Labord.

M. d' Arsonval has laid great stress upon the hopes of success if such measures are persisted in, even after life has apparently gone forever, and it seems that his teachings have made such an impression, that men outside the profession have become so thoroughly familiarized with them, that the employees of large electrical concerns in the United States are as fully capable of exercising them as a skilled physician. Indeed, it is only the other day that, owing to the continuous efforts of his fellow-workmen, a member of an American electric light company was resuscitated after one hour's unconsciousness.

Some concerns, notably the Electrical Company of Rochester, N. Y., have their employees thoroughly drilled in all these life-saving methods, with most gratifying results.

If only an occasional life is saved by following M. d' Arsonval's precepts, the result will be a decided gain to humanity, and if success is achieved in a few cases, modifications of the procedures, or greater precision in carrying them into effect, will, we hope, be followed by gratifying results.

An ominous question, but one which must be faced, in view of these restorations to life in those supposed to be dead, is, whether electricity or the surgeon's knife is the real cause of death, when the sentence of the law is carried into effect, as in New York, that is whether a condition of suspended animation is converted into an execution by a member of our profession. The thought is

a revolting one, and the question should be most thoroughly investigated. As the *New York Medical Journal*, which has always opposed electrocution, says: "If the death-penalty must be inflicted, by all means let it be done by the executioner in the course of his duty, and not left to the pathologist."

## VARICOSE VEINS AND ULCERS.

Many a practitioner would, we believe, more properly fulfil his duty to his patients suffering from varicose veins if, instead of advising palliative treatment, he insisted upon radical measures. By palliative treatment we mean whatever may be done to remove the causes and effects of the obstruction without resorting to operative procedure. Among other means may be mentioned general hygienic regimen, attention to the general state of the circulation, to the bowels and liver, as well as rest and elevation of the limb, these two last, by the way, being usually impossible to the class of people who suffer most from this disease. Then adventitious aid to support the weakened limb, such as bandages and elastic stockings, which are so freely used, may enable the patient to "get along" but never can cure.

We need do no more here than mention some of the many procedures instituted for the radical cure of varix; as, ligation; excision, subcutaneous or open; the injection of an irritant, such as pure carbolic acid, into the tissues surrounding the vein; acupressure pins, twisted sutures, etc.

These, no doubt, are all excellent in their proper place, but if we consider to what is mainly due the distension of the veins of the lower limb, it will be seen that radical measures high up, and away from the apparent seat of disease, or at least away from its seat of greatest distress to the patient, should, on theoretical grounds at least, prove more beneficial.

Everyone knows that it is the internal saphenous which is most frequently affected.

The vein gradually dilates, thickens, and becomes tortuous. The inner coat of the vein is altered and *the valves are shortened* and thus rendered inefficient to support the column of blood. Other changes take place, but the important fact to remember is the inefficiency of the valves of the

saphenous. Theoretically, then, the saphenous is the vein to operate upon, and recent researches by Trendelenburg on these lines have shown plainly the fact that the trouble lies, not in the difficulty which the blood experiences in circulating in the veins, but in the pressure of the column of blood heaped up above—that is, in the saphenous vein, a column whose weight rests on the peripheral veins on account of the weak valves of the saphenous. His method—ligature of the saphenous at the upper part of the thigh—is based on this theory.

Perthes, operating on forty-one cases, had thirty-two definitive cures. He had some relapses, due to the vein becoming permeable again some time after the operation; consequently, the author recommends resection of a few centimetres of the vessel. The successes of this method are remarkable—not only for the effect they have on the disappearance of pain, but also for the improved local conditions. Varicose ulcers were notably ameliorated in a short time by ligature of the saphenous. This method appears worthy of adoption; its advantage over Madelung's method—extirpation of the varices—consists in the much greater facility with which it may be performed, as also the more radical and natural means of overcoming the disability.

#### "THE MONTREAL MEDICAL JOURNAL."

In August we were enjoying the cooling and balsam-laden breezes of the Georgian Bay, and did not see our own journal from start to finish. Hence, though our congratulations to our esteemed contemporaries are late, we hope they may be none the less welcome. Beginning with the July number, a new series, with a new and quiet dress at advanced rates, will be given to its subscribers. The chief new features as to the literature of the journal will be: Articles detailing the result of original work; the report of a clinic as actually delivered; signed reviews and criticisms; a monthly retrospect of Canadian medical literature; editorial comments on subjects of interest to the profession; full reports of the Montreal Medico-Chirurgical Society; keeping the alumni of McGill University informed of the doings and successes of their contemporaries.

We are glad to see that the management have seen fit to place such a journal within reach of the Canadian profession. We have already too many advertising sheets with us. No one wishes to run a medical journal for his health, but there is a decent limit to the advertising sheet business. We wish our Montreal contemporary all scientific and financial success in the new order of things.

#### A NEW NASAL TABLET.

*To the Editor of the Canada Lancet.*

SIR,—I have been for a long time dissatisfied with Seiler's and Dobell's solutions for cleansing purposes in nasal work, finding them too irritating in the great majority of cases, containing a large number of oils and antiseptics out of place in ordinary nasal disease without pus formation. Looking around for some substitute that would consist of a slightly alkaline solution, as nearly of the same specific gravity as the blood serum as possible, thereby preventing too much osmosis and endosmosis in the nasal cavity, I was taken with the fact that a tablet could be made containing the soluble salts of the blood plasma, which when added to two ounces of luke-warm water, would form a solution as nearly comparable with blood plasma as possible. Parke, Davis & Co., complied with my desires, making an excellent tablet containing the soluble potassium and sodium salts of the blood, with the addition of  $\frac{1}{16}$ th of a grain of menthol to each. I have found it of great service as a cleansing agent, and have received a large number of letters from medical men who have tried the solution and found it answer the purpose in a very satisfactory manner. Parke, Davis & Co., will supply any desiring them. The tablets are called "Plasma Alkaline," and are added to two ounces of lukewarm water, and used as a spray for cleansing purposes, in the nose and throat, wherever a mild and non-irritating solution is desired. Those who make use of them and avoid astringents in the nasal cavity will find a gratifying result both for themselves and patients.

MURRAY McFARLANE, M.D.,

*Laryngologist to St. Michael's  
Hospital, Toronto.*



**THE TREATMENT OF ACUTE CHOREA OF CHILDHOOD.**—In a recent lecture on this subject, *Phil. Poly.*, Dr. Charles W. Burr said: The important element in the treatment of chorea, far more important than medication, is physical and mental rest. Keep the child confined to bed in every case, or, if the attack is very slight, let him remain there for some hours at least every day. If such treatment is instituted at the beginning, recovery will be hastened. If the muscular spasm is not too violent, little children may be permitted to have their picture-books and toys to play with, but all mental and emotional excitement must be avoided. If the case is severe use a large crib, the sides of which have been well padded, or have the bed made upon the floor. The period of confinement to bed varies with the severity of the attack, three weeks being the time usually necessary. Make haste slowly in letting the child return to his usual mode of life. He should not be permitted to return to school or to take violent exercise until recovery is complete.

The diet should consist of milk, strong soups and eggs. See that enough is given. "Low dieting" must not be permitted. Dispensary patients, and indeed many people presumably belonging to a much more intelligent class, have very remarkable ideas about diet. Their children are taught the tea and coffee, and sometimes even the alcohol, habits at a very early age, and when ill are stuffed with sweetmeats and pastry. Forbid all these.

Warm, but not hot, baths given daily are of much benefit. A good plan is to put the child in a quite hot bath and add cold water till it becomes lukewarm. Here again you will often meet the obstinate opposition of ignorance, but remember illness is no excuse for dirtiness, and is never so severe as to make cleanliness dangerous. Cold baths, the pack and the shower, are distinctly harmful. Gentle massage will often quiet the movements markedly and obviate not a few of the evils of confinement to bed.

Finally the medical treatment. In rare cases there is serious sleeplessness. Chloral by the rectum, in doses of from 5 to 15 grains, or 10 to 15 grains of trional given by the mouth one or two hours before sleeping time, will act well. Potassium bromide is also useful. Avoid the use of morphine. Ordinarily hypnotics are not needed at all.

No known drug has a specific action in chorea,

that is, no drug acts in chorea as mercury does in syphilis or quinine in intermittent fever. It is doubtful if there is any one specific cause of the disease, notwithstanding the discovery of the presence of micro-organisms in a few cases. Things as unlike as mental shock (fright) and the poison of rheumatism are equally powerful causes. Of all drugs supposed to exert a curative influence arsenic is by far the most valuable, but as usually administered, 3 to 5 drops of Fowler's solution three times daily, it is useless. The proper method is to begin with, say, 5 drops after meals in some alkaline water, and to rapidly increase the dose to 20 to 25 drops. While giving it watch for œdema of the eyelids, nausea and diarrhœa. If these symptoms appear, stop for two days and then begin again with the smallest dose. Be on guard, too, against arsenical neuritis. Remember arsenic is better borne by children than by adults. Arsenic is of use especially in those cases in which nutrition is poor and there is either an apparent or real anæmia. I say apparent or real, because most often there is little anæmia, but only skin pallor; or, as frequently happens, anæmia develops late, at a time when the movements have greatly decreased. The condition of the blood can only be determined by examination. Not infrequently you will find choreic children markedly pale, and even with a so-called hæmic murmur, examination of whose blood will give a corpuscle count and hæmoglobin percentage only a little below the average. For the late anæmia give tincture of ferric chloride in doses of, say, 15 drops after meals. I shall only speak about the removal of alleged reflex causes of the acute chorea of childhood, because such causes are largely mythic. If the child needs glasses, put them on, or if he needs circumcision, circumcise him, or if he has worms, get rid of them, but do not expect miracles, do not expect such procedures alone and without other and proper treatment to cure.

**IRRIGATIONS IN ACUTE GONORRHŒA.**—Dr. W. A. Davison, in a recent lecture on this subject, *N. Y. Med. Record*, says: "When gonorrhœa is in the acute stage I would advise not to interfere. Tell the patient to wear a suspensory bandage, to take an alkaline bath every three days, and in about ten days afterward to come back, and then you will cure him." This might do in great medi-

cal centres in France, and possibly even in the medical metropolis of the United States, but the medical man in this section who prescribed such a course in the treatment of his cases of acute gonorrhœa would most assuredly treat very few cases of this disease. My plan is to treat gonorrhœa at any stage. Why not? If we will adapt our remedies to the stage, physical condition and individual peculiarity of patient, I fail to see why we should leave nature to struggle single-handed with her adversary until she had well-nigh conquered. We do not hold our hands in the acute stage of inflammatory affections of other organs, and why this? I think the hot-water irrigations equally adapted to the acute stage. I begin them the very first day the case presents itself, and know of no treatment better than the action of hot water. I use a good-sized fountain syringe well filled with hot borated water—well filled, for thus the heat is retained during the entire time necessary to make a proper application. To the pipe attach a glass tube, and over the end of this for two inches draw a soft rubber catheter; anoint well with carbolized vaseline or oleate of cocaine, if the parts are very much irritated, or better only sensitive; and here one may easily over-estimate the amount of hyperæsthesia, for one may often pass this catheter, causing very little pain. Introduce the catheter carefully one inch, turn on the hot borated solution, and after you are satisfied all is clean as far as you have gone, very gently and gradually push your catheter into the deeper urethra, and even into the bladder, if one's judgment deems it advisable, allowing, all this time, the water to flow out all around your catheter. The object is to thoroughly cleanse the urethra as you enter. Your fountain should not be elevated more than two feet above the patient. These irrigations should be repeated at least daily, and at least a quart of the hot solution consumed; often two quarts is better. Follow these irrigations after two hours' time with some soothing mucilaginous sedative injection of not more than half a drachm thrown gently in, and repeat each six hours in the acute stage; but in the subacute or chronic I like the morphia and zinc better than anything I have yet tried.

R—Morphia sulph., . . . . . ʒ iv.  
 Zinc acetate, . . . . . gr. j.  
 Aqua, . . . . . ʒ iv. ad. vj.

I have pursued this plan of treatment for several years, and with commendable success. The patient will pass out of his physician's hands with a grateful heart and free from stricture.

SOME MEDICO-LEGAL POINTS IN REGARD TO MALPRACTICE.—The following points with regard to a physician's liability in suits for malpractice are given by R. C. B., in the *General Practitioner*.

1. A physician is guilty of criminal malpractice when serious injury results on account of his gross ignorance or gross neglect.

2. A physician is guilty of criminal malpractice when he administers drugs, or employs any surgical procedure, in the attempt to commit any crime forbidden by statute.

3. A physician is guilty of criminal malpractice when he wilfully or intentionally employs any medical or surgical procedure calculated to endanger the life or health of his patient, or when he wilfully or intentionally neglects to adopt such medical or surgical means, as may be necessary to insure the safety of his patient.

4. A physician is civilly responsible for any injury that may result to a patient under his care, directly traceable to his ignorance or his negligence.

5. A physician is expected by the law to exhibit in the treatment of all his cases an average amount of skill and care for the locality in which he resides and practices, further than this he is not responsible for results, in the absence of an express contract to cure.

6. A physician is not relieved of his responsibility to render skilful and proper treatment or reasonable care and attention, by the fact that his services are gratuitous.

7. A physician is not obliged to undertake the treatment of any case against his will, but having once taken charge, he cannot withdraw without sufficient notice to allow his patient to procure other medical assistance.

8. A physician having brought suit and obtained judgment for services rendered, no action for malpractice can be thereafter brought against him on account of said services.

9. A physician is relieved of all responsibility for bad results in connection with the treatment of a case, when there can be proven contributory negligence on the part of the patient.

10. A physician is civilly responsible for any injury to his patient resulting from the ignorance or carelessness of his acknowledged assistants, but he is in no way responsible for their wilful criminal acts.

SOME "DON'TS" FOR MYOPES.—Dr. G. Sterling Ryerson, Professor of Ophthalmology in Trinity Medical College, Toronto, says: Myopia being essentially a condition due to abuse of the eye, one is constantly obliged to say "don't" to patients. It occurs to me that it might be useful to put these prohibitory rules in aphoristic form:

1. Don't read in railway trains or in vehicles in motion.
2. Don't read lying down or in a constrained position.
3. Don't read by firelight, moonlight, or twilight.
4. Don't read by a flickering gaslight or candle-light.
5. Don't read books printed on thin paper.
6. Don't read books which have no space between the lines.
7. Don't read for more than fifty minutes without stopping, whether the eyes are tired or not.
8. Don't hold the reading close to the eyes.
9. Don't study at night, but in the morning when you are fresh.
10. Don't select your own glasses at the outset.

It would almost seem as though some of these rules were too obvious to require mention, but practical experience shows that myopes abuse their eyes just in the ways stated. Reading by firelight or by moonlight are favorite sins. Reading lying down tends to increase the strain on the accommodation, and while travelling tires the ciliary muscle because of the too frequent adjustment of focus. In short anything which tends to increase the quantity of blood in the organ favors the increase of the defect, leading in extreme cases to detachment of the retina and blindness.

THE BEST TREATMENT IN HEART DISEASE.—Robert H. Babcock, of Chicago, Ill. (*Jour. Amer. Med. Assoc.*) concludes an able paper on the above subject as follows:

1. The position taken by Fraentzel, that rest is injurious in the treatment of all forms of heart disease is untenable, and the reasons he assigns are incorrect. Prolonged rest is detrimental, un-

doubtedly, in cases of enlargement of the heart, without valvular disease, partly if secondary to arterio-sclerosis, and in cases of fatty or other degeneration of the cardiac muscles.

2. The cause, however, lies in the circulation outside of the heart and not, as stated by Fraentzel, in the liability of cardiac, like striped voluntary muscle, to degenerate as a result of prolonged inaction, since the heart muscle, cannot during life be subjected to complete repose.

3. When compensation has become destroyed in valvular lesions of the heart, particularly mitral stenosis and aortic incompetence, rest is indicated theoretically and is beneficial in practice.

4. Brachycardia would theoretically contraindicate prolonged rest.

5. On the other hand, it is called for in paroxysmal tachycardia, but should not be maintained, after having shown its powerlessness to affect the heart rate.

6. Acute inflammatory or degenerative affections of the heart indicate rigid rest in the recumbent position.

ACUTE MANIA.—Extract from a paper read before the Academy of Medicine of Cincinnati, May 13th, by W. H. DeWitt, M.D., *Lancet-Clinic*.

The medical treatment of these cases is very simple, and can be disposed of in few words. To procure sleep and quiet is perhaps the greatest desideratum, and I know of nothing so certain in its action as chloral hydrate, in doses of 40-60 grains. It may be given alone or combined with one of the bromides. The "Bromidia" of Battle & Co. I have always found very reliable. It is almost certain to quiet and produce sleep. You will occasionally meet with cases that resist the influence of chloral even in large repeated doses; here opium or some one of its derivatives, either given alone or in connection with the chloral, will be found of service. If hypodermically administered, not less than  $\frac{1}{2}$  gr. should be given. Small doses only excite the patient, and do more harm than good. Hydrobromate of hyosine has some advocates. The milder hypnotics, such as sulfonal, chloralamid, etc., are not to be thought of in these cases; they are practically inert, and do no good.

THE ROCKING CHAIR.—Appearances would seem

to indicate, *Medical Press and Circular*, that that oldtime and familiar piece of furniture, the "rocking-chair," has passed out of fashion. Time was when it always formed a part of the stock-in-trade, so to speak, of the nursery, and we may assume that many a child in former days has been soothed to sleep by means of its gentle movements. If a French medical man, however, is to be believed, the "rocking-chair" has a new future before it. Instead of being relegated to the nursery it has now the opportunity of being promoted to the drawing-room. A new use for the "rocking-chair" has been discovered. We learn that its use is most beneficial in the case of patients who suffer from atony of the stomach, and in whom digestion is sluggish. It is said that its gentle and regular oscillations have a wonderful effect in stimulating the gastro-intestinal peristalsis. There is one point, however, to be remembered. Everything seems to depend upon the chair. Great stress is laid upon the fact that it should be very mobile, in order that its movement by the patient may involve the least possible effort; it should also rest upon its axis, in such a position that the sufferer may be almost horizontal. If these details be attended to, it is to be expected that the "rocking-chair" will do what is required of it.

ACETANILID HEALS CHANCROIDS IN FROM ONE TO SEVEN DAYS.—Dr. Thomas S. K. Morton is reported as saying in the *Philadelphia Polyclinic*, that upon "chancroids, the effect of acetanilid is most surprising." He states that all soft venereal sores (chancroids) and inflammations "have uniformly healed in from one to seven days, with a single exception," which one was of a phagedenic nature, and required cauterization with nitric acid before it would heal under the acetanilid. He prescribes a drachm of powdered acetanilid. The patient is to wash several times daily, and then rub in the dry powder. If the sore is beneath the prepuce, leave a quantity of the drug inside, which prevents excoriations by urethral discharges. The drug is entirely wanting in odor.

PIPERAZIN IN URIC ACID DIATHESIS.—*Nojinkoff Med. Rec.* 1. Piperazin in small doses increases the urine; urine becomes clear and lowered specific gravity. 2. Diminishes acidity of the urine. 3. Lessens quantity of urea and the per-

centage of uric acid. 4. Piperazin, in small doses, given for a long time, does not produce albuminuria if kidneys are healthy; if they are diseased, piperazin given in small doses appears to increase albuminuria, and likewise hæmaturia. This ceases upon stopping the piperazin. 5. Digestive troubles not aggravated by small doses. 6. Raises blood pressure. 7. No influence on composition of blood. 8. In three gramme dose daily can be well supported by sick; rarely need for larger doses.

GONORRHOEA.—A favorite prescription of Dr. J. William White's, for the second stage, is, *Med. World*:

R.—Hydrarg. chlor. corros., . . . gr.  $\frac{1}{4}$ .  
 Acidi carbolici, . . . . .  $\frac{3}{4}$  iss.  
 Zinci sulpho carbolate, . . . gr. xxiv.  
 Boro-glyceride (50 per cent. sol.) f.  $\frac{3}{4}$  ij.  
 Aquæ rosæ, . . . . . q. s. ad. f.  $\frac{3}{4}$  viij.  
 M. Sig.—Use as an injection after urinating.

PRURITIS CUTANEUS often yields to:

Hydratis chloralici  
 Acidi carbolici, āā . . . . . grs. x.  
 Ol. olivæ, . . . . .  $\frac{3}{4}$  ii.

M. D. S.—External use. Apply as often as needed.

Sig.—External use only.

APPLICATION OF LEECHES.—The application of leeches to the temple is often of great service in relieving pain and subduing inflammation in the eyes and their appendages, *Univ. Med. Jour.* The leech is best applied by putting it in a large test tube partly filled with water. When this is tilted so that its open end and the mouth of the animal come in contact with the skin of the temple, the leech feels so much at home in his native element that he promptly bites the skin when he touches it, and sucks himself full of blood.

RECOVERY FROM A LARGE DOSE OF COCAINE.—A man had swallowed eight or nine grains of cocaine, *Med. Rev.* His symptoms were constriction of the throat and region of the heart, great difficulty in swallowing and mental dulness. The pupil light-reflex was absent and the pupils were dilated. His appearance was that of one partly under the influence of alcohol, but the movements resembled those of a bad case of chorea; they were slower, however, and more regular. The body was

alternately rotated from side to side and bent at the same time, while the arms and legs were not still for a moment. The patient appeared to be constantly masticating, but could not swallow. There was some lividity of the lips. Amyl nitrite was administered with immediate benefit. All of the symptoms disappeared in about five or six hours.

**ANÆMIC PATIENTS WHO HAVE MALARIAL CACHEXIA.**—Dr. T. D. Crothers, editor of *The Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number as follows:—Antikamnia and Quinine are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemicrania), and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition.

**FOR BLEPHARITIS.**—Millendorf recommends (*Col. and Clin. Rec.*):

R—Red oxide of mercury . . . grs. x.  
Vaseline . . . . . ʒss.

M. Sig.: Apply to the edge of lid at bed-time.  
Or,

R—Ammoniated mercury . . . grs. xx.  
Powdered camphor . . . grs. x.  
Vaseline . . . . . fl. ʒss.

M. Sig. Apply at night.

Or,

R—Solution subacetate of lead . . . gtts. x.  
Ointment of rose water . . . ʒiij.

M. Sig.: To be used for more chronic forms of marginal blepharitis.

**VASELINE IN ERYSIPELAS.**—H. Koester, of the Sahlgren Hospital, has made a study of the relative value of the various common methods of treatment of erysipelas, *Univ. Med. Jour.* The duration of the fever appeared to be the same when vaseline was used as when Goulard's water, iodine applications, ichthyol and vaseline and sublimated lanolin were employed. None of these remedies were capable of checking the process with certainty, and in exceptional cases this spread over

almost the whole surface of the body. The complications, especially the phlegmonous process, did not appear to be greater after the use of vaseline than when the other measures were used. Consequently the author regards vaseline as quite as efficacious as the other well-known topical remedies, and preferable because inoffensive, cheap, without disagreeable odor, and producing no irritation.

**A SERIES OF THIRTY CASES OF MOVABLE KIDNEY TREATED BY OPERATION.**—W. Bruce Clarke, *Brit. Med. Jour.*—Cases of movable kidney are divided into the acute and chronic forms. The acute form presents prominent symptoms, while the chronic form is usually unattended by urgent symptoms. The results obtained in operation on movable kidneys depend on the condition of the organ when the operation is performed. Little is gained by leaving a much diseased kidney if the other organ is known to be healthy. The more unhealthy the movable kidney proves to be, the more certain is it that the opposite organ is capable of taking on the work of both sides. If the ureter is lax and elongated, the tendency to form kinks and temporary valves is considerable, and may prevent the successful termination of a nephrorrhaphy.

**NOTES.**—*Med. Rec.*—*Stricture of the Urethra* is most safely healed by gradual dilatation repeated every third day. In continuous dilatation a filiform bougie can remain three days, after which other instruments can be used.—*Horwitz.*

*Varicose Ulcers.*—Cleanse with sodium bicarbonate, apply methyl-violet solution, cover with absorbent cotton, and give even support to the tissues by bandage.—*Summers.*

*Bed-sores.*—Early application of strong nitrate of silver solution.

*Sterilizing the Hypodermic* is apt to spoil the leather packing.

*Carbolic Acid* should be applied very sparingly to open wounds, especially in young and old subjects.

**ICHTHYOL TO ABORT FURUNCLES.**—According to Dr. Cantrell, a fifty per cent. ointment of ichthyol applied thoroughly over the irritated part will usually abort a furuncle in about twenty-four hours.

AGE AND THE MALIGNANCY OF TUMORS.—Every tumor first noticed in the breast after the thirty-eight years epoch is, according to Dr. Herbert Snow, *Med. Rev.*, in the great majority of cases, primarily malignant; in the remainder, it is certain, sooner or later, to become associated with malignant features in one form or another. From this sweeping rule, the most simple cyst within the gland-parenchyma, or dilated duct, is not exempt.

PTOMAINE IN THE URINE OF CANCEROUS PATIENTS.—Griffith, *Br. Med. Jour.*, before the Parisian Academy of Medicine, described a ptomaine extracted from the urine of a cancerous patient—a white substance, which crystallizes in needles, and dissolves in water with an alkaline reaction; it gives a brown reaction to Wessler's reagent; moreover, it is highly poisonous, and injected into the veins leads to fever and death in about three hours. It is not present in normal urine.

NEURASTHENIA.—The following was a favorite prescription of Sir Andrew Clark for various kinds of neurasthenic debility:—*Pract.*

R—Acid phosphate . . . . .	ʒj.
Ext. cocæ liquid . . . . .	ʒss.
Ext. damian. liquid . . . . .	ʒss.
Tr. nucis vomic . . . . .	x.
Syrup. zingib . . . . .	ʒj.
Aquæ, ad. . . . .	ʒss.

Ft. dosis.

Sig.: To be taken in water at 11 a.m. and 6 p.m.

HOW DEATH COMES.—According to the census returns of 1890, *Gaillard's Med. Jour.*, of every 10,000 deaths in the United States 1 will be from calculus, 35 due to Bright's disease, 40 to fevers other than typhoid, 59 to rheumatism, 70 to scrofula, 130 to cancer, 140 to apoplexy, 148 to whooping cough, 160 to dysentery, 190 to meningitis, 220 to scarlatina, 246 to ague, 250 to convulsions, 310 to typhoid fever, 350 to heart trouble, 480 to diphtheria, 880 to diarrhœa, and 1,420 to phthisis. Of this number 2,210 are from typhoid, diphtheria and phthisis, all of which are preventable, and if we take in whooping cough, dysentery, scarlet fever and diarrhœa, we shall have more than one-third of all deaths at the present time from preventable causes.

ALCOHOL AT TWOPENCE-HALFPENNY A QUART.—M. Moissan, the French Chemist, *Med. Press and Circular*, who succeeded in transforming carbon into diamonds, has discovered a method of making alcohol by synthesis, by which means he believes that he will be able to produce the spirit at about 2½d. per quart. The process consists in subjecting a mixture of coke and quicklime to the great heat of an electric furnace, by which a carbide of calcium is produced. This preparation, when thrown into water, decomposes it, and acetylene is evolved, which is taken up by ammoniochromous sulphate, and is subsequently transformed into ethylene by heat. The ethylene is converted into sulphovinic acid by passing it through hot sulphuric acid, and this becomes alcohol by treatment with hot water.

SUB ACUTE GASTRIC CATARRH.—*Grainger Stewart.*

R—Pulv. rhei . . . . .	gr. i-iv.
Bismuth subnit. . . . .	gr. viii-xii.
Potass. bicarb. vel sod. bicarb. . . . .	gr. vi-xii.
Pulv. cinnamomi co. . . . .	gr. ii.

M.—Fiat pulv.

Sig.—One powder to be taken morning and evening.

FOR PULMONARY TUBERCULOSIS.—Take, *Med. Chron.*

Calcium phosphate . . . . .	} each 4 grains.
Menthol . . . . .	
Sodium bicarbonate . . . . .	3 "
Powder of nux vomica . . . . .	} each ¼ grain.—M.
Iron lactate . . . . .	

To be taken four times a day with food.

ICHTHYOL.—This agent is recommended as a gargle in acute pharyngitis. (*St. Louis Clin.*) In the treatment of acute coryza, good and speedy results may be obtained by spraying the nose with a mixture of one part of ichthyol and one hundred parts each of ether and alcohol. One application is said to be all that is necessary,

We would call the attention of our readers to the advertisement, in another place, of the firm of G. W. Flavell & Bro., Philadelphia, Pa., dealers in Abdominal Supports, Suspensory Bandages, etc. We are satisfied that a careful perusal of not only this, but of all our advertisements, will repay our patrons.

RHEUMATISM.—*Harc :*

R. Veratrini,

Hydrarg. iodidi virid . . . āā ʒj.

Petrolati . . . . . ʒj.

M. Sig. : Apply over joints affected.

As we go to press the news has reached us of the death of the eminent scientist, M. Pasteur, at the age of 73 years. We hope to make reference to his life in our next issue.

THE chair of Pathology in the Faculty of the Jefferson Medical College in Philadelphia is vacant.

### Books and Pamphlets.

MEDICAL GYNÆCOLOGY—A TREATISE ON THE DISEASES OF WOMEN FROM THE STANDPOINT OF THE PHYSICIAN. By Alexander J. C. Skene, M.D. New York : D. Appleton & Co. 1895.

It seems eminently proper that one who, like Dr. Skene, has an assured position as a judicious, but bold and successful operator, should have undertaken the production of a work on Medical Gynæcology, for which there has been of late a decided necessity.

A specialty, raised within a few years from not much more than a routine of palliative topical applications to the very first position in the department of surgery, has naturally attracted a very large following. The triumphs of the knife, the scissors and the ligature have given excuse for the warrantless, but spreading belief, that gynæcology belongs to surgery, and has no strictly medical side.

The book under review contains excellent evidence that the very highest rank will yet be taken and held by the physician who will discover the real nature of women's diseases and cure them without operation. It is the first really serious attempt in these latter days, to look at gynæcology from a physician's standpoint and in a systematic manner.

Part I. treats of the essential differences of sex, heredity, environment, and the care necessary to have a healthy passage from girlhood to womanhood.

Part II. goes on to the period of active female

life, and deals with the diseases common to that period.

Part III. traces the medical history of woman in her functional and special decadence, while it conveys incidentally a great deal of well-digested information. The chief value of Dr. Skene's book seems, to the reviewer, to lie in the manner in which it opens up lines of thought, and suggests possibilities of helpfulness without operative procedure.

Those books are most valuable which do the most to set men thinking, and assuredly this one before us is of that stamp. It is creditable alike to its scholarly author, its publishers and to American medicine.

A MANUAL OF BANDAGING ; Adapted for Self-Instruction. By C. Henri Leonard, A. M., M.D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynæcology in the Detroit College of Medicine. Sixth edition, with 130 engravings. Cloth, octavo, 189 pages. Price, \$1.50. Detroit, Mich. : The Illustrated Medical Journal Co., Publishers. Toronto : Carveth & Co.

The main feature for commendation of this book over other similar works is that each illustration shows the direction of the various turns of the bandage with arrow-heads, and each turn is properly numbered ; this renders the book a self-instructor to the reader of it, who has but to put the various bandages about the limbs of an office companion a few times, when the "trick" of its application upon a patient has been learned. It takes the place, in this way, of hospital drill. Besides the "Roller Bandages," the various T's "Cravats," "Slings," "Tailed," "Adhesive" and "Plaster" bandages, and "Immovable Dressings" are given. The book is divided into sections, treating of "The Bandages of the Head," of "The Body," of "The Upper Extremity," of "The Lower Extremity," "Knots," "Strappings," "Compresses" and "Poultices," with full description of making and applying the same. There is an illustration for nearly every bandage described. It has been recommended as a text book in various medical colleges and hospitals in this country, and has had two editions sold abroad. A medical student could profitably spend his vacation evenings in mastering the application of bandages by using this book as a guide ; and to a practitioner it would not come amiss.