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## Original Communications.

### ABDOMINAL HYSTERECTOMY FOR FIBROID TUMORS OF THE UTERUS.\*

BY A. LAPHORN SMITH, B. A., M. D., M. R. C. S., ENG.

Lecturer on Gynecology, in Bishop's College; Surgeon to the Woman's Hospital; Gynecologist to the Montreal Dispensary.

At the outset of my paper, I wish to correct a possible misunderstanding which may arise from my reading a paper at all on the "Operative Treatment of Fibroids and Myomas." Because I do so, I do not wish it to be understood that I have in any way lost faith in the electrical treatment, used with a definite object in certain particular cases. Neither by reading this paper do I mean to advise that fibroids and myomas should be treated by operation at all, except in certain special conditions. Where pain or bleeding, or pressure symptoms are the reasons for the patient consulting us, I believe still that in the majority of cases, the careful application of the galvanic current under rigid antiseptic precautions, will relieve and even permanently cure in most cases all the symptoms. It is only in cases in which the tumor has come under observation, after it has attained enormous dimensions, or in cases in which there is some doubt, without an exploratory incision, whether the tumor is really a fibroid or myoma at all, that I would advise operative treatment. Seeing that operative treatment is sometimes required and that those who operate are in doubt as to what method of operation to adopt, it is the object of my paper to urge them and those who send patients to them, to adopt the extra-peritoneal method of treating the stump. We must remember, as has been said over and over again, fibroid tumors rarely if ever cause death,

\* Read before Med. Chirurg. Society, Montreal, 21st Nov., 1890.

and before exposing the patient to the risk of an operation, the mortality of which varies all the way from two or three to fifty per cent., according to the method adopted of treating the pedicle, the conscientious adviser must feel sure that he has exhausted every other and less fatal method of affording relief or cure. Supposing that this has been done without avail, and that some form of operative procedure, owing to the size of the growth, is imperative, the removal of the appendages or Tait's operation will certainly offer the least risk, although it must be remembered that it, like electricity, is in the majority of cases, only palliative and not curative. Moreover, in undertaking the removal of the appendages, we are never sure whether the operation may not terminate in hysterectomy; for in large fibroids, the appendages are sometimes so difficult to get at and to remove, that the taking out of the whole tumor with them, offers a greater chance of success.

The next question of importance which presents itself for consideration is, that, having decided upon the advisability of performing abdominal hysterectomy, what method of operating offers the greatest certainty of success, by success, meaning, of course, recovery from the operation.

After having examined carefully the statistics of the principal operators, and judging also from my own personal observation of the results of these operations in Paris, Berlin, New York, Philadelphia and Montreal, I have come to the very decided conclusion that there is only one safe way, that is, with Koeberle's serre neud, Tait's pins, and the extra-peritoneal treatment of the stump. . . . I have seen several deaths following operations in which the stump, after having been carefully sewed up, was dropped into the peritoneal cavity; some of these deaths being due to concealed hemorrhage, because the drainage tube was not used, and others being due to peritonitis; while I have not seen one death follow in any case in which the stump was brought outside the peritoneal cavity. The time required for the completion of the operation is much less, and the ease with which the operation is performed is much greater in the extra-peritoneal method. This element of time required for an operation is a very important one. I believe the risk of any abdominal operation is, other

things being equal, in direct ratio to the time required. Part of this danger may be due to anæsthesia, which itself is a serious matter, and partly to the more prolonged pressure and manipulation of the intestines. This is so much the case that one may almost say with certainty that in abdominal operations which can be performed without the intestines being seen, with an opening only large enough to admit one or two fingers, and which only require 10 or 15 minutes for performance, the death rate will only be about 2 per cent!

In the *intra-peritoneal* method, the stump must be constricted by a rubber band or some other force, while the tedious suturing of the stump is going on. This constriction of blood vessels, it is well known, as in cases where the Esmarch bandage is used on the limbs, is generally followed by paralysis of the blood vessels and consequent oozing, probably due to injury of the *vaso motor* nerves, so that the experience of many operators is that it is the rule to have oozing from the stump, no matter how carefully the borders are approximated.

Secondly, the *intra-peritoneal* method requires the leaving in the peritoneum or at least in the cut uterus, a considerable quantity of animal ligature, which in the process of manufacture has gone through putrefaction. Of course this is supposed to have been sterilized, but I am informed by Dr. Marcy, of Boston, that he has had several deaths from peritonitis, following his operations for cure of hernia; and on investigation he found that the so-called sterilized catgut was reeking with the germs of putrefaction.

In a matter of such vital importance, it is well for us to take the opinion of men who have had large experience; for, as a rule, experience in surgery is purchased at the price of life. Bantock, in the *British Medical Journal* for May, 1890, in discussing the matter, says certain cases of pedunculated fibroid might be treated by ligating and dropping the the pedicle, but some pedicles would be insecure and dangerous, no matter how carefully they were tied. He had tried both plans, and it was his want of success with the ligature that had led him to have recourse almost invariably to the *extra peritoneal* treatment. He had used the most powerful forceps; had compressed the pedicle to an eighth of

its original volume; had applied the double ligature; and had even stitched the peritoneal edges together, yet before the operation had been completed, oozing had often begun. He insisted on the fact that patients did not usually die from the hæmorrhage, as such, but from septicæmia due to the decomposition of the ooze. That was why the use of the drainage tube was advised. He would be very glad if a method could be devised to overcome the difficulties and drawbacks, as the recovery took much less time; but he had heard of no method which would give such assurance against hæmorrhage as that obtained from the extra-abdominal method.

Lawson Tait, in the same journal, holds that even the most tempting looking pedicles can not be relied on, because the uterine tissue is so laden with serum, that even if tied ever so tightly, it would begin to bleed in twenty-four hours. He had tied some 6,000 pedicles, and while he has never had hæmorrhage from ovarian pedicles, except in one or two cases, it was quite another thing with the pedicles of fibroids. He regretted nothing so much as having been induced to try the *intra-peritoneal* treatment of the pedicle. Even hydraulic pressure would not render them secure, and he had employed pressure up to three tons. At present all that his nurses had to do was to give a turn to the clamp whenever oozing set in. They were not secure until the lapse of 80 or 90 hours. It was true that certain cases might be safely treated by ligature, but it was impossible to distinguish them prior to operation.

Joseph Price, of Philadelphia, advocates the dry extra-peritoneal treatment of the pedicle. After the clamp is applied, the stump is cut off and trimmed down so far as seems compatible with safety. The stump is then drawn down into the lower angle of the incision, and its peritoneal covering above and below the wire, stitched to the abdominal peritoneum, two or three stitches being all that is required. This shuts out all possible chance of sepsis. A dry dressing of iodoform gauze is applied. Other antiseptic powdered substances, such as salicylic acid or subnitrate of bismuth may be used if desired. In case of large succulent stumps, the bichloride may be directly applied. The result of this treatment is that the stump is completely mummified, and in a few

days, varying according to the progressive tightening of the clamp, drops off without odor or discharge. That absolute safety may be assured, it is of the greatest importance that a reliable wire be used. The daily tightening of the clamp keeps up a constant strain on the metal, while at the same time it brings the wire into a greater curvature. The metal must, therefore, be pliable, but strong, and not ductile as copper. For this purpose he prefers the Delta metal.

Howard Kelley recommends constriction of the pedicle by the elastic ligature, amputation of the tumor so as to leave a cupped surface to the stump, then a careful suture of the raw surfaces of the stump, leaving the ends of the sutures long; then suturing off the stump into the lower angle of the abdominal wound. In cases of hæmorrhage or oozing, the long suture ends allow the stump to be easily brought into sight. Whether this improvement of his has diminished his mortality or not, I am unable to say, but I see by the last reports on gynecology of the Johns Hopkins Hospital (*British Medical Journal*, Oct. 11th, 1890, page 848), that of the six hysterectomies for fibroids performed in that hospital between October, 1889, and March, 1890, there were three deaths or a mortality of 50 per cent. On the other hand, at the recent meeting of the American Association of Obstetricians and Gynecologists at Philadelphia, Dr. Joseph Price reported the wonderful record of twenty-six consecutive abdominal hysterectomies without a death. The method which he invariably employs, being extra-peritoneal treatment of the stump with Kœberle's *serre nœud* and transfixing pins (*Buffalo Medical and Surgical Journal*, Nov. 1890, page 222).

Fritsch, at the 10th International Congress (*American Journal of Obstetrics*, 1890, page 1166) summed up the whole question, to my mind, very clearly, when he said: "The different methods of operation are immaterial in view of the question whether the mode is to be intra-peritoneal or extra-peritoneal."

Only three objections are of importance to this method, which are:

First, that the dragging of the stump up to the lower angle of the abdominal incision causes, in some cases, obstruction of the rectum, but I have never seen this occur to such an extent as not to be easily overcome by a turpentine enema,

which by distending the rectum, allows the free escape of gas.

The second objection is that in some cases, the tumor extends so far down in the cervix as to render it impossible to get a pedicle, but even in this case, the same method holds good, for it is only necessary to transfix it, no matter how large, with Tait's pins, or even two knitting needles, and to set a wire around it, when, even if it were the size of the thigh, it could be greatly compressed. Besides, it is just in these cases in which shrinkage is greatest after an operation, and consequently in which the danger would be greatest of sewing up the stump and dropping it into the abdominal cavity. It can be watched, and as it shrinks, the wire can be occasionally tightened, if rendered necessary by bleeding.

The third objection is that there is sometimes downward sloughing of the stump; but this I believe can always be avoided by not tightening the wire more than just barely enough to control hæmorrhage but leaving the screw always accessible, so that it may be tightened if necessary.

*Drainage.*—One of the greatest secrets of success in abdominal operations, is without doubt, the realization of the absolute necessity of leaving in a drainage tube in every case in which adhesions have been torn, and in which consequently, there will be oozing into the peritoneal cavity. It is quite true that the peritoneum, if left unhampered with opium in any shape or form, may be able to dispose of a large amount of exudation, more especially if it is drained through the walls of the intestines, by the passage through the latter of a denser saline fluid towards which the peritoneal liquids will flow by osmosis. But, nevertheless, the risk of leaving the liquid in the peritoneal cavity to putrefy, is too great for any one to run. As Tait has recently shown, there are germs everywhere, even in the peritoneal cavity during an operation; but they will be apparently harmless if there be nothing there on which to germinate. Germs cannot live on air, they must have dead organic matter to subsist on; so that instead of germicides, Tait and all his school depend rather on leaving the abdominal cavity clean, and keeping it so.

Looking over the death rate of abdominal hysterectomy, we notice that the greatest run of successful cases are in the practice of men such as

Joseph Price, who, as I have said, has recently reported a run of 26 consecutive cases, without a death, and who, at a recent meeting of the American Association of Gynecologists, stated that when he was in doubt, he always drained, and significantly adds he always tried to believe himself in doubt.

Some objections have been made to the use of the drainage tube, but they are mostly theoretical, and easily disposed of; the principal one being the risk of hernia following removal of the tube. This can easily be guarded against, by placing an extra loose suture in the middle of the space to be occupied by the tube, and which on the removal of the tube can be drawn tight and tied. I have never seen hernia follow a case in which the drainage tube was used for a few days, while I have seen several cases of hernia in cases in which it was not used at all.

The other objection is, that it may cause injury to the intestines, especially the rectum by the pressure upon it, but if care is taken to use a tube just long enough to dip into Douglas' cul-de-sac and no more, and to use no compression upon the external extremity, but, on the contrary, to leave the tube floating freely in the cul-de-sac, there will be no danger from this source. In some cases, I believe, death has followed the removal of the drainage tube while oozing was still going on.

The rule to follow is: As long as the amount of fluid pumped from the tube exceeds one drachm for four hours, the drainage tube should be left in.

I see only one possible improvement on the extra peritoneal treatment of the stump, and that is to have no stump at all. Two or three methods have been suggested and put in actual practice of attaining this object. One consists in first removing the bulk of the tumor by abdominal section, after having placed an elastic ligature around the cervix; then dropping the stump into the pelvis and temporarily closing the abdominal wound; and then proceeding to remove the stump by vaginal hysterectomy, which, owing to the much smaller bulk to be removed, is very much easier than vaginal hysterectomy in any other condition. In doing this, lock compression forceps may be used to arrest hæmorrhage from the remains of the broad ligament, and considerably shorten the duration of the operation. This, I

believe, is destined to become the ideal operation for the removal of large fibroids. It was first advocated, I believe, by Dr. A. Mary Dickson Jones, of Brooklyn, who recently sent a communication in which she reports several successful cases in which this method was followed. The operation has not been done, however, often enough to speak so decidedly about it as we can about the extra-peritoneal method, and, therefore, until the combined method of abdominal and vaginal hysterectomy has been more thoroughly tried, I urge upon any who do hysterectomy for fibroids at all, to use the safe and in every way satisfactory method of the extra-peritoneal treatment of the stump.

### RHEUMATIC HYPERPYLEXIA.\*

BY J. GILLIES, M.D., TEESWATER, ONT.

My object in presenting the above subject to this Association is to show the great value that I found in the "cold pack treatment" in this most formidable complication of acute rheumatism. All cases of rheumatic fever that I had met with in my practice complicated with hyperpyrexia, had hitherto proved fatal previous to my adopting this mode of treatment—and this has induced me to bring this most dangerous complication before this Association. The symptoms of such a condition, which were usually supposed by the older writers to be a sudden metastasis of the rheumatic inflammation from the joints to the brain, are as follows:

The patient becomes restless, irritable, excited and wakeful; there is great thirst with a dry, brown tongue; the skin becomes dry and burning, or, more frequently accompanied by profuse perspiration. The joint pains may persist or may suddenly cease. There is acute delirium followed by stupor, coma, and sometimes by convulsions. The temperature rises rapidly towards a hyperpyrexial point and ranges from 104° to 110° or 112° in a few hours. As a rule the degree of pyrexia in rheumatic fever bears some proportion to the number of joints affected and to the intensity of the inflammation. The onset of complications is usually attended by a rise in the temperature, but this is never great unless the case turns out to be one of hyperpyrexia with delirium.

\* Read before the Ontario Medical Association, June, 1890.

In ordinary cases the temperature ranges from 102° to 103.5° or 104°. The onset of grave symptoms is usually sudden. "Dr. Wilson Fox collected twenty-one instances in which the temperature rose suddenly from 102° or 105° to 109°, 110° and 111°, and where the duration from the rise of temperature to death was only two hours (103.5°-109°), in another four hours and a half (104.8°-109°), in another seven hours (105°-110°) and in a fourth eight hours (102.2°-109.5°), in eleven cases the period varied from nine to sixteen hours."

The symptoms may come on at any period of disease, either with or without subsidence of the joint inflammation early in the case, when the articular inflammation is at its height or when convalescence is established. In my six cases that proved fatal, they were all first attacks, with the exception of one. Two were of the age of twenty, three between twenty-five and thirty, and one over forty years of age. There was nothing unusual about the symptoms, with the exception that they were of more than average severity and progressed rather slowly. There was no heart complications or pneumonia, with the exception of one which had endocarditis complicated with pericarditis. The hyperpyrexial symptoms had set in about the end of the second or beginning of the third week, and the temperature ranged from 106° to 110°. One of my cases I pronounced convalescent, and a messenger was sent for me next day, and on my arrival I found her temperature 110°, mouth dry and parched, muttering delirium, she was almost unconscious, and died in a few hours.

The treatment adopted in four of the cases was large doses of the alkalies with blistering and quinine, as I had no experience at that time with the use of the salicylates. The treatment of the remaining cases was with full doses of salicylate of sodium in combination with the alkalies. All internal treatment seemed to me to be perfectly useless after this condition had set in, so that I determined the next case of rheumatic fever that I had to treat, complicated with this elevated temperature, I would try the "cold pack treatment."

T. D., aged 29 years, strong and vigorous man, after prolonged exposure to wet and cold, was seized with chills and pains in the joints, which proved to be rheumatic fever; temperature ranged

from 103° to 104°; there was no heart complication or pneumonia. The patient appeared somewhat improved for a few days and then would relapse into his former condition. About the middle of the second week perspiration suddenly ceased, skin hot and burning, tongue dry and parched; he became restless, there was subsultus tendinum; temperature rose to 107°, and on the evening of the same day he became almost maniacal, requiring two or three men to restrain him. I immediately had him packed in sheets wrung out of ice water, and as the sheets became warm I sprinkled them with ice water and in the course of an hour from the time they were first applied, he was restored to complete consciousness, and the first sensible words he uttered were "Gentlemen, I beg your pardon." The temperature was reduced to 100°, and the patient expressed himself as feeling very comfortable. A clergyman who happened to be present at the time when he saw such a sudden change for the better said, that certainly is a direct answer to prayer. After an hour or two the patient vomited very freely but with slight interruptions, during which the temperature rose again. The cold pack had to be used at intervals for a few days; the case progressed favorably and the patient made a good recovery, and it is now over five years and he has not had an attack since.

I was very much interested in this case as he had a sister die six months previous with rheumatic fever complicated with hyperpyrexia, and besides he was an only son and support of his aged parents.

W. R., aged forty, always enjoyed good health, but on being exposed to cold and dampness, was afterwards seized with chills and pains which involved a number of the joints; temperature 103°, and attended by profuse perspiration. There was nothing unusual about the symptoms until the ninth day, when his temperature rose to 104.5°, perspiration very profuse, the patient became dull and listless, did not complain so much of pain unless the joints were disturbed. On my return the next morning, his temperature was 106°, tongue dry and brown, the perspiration still very profuse.

The treatment adopted was full and free doses of salicylate of sodium which I pushed to their utmost ~~on~~ <sup>on</sup> observing the first rise of tempera-

ture, but as no improvement followed, I immediately applied the cold pack treatment, having used sheets wrung out of ice water as in case No. 1, and in the space of about an hour he was restored to consciousness and his temperature reduced to 100°. No other treatment was adopted, with the exception of salicylate of sodium in 10 grain doses three or four times a day. The temperature was well watched and when found to rise to 104° or 105°, cold sheets were again applied until it was reduced to 100° or 99°. The patient vomited freely a few hours after the cold applications were made use of. He also made a good recovery.

There are some objections urged against the use of cold baths as they have in some instances caused pleurisy, pneumonia and even fatal syncope, but this can scarcely be urged as an excuse for allowing a person to die in rheumatic hyperpyrexia without affording him at least the chance of recovery by the use of the cold applications. If they at any time cause chilliness or blueness of the surface they should at once be suspended, the patient wrapped in warm blankets and stimulants administered.

The important question as to what point the thermometer should reach before cold is applied and the general condition of the patient, ought to be considered before coming to a decision.

In my opinion it should not be allowed to rise above 105°, as the chances of success appear to be greater the earlier the cold pack treatment is commenced.

### Correspondence.

#### OUR PHILADELPHIA LETTER.

(From Our Own Correspondent.)

POST-MORTEM SPECIMENS OF CATARRHAL PNEUMONIA, AND PERICARDITIS IN A CASE OF AORTIC VEGETATIONS—PETIT MAL—IDIOPATHIC SPASM—RHEUMATOID ARTHRITIS.

CLINICAL LECTURE, BY J. M. DA COSTA, M.D.,  
Professor of the Theory and Practice of Medicine, Jefferson Medical College.

Gentlemen,—We will first examine these specimens taken from the patient whom I exhibited

to you at last week's clinic. You will remember that he represented a case of pericarditis associated with catarrhal inflammation in the right lung. You will remember that I noted at that time that I thought, masked by the pericarditis, there was existing an old valvular disease of the heart. I came to this conclusion from studying the character of the pulse and the friction at the base of the heart. Here we had an extended and yet forcible impulse of the heart, which struck me as being too distinct for a case which would produce enough effusion to have accounted for the dulness present. In other words, I believe that hypertrophy of the heart existed before the appearance of the pericarditis. His pulse was curiously tense. With the exception of the appearance of scattered spots of catarrhal pneumonia in the lower lobe of the left lung he developed no new symptoms after the time you saw him prior to his demise. On examination of his right lung we find it heavy and congested, with one or two spots of catarrhal pneumonia. That this congestion is not actual hepatization is proved by the fact, that a piece of the lung thrown upon water still floats. Undoubtedly on neither side, did croupous inflammation develop. We find that the kidneys, with the exception of a small cyst in one of them, were normal. On examination of the heart we find around it a moderate amount of exudation of fluid into the pericardial sac. But the remarkable thing about it is the discovery of extraordinary vegetations on the surface of one of the semi-lunar leaflets of the aortic valve. This allows the passage of a small quantity of water, but undoubtedly did not interfere seriously with the action of the heart. The reason that we heard no murmur at all, is undoubtedly that the vegetations floated on the surface of the current of blood; that they did not interfere with the play of the valves, that they simply produced a slight hypertrophy to compensate for the slight insufficiency of the valve. We gave this man moderate doses of digitalis; on noticing the curious tension of his pulse, this dose was reduced with bad effect, so that we went back to our original amount. We also gave large amounts of the muriate of ammonia and stimulants. He had been blistered over the region of his heart prior to his admission to the hospital. The half ounce of acetate of potash was given him in the space of a half hour. We

feel that we have nothing to change in our ideas of the treatment by this confirmation of our suspicions. I believe that this patient had a worn out heart, and that the strain to maintain the deficiencies of circulation produced pericarditis.

Our next patient is a boy aged 11; he has the history of a convulsion, occurring when he was eight months of age, attributed to teething. At one year of age he had another, which lasted for eight hours. He had none subsequently until four years ago. Since then his attacks have come on two or three times a day, or he has passed some days without their appearance; they now appear at the rate of two or three a day. These attacks are very slight in their nature; he suddenly becomes unconscious for a few seconds; he never falls, but is confused in mind for some time afterwards. As far as is known his attacks have never appeared as night. His eyes are normal; his urine is negative; his digestion is first-class; he has had no injury, and, as far as can be determined, has never been subject to worms. He has that form of minor epilepsy known as petit mal. We can regard this case as one of essential epilepsy, with no localizing lesion. There is history in the family of several similar cases. In selecting our treatment we will use a prescription similar to the well-known one of Brown-Sequard.

- R.—Iodide of sodium, . . . . . gr. iii.
- Bromide of sodium, . . . . . gr. x.
- Bromide of potassium, . . . . . gr. v.
- Compound tincture of gentian. . . . .
- Simp. elixr., . . . . . āā ʒ ss.

Sig.—F. ʒi. t. d.

Diet simple in character will be ordered, consisting of fruits, milk and vegetables, and no meat of any description. The boy is to be placed in the most favorable hygienic position.

The next case is a remarkable one, for the fact that we have no history or information in regard to the man at all; is simply a record of symptoms which we are left to study as best we can. This man whom you see strapped in bed by both hands and feet, came here this morning for medicine; he is being treated in the cutaneous clinic, for what, we are unable to say in the absence of the physician in charge. On his arrival at the hospital he was seized with a severe convulsion, and became immediately unconscious; these convulsions had appeared every few minutes since. I

saw him for the first time on my way to the clinic room; we will study him together. His urine, which was drawn, is free from albumen, his temperature is 99 and two-fifths. The peculiarity of the convulsion is, that the body is arched in a state of marked opisthotonos. There is no wound or injury apparent anywhere on the surface of his body. His pupils are contracted at present, but we learn that he has been given morphia; before this they were dilated. He is able to swallow; his pulse is 128; he is restless, and exhibits a marked tendency to spasm. There is nothing wrong with his circulatory apparatus. Owing to the convulsions, unconsciousness and swollen condition of the tongue, the resident physician has washed out his stomach, on hypothesis that he had taken some poison. We do not know who the man is; we know nothing of his history, we do not know whether he ever had any of these attacks before.

We will now run over the conditions in which he might possibly be, and study what we could do for him. The first thing which suggests itself to our minds is the subject of poisons. With the appearance of convulsions with rigidity we naturally think of strychnia poisoning but the mental condition is far too dull to be produced by that drug, although the contents of the stomach had not yet been examined. Although the tongue is swollen and red it does not seem to be corroded as it would be by the action of any strong irritant poison. As to the possibility of this being a case of tetanus, we notice that there is no rigidity about the jaw; this patient's mouth lies loosely open. The mind is singularly clear in tetanus, and there is extraordinary high temperature (105) during the convulsion. Can this be a case of cerebro-spinal fever. The convulsions and the opisthotonos and the mental state point more strongly to this possibility; but there is no eruption in this case, although he is being treated for a scaly skin disease. The temperature is only 99, which is no fever condition, even granting the irregular fever which appears in cerebro-spinal fever. The pulse is rapid, not like that of cerebro-spinal fever, and above all there is no persistent rigidity of the neck. The urine shows that it cannot possibly be a case of uraemia. The fact that the patient walked here just before his attack shows that he must have been in fair mental condition. So that in our present light of the



subject we must regard this as a case of idiopathic spasm due to a singular disturbance of the condition of the upper part of the spinal cord.

But we cannot allow these spasms to go on this way as they are wearing out the strength and endurance of the patient. Two remedies suggest themselves to our minds, bromide in 15 grain doses, and chloral in ten grain doses, given together every two hours. We shall also apply ice-bags to the spine, and our feeding shall be of the mildest, being simply milk. Should this treatment prove ineffectual we will then give large doses of the fluid extract of conium, one-half drachm at a time. As to the possibility of this case being specific we cannot speak at present. He has an eruption, but it is not at all characteristic of that condition.

The next two cases are mother and daughter, both suffering from the same disease. The mother aged 40, has had pain and swelling in the joints of her fingers and feet for five years; this pain has been getting worse gradually; it has been accompanied with a slight enlargement of the joint, but no fever has been detected. She has had headache, loss of appetite and acid urine. Her tongue is slightly coated; she has not heart lesion; she was formerly a washerwoman until incapacitated for this work by disease. Her daughter, aged 17, presents the same symptoms and has much the same history. These are cases of rheumatoid arthritis, which are interesting in showing to us the hereditary character which this disease is liable to assume. We will give each case the same remedy; salol in 5 grain doses in capsules three times a day. To improve the general condition we will attempt movement of the joints by a systematic massage and the use of hot water baths. Soda baths are also excellent.

### Selected Articles.

#### THE RHEUMATIC AND GOUTY DIATHESIS AS MANIFESTED IN DISEASES OF THE THROAT.

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In choosing a title for the subject of my paper this evening no one more than I appreciates the difficulties which confront me. In the first place, the literature of the subject is barren in the extreme; in fact, I know of no treatise on this sub-

ject. Brief references in classical writers on gout and rheumatism to occasional local inflammations of the throat occurring in the course of these diseases may be found, but that is all. Even scattered articles on this subject are very infrequent.

Unquestionably there are numerous cases in which an acute attack of rheumatism is complicated by a well marked attack of acute angina, pharyngitis, or laryngitis, but the true nature and significance of the seizure are at first ignored. The inflammatory condition of the throat is merely regarded as a case of ordinary sore-throat or cold due to the same cause—possibly a wetting—which brought on the rheumatism. Later on, when the rheumatic attack is fully developed, the inflammation of the throat is passed over, or not closely observed, on account of the much greater importance of the joint affection. When we come to examine the matter further, we are forced to admit that there is much that is undetermined about the precise general condition with which we have to do, and in the local changes which appear to be connected with it. The constitutional state indicative of rheumatism and of gout in the throat is only denied by a small number of observers. There are many, however, who think of it in a vague manner who never really attribute much practical importance to it as a factor in the causation of throat disorders. When, however, attention had been directed closely to the influence of these constitutional dyscrasie it is no longer possible, in my judgment, to ignore them or diminish their great, though often latent, effect.

It is curious to notice in this connection how different the great foreign medical scholars regard diathesis in the causation of morbid action. The Germans believe many, if not all, throat affections are merely local conditions; the French recognize in numerous instances the underlying arthritis or herpeticism. These two morbid expressions are included in one by Professor H. G. Piffard, who unites them in the "rheumatic diathesis" and shows how far-reaching their effects are in the domain of dermatology.

Hardy thus describes those who suffer from this constitutional condition, so far as the skin is concerned: "Their integument is habitually dry and perspiration is diminished. The skin is often the seat of lively itching, even in the absence of eruption. The appetite is generally well developed, and it is well known that the dartsous eat a much larger quantity of food than other patients in analogous conditions. Another important peculiarity is the extreme sensibility of the skin, and facility with which it is influenced by the lightest and most fugitive impressions; sometimes great excitement, alcoholic excess, watching, use of coffee, of certain kinds of food; sometimes a local excitement, irritating frictions, or the application of a plaster, will give rise to an eruption, often ephemeral

and not darts in character, but which reveals a particular predisposition of the economy and the existence of a latent vice which needs but a favorable occasion to manifest itself."

To this diathesis, as Piffard writes, Hardy ascribes eczema, lichen, psoriasis, and pityriasis. Now something not unlike this unquestionably exists for the mucous membrane lining the throat. There are individuals in whom the pharynx, fauces and tonsils are unduly sensitive. The glands of these regions secrete excessively, or very little, upon the slightest pretext. They suffer from localized pains or abnormal sensitiveness in these regions, which have been named neuralgia, hyperæsthesia, paræsthesia, anæsthesia, etc. They are usually well in other respects—so far as can be observed—yet the slightest atmospheric changes, the most ordinary exposures, the smallest departures in diet from a rigid exclusivism, late hours or over-fatigue in any way, inhalations of bad air or a dust-laden atmosphere, will give rise to irritation, discomfort, or soreness of the throat. All this proves the underlying constitutional condition which is present and ever ready to show itself in a more accentuated manner. According to Isambert, many of the cutaneous lesions, and especially the ordinary ones, like eczema, psoriasis, pityriasis, lichen, acne, etc., are accompanied by or alternated with pharyngeal and laryngeal inflammations.

We cannot, it is true, always make out clearly either the same pathological lesion or morphological expression in the throat as we have recognized on the skin. We must, however, be prepared to acknowledge the analogy which exists, and to see in it a fruitful idea for the study and correct interpretation of different forms of sore-throat. Is it possible to recognize in the appearance of the pharyngeal or laryngeal inflammations the nature of the diathesis which occasions them? In reply, we must admit that in many instances this is extremely difficult, not to say impossible. Thus Longstreth says: "The appearances presented by the throat are not characteristic, and depend on the nature of the occurrence rests on antecedent and concomitant circumstances." Frequently they present all the usual characters belonging to ordinary chronic catarrhal inflammations of the organ affected. They show, however, a disposition to last a much longer time, and also to return with renewed activity, quite frequently.

At times also the inflammatory affection of the throat ushers in the rheumatic disease of the joints, and begins in such a way that we may already suspect its nature, if we have met with these cases, by the symptoms described by the patient. A feeling of stiffness of the palate is complained of, which is especially noticeable in talking and in deglutition. This stiffness is apt to affect the muscles of the neck, so that turning the

head or neck becomes painful; sharp pains may run into the eyes, forehead, or ears, if the inflammation extends in either of these directions, and fever may also be present. By and by, as the joint affection develops the preceding symptoms may fade or disappear entirely. This rheumatic angina has been studied very completely by Lagouanère (1876), who shows that it rarely continues after the rheumatic attack has developed in the joints.

In the affection lately described by Ingals as chronic rheumatic sore-throat, we may have "uncomfortable sensations of pain," with the absence of any distinct physical signs, and merely an existing rheumatic diathesis, but no constitutional symptoms present like fever or rapid pulse. Occasionally, however, there are signs of some value which can be seen with the eye, and which are somewhat characteristic of these constitutional inflammations. Instead of a laryngitis, for example, having a uniform and general redness, we remark that the inflammation is in patches here and there. These patches have different outlines. At times they are mere streaks across the long diameter of the true or false cords. Again they are found as if made with the strokes of a brush near the anterior and posterior commissures of the larynx. These appearances have been insisted upon by Isambert as far back as 1875.

Later on in his paper on lithæmia in the upper air passages Dr. F. W. Hinkel, alludes to a similar condition which he thus describes: "A patchy congestion of the laryngeal face of the epiglottis, extending along the aryepiglottic folds and over the posterior surface of the ventricular bands."

In addition to this change it is not infrequent to find a marked velvety or slight papillary condition of the inter-arytenoid commissure, which has been regarded as almost characteristic of laryngeal phthisis. This statement is fortunately not correct, and in a moderate degree at least it is certainly often present in lithæmic conditions and perfectly amenable to judicious local and general medication. In my own experience I have not always found the condition of lithæmia evident in either class of cases. This may have arisen possibly from the fact that the urinary examinations were not made continuously, or with sufficient care or accuracy. Or what seems to me more probable viz., that some of these cases were instances of incomplete gout and the urine did not reveal the conditions which we ordinarily attribute to lithæmia, because the excess of uric acid was retained in the system and not excreted. In the pharynx the appearances which lead us to suspect the diathetic nature of the disease are the following: The mucous membrane is of a pale rose tint, taking on a somewhat opalescent hue in the naso-pharynx, and particularly around the posterior margin of the septum; the follicles on the mucous membrane

are red, large, and prominent, and between them we find numerous large swollen veins; covering the areas of mucous membrane between the follicles, we often notice a quantity of gray, sticky mucus, which harasses the patient and is difficult to expectorate. According to Duckworth, "the pillars of the fauces, especially the posterior pair, the velum and the uvula, are very red and glazed. They appear as if freshly brushed over with glycerine."

In one instance of gouty granular pharyngitis reported by Guéneau de Mussy, the patient expectorated daily masses of carbonate and urate of lime. These came from follicles of the mucous membrane which showed white points.

No doubt this pharyngeal condition may be constantly aggravated by bad hygienic conditions, or by injurious habits, such as pertain to alcoholism or smoking. The result is, that in order to form a judicious appreciation of the cause of the morbid expression in the throat, we must select subjects who are not addicted to these habits, and who likewise are free from the taint of scrofula, syphilis and tuberculosis. After all, we must fall back in very many cases in order to make a satisfactory diagnosis, upon the general symptoms offered by the patient. When the underlying dyscrasia is clearly enough of the nature of rheumatism, and when the throat affection is of the nature of a tonsillitis—and especially a follicular tonsillitis—we have some of the following signs to guide us aright. The atmospheric conditions which produce the tonsillitis and cause the rheumatism are similar.

Again, rheumatism and tonsillitis may both be caused by bad drainage. In a large proportion of rheumatic cases attacks of follicular tonsillitis have preceded the outbreak of the rheumatism. In both diseases there are frequent recurrences. Brown, and William Osler have also seen endocarditis complicate tonsillitis. Further, Brown relates the case of a young woman in whom follicular tonsillitis alternated with erythema nodosum, yet the patient never had a rheumatic pain or joint trouble.

The manner in which these cases are connected as regards causation seems to be: 1. Either the rheumatism as a general disease attacks the tonsils, or it may cause inflammation of serous membranes; 2, or the follicles of the tonsils are the gate of entrance for rheumatic poison; 3, or specific germs find an entrance into the body under favorable conditions and then give evidence of their presence by producing inflammation of the tonsils.

In regard to the existence of gout in the throat, while I acknowledge that its existence is often "the last resource of destitute diagnosticians," yet I hold that in its milder forms, at least, its presence is often quite clearly manifest.

Gout should be admitted, I believe, when the following conditions are united: 1. When the local treatment has proven of little or no avail. 2. When during the course of a laryngitis or pharyngitis local irritation and cough suddenly disappear, and one or more of the small joints become affected with a gouty inflammation. 3. When the general treatment appropriate to gout is soon effective in relieving distressing symptoms evidently referable to the throat.

In an interesting article on "Gout in the Throat," Dr. Morell Mackenzie affirms that in the course of a long and somewhat large experience he has met with a few cases, but does not consider that gout is by any means common in the throat. This opinion is shared by many. Most of the cases of "gouty sore-throat" which have been described are in some manner connected with metastasis. Thus, for example, if pain, irritation, or inflammation is aroused in the pharynx or larynx very soon after a gouty development has disappeared elsewhere, the throat is known to be gouty. Harrison Allen has thought that the study of sore-throat as it occurs in gouty subjects independent of metastasis, and which yields only to anti-gouty remedies, might prove of interest, and reports several cases of this kind. According to him, the distress in the throat is not apt to occur in acute attacks of gout, but rather in those persons who are prone to neuralgic attacks of an irregular form. Frequently it occurs after indiscretions of diet, and is often preceded by dyspepsia, constipation, and a persistently furred tongue. The phenomena of the gouty condition are, as we know, infinitely varied in type and at times very peculiar. According to Jonathan Hutchinson many of them are caused by local restricted attacks of peripheral neuritis. If this be true, I can explain satisfactorily many of those cases in which there is painful deglutition or a steady localized ache in certain limited areas of the tonsillar or laryngeal region, which I have frequently met with, and which resists all sorts of local treatment, and finally only yield to treatment by alkalies or colchicum and restricted diet.

It must always be borne in mind that every case of sore-throat which occurs in a gouty subject is not of necessity gouty. A patient, as Dr Mackenzie says, may be attacked with a septic pneumonia or with cardiac disease, just as he may break his leg or cut his finger, and it must not be inferred that these diseases necessarily have anything to do with a gouty dyscrasia. The only disease with which the sore-throat or gout can be confounded is the irritable throat of lithæmia. The latter occurs in young persons and is amenable to abstention from wine and too much nitrogenous food, with the additional aid of a brisk purgative. The lithæmic throat is usually uniformly red, the tonsils are slightly swollen, the

uvula elongated and thickened, and all these parts bathed with a considerable amount of mucous secretion. Rarely is there any acute pain in the throat, and if there be any discomfort of this organ it is more in the pharynx than in the tonsils. True lithæmia is quite distinct from gout. In the former case the urine is heavy, loaded with lithates, and small in quantity, while in the true gouty cases the urine is usually clear, abundant, and contains a small quantity, relatively, of urates or of uric acid (Garrod).

One peculiarity which affects equally the lithæmic as well as the real gouty throat (Allen) is the fact that applications of a stimulant or astringent nature, instead of affording marked relief to the patient, are apt to cause additional distress. As it is often a very nice question to make a positive diagnosis of the gouty condition before regular treatment has been instituted, and in the absence of facts in the personal history which enable us to affirm it, any conditions which, being present, point strongly in that direction have considerable importance. Allen considers that the best guides, perhaps, to a gouty condition are furnished by the permanent teeth. The peculiar features remarked in them are that the incisors are large, thick in the antero-posterior diameter, and the enamel yellow. The free margins are blunt, without serrations, and sometimes very much worn, so as to resemble pegs rather than edge-cutting instruments (Fothergill). The gums show a tendency to recede from the neck of the tooth. A point of considerable importance in this connection may be noted in the point of departure of the lesion. For other diathetic conditions this seems to be marked. In syphilis it is the soft palate, in scrofula the pharynx, in tuberculosis the larynx, in rheumatism and gout it is the tongue (Isambert). In this organ we can notice frequently certain well-defined lesions which, if present, throw considerable light upon the nature of the throat trouble. The tongue may be simply covered with a yellowish coating with a more or less defined sinous outline. This coating may be confounded at first with that due to a passing bilious condition, or to the habit of smoking or chewing. But when these habits do not exist, and when the signs of disturbed digestion are not present, we are disposed to regard it as an arthritic evidence. In more advanced conditions the tongue is more or less deeply furrowed, either on the middle of its dorsal surface or along its margin. This condition might be confounded with the appearances often met with in syphilis, or tuberculosis. In syphilis, however, we find inflammation and thickening of the substance around the ulcer, besides the general symptoms which show its presence. In tuberculosis the ulcerations are rounder and deeper, and we are apt to get a history of phthisis and to discover evi-

dences in the lungs of its existence. Those dry white patches on the tongue which resemble the eschar produced by the local action of nitrate of silver, and which have been called psoriasis of the tongue, are occasionally present at the same time with the pharyngo-laryngeal inflammation which seemingly should be attached to the herpetic or arthritic diathesis.

These different lingual appearances have been designated by similar names to cutaneous affections of a more or less analogous type which may exist at the same time that they are present. Thus we read of lingual pityriasis, eczema, psoriasis, etc. The latter term is the only one which I should be willing to accept as being justified by any morphological resemblance between the lesions of the cutaneous and mucous surfaces. As regards attaching the definite lingual aspects more to certain degrees, or kinds of pharyngo-laryngeal inflammations than to others, this appears to me in general extremely difficult, and I have not been able hitherto to establish in my own experience very evident distinctions.

What is the nature of the underlying dyscrasia which occasions these inflammatory conditions of the throat as well as the concomitant eruptions of the skin which so frequently are present? Many different theories have been offered to explain it. Among these I would select that of Bence Jones as being on the whole the most satisfactory, since it embraces a wider range of facts than any other, and seems to solve tolerably well in my mind the numerous problems as they are clinically observed. This theory is that of suboxidation. By suboxidation we mean that the substances taken into the stomach as food are not sufficiently metamorphosed into completely soluble substances in the blood and tissues, and accumulate in the economy to that degree that they occasion morbid effects. Uric, lactic, and oxalic acid, creatin, creatinin, etc., are the chief products of imperfect oxidation. Why do these substances accumulate in the economy? In some instances it is because the amount of food taken is more than sufficient for the needs of the body, and instead of it being thoroughly oxidized, or reduced to a soluble form and eliminated, it remains in an insoluble state and is partly retained in the blood. Frequently the quantity and quality of the food taken are as they should be, but the power of oxidation is insufficient, or the quantity of this element is diminished. The latter condition we meet with in anæmia of different forms and many states of lowered vitality. The small power of oxidation may be inherited or acquired, and the precise cause of it is more than difficult accurately to determine. All that we can do at times is to combat the results and not the etiology of this lack of power. The special organ which is most at fault in many of the instances where suboxida-

tion is at the bottom of the actual disorder is the liver.

The liver is not always diseased in such cases, but it is functionally inactive and requires constant stimulation. In this phase of suboxidation, and owing to the accumulation of the different organic acids, the blood is rendered subalkaline, and this subalkalinity prevents, as we are aware, the processes of oxidation from being as completely carried on. Whenever there is an accumulation of suboxidized materials in the blood and tissues, unless the kidneys are equal to carrying them off from, or out of, the economy, we turn to the bowels as the real efficient emunctory of the body. From the frequent appeals that are made to the bowels, both by nature and man, this organ does not, as a rule, suffer much from becoming the way of exit for an excessive amount of excrementitious substances. Unfortunately, however, other vicarious avenues are also selected for the passage outward of the pent-up *materies peccans* which indicates the diathetic condition, and hence it is that the skin and mucous membrane of the throat often show evidence of irritation and disease as a consequence of this selection. No doubt, therefore, the same, or very analogous, conditions of the body produce on different occasions painful affections of the joints (arthritis), eruptions of the skin (herpetism, dartre, rheumatism), or inflammatory diseases of the throat. I grant that it is not always easy, or even possible, to give a clear and irrefutable demonstration of this fact, but in many cases, if we weigh carefully the evidence we possess, we must admit that it is the only rational method of uniting many isolated examples which between them manifest a long list of close relationships.

The late Dr. Murchison regarded gout merely as a result or variety of lithæmia: "This latter condition of the blood," says Duckworth, "is recognized on all hands as due to imperfect digestion and functional derangement of the liver." Piffard also regards deficient functional activity of the liver as being the *fons et origo* of most of the disorders from suboxidation.

I have been led to believe that many throat disorders which are called rheumatic, or gouty, may be very properly included in this list. The prognosis in the foregoing cases is always good. Frequently the symptoms fade away in the other signs of acute articular rheumatism which rapidly become manifest. In that case the development of the articular symptoms merely shows distinctly the nature of the throat affection which has preceded them. In the rheumatic sore-throat which takes place when the health is not otherwise impaired, and in which the patient complains mainly of a pain over the hyoid bone, larynx, or tonsils, the trouble may persist a long while without appreciable relief, even from what may appear to be

appropriate remedies. Ultimately, however, these patients recover, and I have never known any real gravity to attach to them. I should, perhaps, make an exception in this place for certain cases of enlarged lingual tonsils, apparently of rheumatic or gouty origin, which have occasioned in my experience very distressing symptoms at times. These symptoms are sensation of constriction around the throat, choking attacks, disability in swallowing, and marked dysphonia. On one occasion I treated a lady who suffered from the formation of an abscess in this region apparently, and in whom, previous to the bursting of the abscess, the symptoms were extremely painful and also quite alarming, as the patient seemed to dread asphyxia from choking—and there was sufficient ground for her natural fears. In medical literature there are some instances which seem to indicate the possible gravity of some of these cases, notably in the case of gout.

Barthez reports, after Musgraves, that in one instance an attack of metastatic gout in the throat was sufficiently severe to threaten suffocation and necessitate a tracheotomy in order to save life.

In chronic gout Virchow has made a study of the deposits which are occasionally formed around the laryngeal cartilages. Sir Morell Mackenzie, in his four typical cases of gout in the throat, mentions acute œdema of the uvula, which disappeared suddenly when an ordinary attack of gout developed, and fungous ulceration of the left ventricular band which was very like cancer.

Isambert cites cases of nervous dysphonia due to incomplete paralysis of the adductor muscles of the larynx, and which he attaches to the same conditions which produce cutaneous eruptions and a deposit of uric acid in the urine. This same observer is inclined to the belief, from his observations, and those of Bazin, that a laryngitis of gouty nature may ultimately be changed into a true cancerous affection, and he refers to cases which corroborate this view. Is there a rational basis for the treatment of these cases? Certainly there is, if we refer to the nature of these affections as far as I have been able to determine it, and if we recognize the indications already given. In the first place, the blood is subalkaline from retention of the excrementitious substances which should normally be expelled. In the second place, the aliments taken as food are not properly oxidized and do not therefore take forms like urea, which are soluble and easily eliminated. As Piffard remarks, there are two objects which should constantly be held in view: 1, The depuration of the blood; 2, the increased oxidation of alimentary substances introduced into the stomach. The first object should be attained by the use of alkaline diuretics, by purgatives, by increasing elimination through the skin, which can be accomplished by exercise, baths, friction. The second

object must be attained by the use of iron, oxygen—breathing fresh, pure air.

Among the alkaline diuretics, I believe natural Vichy water to be one of the best. It promotes the flow of urine, it reduces the subalkalinity of the blood. Among the purgatives—and particularly for the reason that the liver is probably the organ most at fault—I recommend repeated small doses of calomel, podophyllin, or Carlsbad Sprudel salts, dissolved in warm water, or in the Sprudel water itself. Whatever theory we may believe in regarding these therapeutic agents, there is little doubt in my mind that in very many cases after their use the quantity of bile evacuated in the stools, and the quantity of uric acid and urea eliminated by the urine is often notably increased. I confess that there are cases in which the precise result of the hepatic stimulant is not evident. I also am obliged to say that occasionally we meet with cases of undoubted rheumatic or gouty sore-throat where all purgative medicines—even the most appropriate—seem to be wholly without good effect. These are, I believe, instances in which the liver is not primarily at fault. Under these circumstances I am often impressed with the fact of the great benefit received from frequently repeated Turkish baths, when they are judiciously given. The skin is thus made to act more thoroughly, and if we may form correct conclusions from the results obtained, it is obvious that the skin must be the organ most in need of attention. Exercise and friction—meaning by that walking, riding, tennis playing—combined with massage and passive movements, are powerful adjuncts to the usefulness of the Turkish bath.

As the main carrier of oxygen to the economy is the blood, iron should be given in small doses and during long periods of time, to increase the oxidizing power of the economy. In my experience no preparation of iron for this purpose equals the tincture of the chloride of iron in ten to twenty drop doses, three or four times in twenty-four hours. I also believe that inhalations of pure oxygen, or oxygen gas in which there is a certain proportion of nitrogen, help the patient surely and continuously by enabling him to assimilate some of the iron he is taking, which, without the oxygen gas would have no appreciable good effect whatever. Of course the diet should be regulated, and if the patient be taking daily an excess of albuminoid or starchy food, it should be diminished in proportion to the needs of the economy, or to the ability to consume thoroughly the food that is given him. Now, in my judgment, the quantity of food required by some people to preserve and keep in good condition the bodily nutrition differs a very great deal from the amount necessary with others, and no hard-and-fast rules should be laid down in regard to quantity of food. The main thing is to insure perfect

digestion and assimilation of what is actually taken, and this I believe is accomplished by consulting somewhat the individual peculiarities we have to do with, and by inculcating rigid observance of sobriety in all things pertaining to food and drink. While, however, I believe the foregoing general rules should govern dietary requirements I am not averse to being inflexible in forbidding any but the most limited indulgence in sweets in any form, or in the use of farinaceous food, particularly in cases where it causes fermentative dyspepsia and all the evils which proceed therefrom. In some of these cases I am confident that I have obtained excellent modifying effects from the exhibition of arsenic, either in the form of arsenious acid, Pearson's or Fowler's solution, or, what is still more useful, the natural mineral water of Bourboule.

The internal use of the French sulphur waters, and especially those of Aix-les-Bains, in Savoy, have unquestionably benefited some of my patients in a remarkable manner. In regard to our own sulphur springs, and notably those of Sharon and Richfield, I have latterly spoken against their utility when drunk in any great quantity. Owing, apparently, to the large proportion of insoluble salts of lime which enter into their composition, they prove indigestible, and instead of being active agents in eliminating gouty products from the economy, are apt to cause their retention. I have undoubtedly seen gouty patients who have returned from a season at Richfield, with further pain and stiffening of the joints, and with aching and hardening of the muscles of the limbs. So far, however, as the gouty nature of the throat is concerned, I know of no remedy that at times clears up the situation to the same degree that colchicum, or its alkaloid colchicine, does. Many patients, in my experience, upon whom I have tried everything I could think of that seemed in any way rational or indicated, or who have simply remained in a stationary condition or become greater sufferers, have been, in one week's time from the period of beginning to take this drug, so much improved generally and locally that they have expressed themselves as feeling like new beings. The urine would occasionally give evidence of this treatment by containing a large amount of urates and of uric acid. Not infrequently it would remain wholly negative. In these and other cases "the drug probably acts in more ways than one, possessing not only specific anodyne properties, due, perhaps, largely to its action as a vascular depressant, but also the power of hastening and modifying hepatic and other tissue-metabolism, together with an eliminant property."

So much for the general treatment of these cases. How shall they be treated locally? Those who have written with, as I believe, accurate and extensive knowledge of the subject have claimed

that astringent applications to the throat are not merely useless but frequently harmful. They do not alter advantageously redness and irritability of the mucous membrane. They do not produce secondary quieting and soothing effects, such as we often observe after the treatment in this manner of localized inflammatory affections, non-diathetic in character. On the contrary, they augment and aggravate the local congestion or thickening, and the patients soon become tired and restive under the repeated application of a treatment from which they experience little or no relief. The foregoing statements are, without doubt, true in many cases. And yet, as always in medicine, there are exceptions to the rule, and I find occasionally rheumatic and gouty individuals whose throats are notably benefited by applications of iodine, zinc, iron, etc. It is not inappropriate in some of these irritable throats to follow the application of the astringent by the use of an anodyne, like the tincture of opium, or to combine the opiate with the astringent, and make the double application at the same time. As a rule, however, the soothing sprays or inhalations are the ones from which we derive most benefit. Different modifications of alkaline sprays with carbolic acid, thymol, menthol in small proportions, and more or less glycerine, are what I have usually found most effective. Where the nervous irritation and sensibility are very great, cocaine in small quantity may occasionally be added with some benefit. Warm inhalations of steam impregnated with benzoin and fir-wood oil, or eucalyptol, are soothing and helpful at bedtime, but should not be tried during the day, as they will tend to increase congestion and sensitiveness, on account of the atmospheric changes to which the patient is of necessity exposed. It is in these cases that we obtain our most satisfactory results from the inhalations and pulverizations as employed at the sulphur spas in Europe, and now, I am happy to state, in two places at least in the United States, of general resort, namely, Sharon and Richfield Springs. At Sharon it has been found, in certain cases, that the sulphur water, combined with pine needle extract, is even more useful than the sulphur water alone. Where the general condition of the patient is poor and requires strengthening, the sulphur baths given twice a week, or every other day, are valuable as a corroborant; but I do not believe they have any but this indirect influence in ameliorating the inflamed mucous surfaces. The air of the country of, or about, the sulphur springs, I have thought, may be especially useful, but with respect to this judgment I advance it as merely having probabilities in its support.—*Med. Rec.* •

Bromidia is used more to-day than ever. It is reliable and never fails in its action.

### A FEW PRACTICAL TEACHINGS OF DR. GRANVILLE BANTOCK OF THE SAMARITAN HOSPITAL, LONDON.

Dr. Bantock uses no so-called antiseptics, but scrupulous cleanliness in abdominal sections. He claims, and I think has proven conclusively, that perfect cleanliness is the only antiseptic entirely free from danger in abdominal surgery. As far as the germ theory is concerned, Dr. Bantock teaches that surgery never could have struggled, into existence if germs had the unbounded influence which is claimed for them by some antisepticians—that there should be no difference in the mortality of operations in large and in small hospitals, in city or in country. He has conducted several most interesting experiments in his hospital to prove that cleanliness was all that is required to obtain the lowest mortality in abdominal section. The patient is given a thorough bath, not by herself but by a competent nurse, just before the operation. For all instruments, sponges, ligatures, and towels, he uses only the ordinary city water heated and kept as hot as the hand can bear, not necessarily boiled. Of course, his hands and arms are well scrubbed. He makes his incision as short as possible, according to the size of the tumor or sack to be removed—generally three inches long. I am more pleased with his ligation of the pedicle in the removal of ovarian tumors and broad ligament cysts than any I have ever seen or read of.

For several years past I have frequently read of the patient dying from hæmorrhage of the stump—in some cases four or five days after the operation. I did not fully understand why this was until Dr. Bantock explained it. The outer edge of the pedicle is the one which nearly always slips from the ligature, if either does. It is this lateral or outer edge of the broad ligament which consists of two folds of the peritoneum, and contains the principal blood vessels. In order to obviate this extra danger, he secures this outer fold with a separate ligature by going in nearly an inch from the outer edge with his needle, and tying down on this, before transfixing for the main ligatures. He says he never had the least hæmorrhage since adopting this plan; whereas before, he lost several patients, and the autopsy showed that the outer edge of the pedicle had slipped and the patient died from hæmorrhage. The anatomy of the broad ligament has to be at one's command to fully appreciate the importance of this first suture. Some place a separate ligature around the stump after cutting away the growth, but this occurs to me—though I have never seen it mentioned—that in the event this last ligature should not be carefully applied directly over the transfixed ligature, tissue could become strangulated and set up septic trouble.

Dr. Bantock uses hot salt (chloride of sodium) water for flushing the abdominal cavity when necessary. He gives Dr. Gill Wylie, of New York, credit for the addition of the salt, seven parts to one thousand of hot water. When this is used in the cavity, the process becomes "a true indirect transfusion." Therefore, it can be easily understood how the hot salt solution is serviceable in lessening shock due to loss of a quantity of blood.

He flushes the abdominal cavity and uses the glass drainage tube under the following conditions:

1st. If he encounters many old adhesions, and in breaking them down, has to apply many ligatures, consequently expects oozing afterwards.

2. If the contents of a sack ruptures in the least, or if he finds any filthy fluid in the abdominal cavity, he never fails to irrigate with about two gallons of hot salt water.

He is not at all particular to get out all of the water before closing the abdominal incision; in fact, he leaves a pint or more frequently, and draws it out soon afterwards with a syringe and rubber tube attached, which passes down the glass drainage tube. He never presses sponges firmly against the peritoneum to absorb any kind of fluid, but irrigates instead. He uses three sizes of best "silk-worm gut" for ligatures for everything, except the pedicle—silk for this. The patient comes to the operating table with bowels almost entirely free from faecal matter—having eaten absolutely nothing for twenty hours, and *nothing* permitted afterward for twenty-four hours, not a drop of water. If there is regurgitation of bile into the stomach and nausea, he orders grs. xv sodii bicarb. in  $\bar{z}$  iij hot water. This relieves every time. His reason for entirely emptying the bowels is to give the gut nothing to do for thirty-six hours, or longer. This enables him to withhold all opiates from the patient.

The principal plea for the administration of opium after abdominal section, is to keep the whole intestine as quiet as possible. This is much better effected by giving the intestines absolutely nothing to do for the above-named time, and keeping up gentle elastic support, than by binding down the abdominal walls on the intestines with strips of adhesive plaster with hard dressings, as I have always seen done, and then be compelled to give opium to relieve pain.

I have closely watched all of Dr Bantock's cases for six weeks now, and have been surprised to have each one tell me how little pain they have after the operation. They express themselves as being surprised at so little pain. They sleep well after the first night. He claims as his reason for not giving opium—which every one knows—is that it diminishes secretion and interferes with the normal and healthy action of the bowels, which is very undesirable at this time.—Correspondent *Virginia Med. Monthly*.

## ON THE TREATMENT OF HÆMOPTYSIS.

In the Harveian Oration for this year, Dr. Andrew calls attention to certain most important considerations of intra-vascular pressure; more particularly he refers to the work of Dr. Bradford and Mr. Lean on the pulmonary circulation. There can be no doubt that the comparative independence of the two circulations—the pulmonary and systemic—has been generally overlooked, and that it has been assumed without evidence that those means which are capable of influencing the systemic circulation will act similarly upon the pulmonary. The recent physiological work above referred to has shown the presence of a pulmonary vaso-motor system which, though apparently less developed than the corresponding systemic mechanism, is capable of exercising a decided control upon the flow of blood through the lungs; it has further shown that great pressure changes may occur within the systemic vessels without corresponding changes in the pulmonary blood pressure. Clearly it is necessary to review the situation of vascular therapeutics from the standpoint of this latest advance. Dr. Andrew next gives the results of experiments by Dr. Lauder Brunton, and of others by Dr. Bokenham, in which the influence of various drugs was brought to bear on the circulation generally. These experiments confirmed the results of the above investigators, showing, as they did, oscillations in blood pressure in the two circuits which, at least in their time relations, were independent of each other. At the close of the oration Dr. Andrew draws one conclusion, which, on account of its importance, must be quoted. He says, "If it be true, to use the statement in one of our best monographs on diseases of the lungs that 'it is of great importance to relieve blood pressure in hæmoptysis,' then aconite ought to be a much more efficient remedy for that affection than ergot."

It is this statement which calls for most careful consideration. In the first place, we may note that this claim for aconite as a means of arresting hæmoptysis is not made because of any different action upon the lung circulation from that which we are familiar in the case of the greater circulation; for Dr. Andrew points out that aconite produces a fall in blood pressure in both the pulmonary and carotid arteries. If, then, aconite is to act thus upon the lungs as a hæmostatic, will it not act similarly upon the systemic tissues; and may not a more comprehensive statement be advanced—viz., that in cases of hæmorrhage generally, aconite as a means of lowering blood pressure is indicated? In discussing this it will be best, for the sake of clearness, to deal with one circulation only—e.g., the systemic. What are the factors concerned in a bleeding? On the one



hand, the rent in the vessel; on the other hand the *plus* pressure within the vessel. This intravascular pressure is itself the product of two factors—the action of the heart; the reaction or resistance of the vessels, and this resistance is greatest at the periphery of the arterial tree. Now, does not the whole question of the treatment of hæmorrhage, viewed as a *mechanical problem*, turn upon the position of the rent in the vessel? Let us suppose this rent to be in some artery of large size, what will be the effect of giving a drug of the ergot or digitalis group? Clearly to force the blood out by the rent, since we impede its flow through the arterioles. As clearly it must appear that if any treatment is called for in such a case, it will be one which will lower blood pressure and accelerate the production of syncope. But suppose now that the leakage takes place from the capillaries, and oozing on a large scale, what evidence have we that ergot or digitalis given in such a case will cause an increased pressure within the capillaries—i. e., at the bleeding point? The rise of blood pressure takes place between the arteriole and the heart, and it will not exceed, though it may fall short of, that which is requisite to force the blood through the contracted arteriole. Is not the evidence physiological and clinical to the effect that the arterioles may be starved by an excessive action of a drug of this class? and that such drug, therefore is indicated in capillary hæmorrhage?

Now place the rent in the arteriole area, and what will ergot or digitalis effect? The blood pressure will rise, it is true, but the bleeding vessel itself will contract. Whether under these circumstances bleeding will continue or be checked will depend upon predominance of the blood pressure over contraction of the rent, or *vice versa*, and this will depend upon whether the rent is situated too near the heart or sufficiently near the capillaries. In this doubt we shall halt between the employment of means which favor syncope and those which raise blood pressure by arteriole contraction. To pass to the lungs may we not reason in the same way concerning the circulation through them, seeing that this circulation has now been under the control of a vaso-motor system? Dr. Andrew urges that the effect of a given drug may not be the same, even qualitatively, on the lungs and on the systemic tissues, and he instances amyl nitrite, nitro-glycerine, and muscarin as examples of such dissimilarity of action. But whilst the evidence in favor of this might be more conclusive, there is no such dissimilarity in the action of ergot or of digitalis upon the two circulations. Dr. Andrew states this explicitly. If, then, in hæmorrhage from the systematic circulation we see indications at times for the use of ergot and digitalis, may we not look for benefit from their timely use in certain cases of pulmonary hæmorrhage? Is not the main difficulty in the treatment

of hæmoptysis the fact that we cannot look inside and see whether we are dealing with hæmorrhage from a vessel of some size, very possibly from an aneurysmal dilatation, or whether it is a capillary hæmorrhage which we have to check? Until we are able more successfully to determine these points, it is to be feared that hæmostatic treatment will at its best prove random treatment; but even so, we are scarcely justified in disregarding ergot and digitalis, because we cannot always select the cases for which they are indicated. I put forward these considerations at a venture and I hope I may be allowed to express my gratitude to Dr. Andrew for an address which, it seems to me, is calculated to start us along new and promising lines.—H. Sainsbury, M.D., in *Lancet*.

#### AN INTERESTING CASE OF IMPERFORATE HYMEN.

Occlusion of the vagina by an imperforate hymen is not infrequently brought to the attention of the practitioner, whose aid is sought on account of absence of the menses in adolescent girls; and, as the necessary incision into the occluding membrane is sometimes followed by the death of the patient, it is well that he should be familiar with the changes which result from the obstruction, and with the conditions which produce death in the fatal cases.

When occlusion exists, with damming back of the menstrual blood, it seems that distention of the vagina first takes place and then of the uterus, the Fallopian tubes being the last to suffer. When, after the obstruction has continued a long time, these organs are at last affected, each tube dilates into a series of three or four distinct blood-sacs, which are separated from each other partly by lamellæ which project internally, and partly by peritonitic false membranes and bands which constrict them from without. The uterine and abdominal ends of the tube are generally both closed. If the abdominal end remains open or yields temporarily to the accumulated blood, the blood may pass into the abdominal cavity, and may, in favorable cases, be encapsulated in Douglas' cul-de-sac as a retro-uterine hæmatocele, or between the fimbriated end of the tube and the ovary.

Usually, after a considerable quantity of menstrual blood has accumulated behind the imperforate hymen, the patient begins to suffer violent paroxysms of pain at the menstrual periods. After inflammatory processes have been set up, the pains come on at any time between the periods. When the case is at all advanced, the patient is always in danger of peritonitis, or of rupture of the sacs in the Fallopian tubes.

The comparative advantages of complete evacuation at a sitting, and of more gradual evacuation,

are still under dispute, but it seems clear that, while the former is the proper method in simple cases, the latter may be preferable in cases of long standing, where permanent changes in the relation of organs and extensive adhesions have occurred.

There are two causes of death after operation, sepsis and rupture of the Fallopian sacs. The former, which is due to decomposition of the menstrual blood which is left in the uterus and vagina, may be prevented by strict cleanliness and by antiseptic irrigations. The latter is a much more serious affair, and cannot be so easily prevented, if even weakening of the thin walls of the tense tube-sacs by septic processes is avoided. It is not now believed that residual blood is forced through the tubes by the contracting womb, since it has been proven that the uterine end of the tube is closed; it is known that the fatal hæmorrhage or peritonitis is due to rupture of already formed tube-sacs. The rupture of these sacs is greatly favored by the removal of the abdominal pressure upon their walls which follows evacuation of the uterus and vagina, and also by the inability of the tubal sacs, which have become fastened by inflammatory bands to the surrounding parts, an especially to the peritoneum of the abdominal walls, to follow the uterus as it contracts after removal of its contents and the contents of the distended vagina. Rupture of the tube-sacs may be prevented by slow evacuation of the vaginal and uterine contents, and the application of a cotton pad to the abdomen, to replace the pressure exerted on the sacs by the evacuated blood. Perfect rest must be enforced. If the tube-sacs can be detected, they may be emptied or removed by a suitable operation.

Sometimes the pent-up fluid in the genital canal consists of a sero-mucous fluid free from blood. This has been observed in childhood, and also at puberty.

Sometimes the retained blood has assumed a puruloid appearance, from admixture of pus as a result of inflammatory processes which have been excited. In the *American Journal of Obstetrics*, August, 1890, Dr. Kinlock relates a case of this sort. The patient, aged eighteen, complained of a small tumor in the hypogastrium, which was treated merely by painting with iodine. During absence from home for a year she neglected it, as it caused her no inconvenience. On her return it was as large as a uterus at seven months. Imperforate hymen being diagnosed, an incision was made, and a great quantity of odorless pus-like fluid, showing under the microscope pus and blood-cells, was evacuated. The cavity, which had walls like an abscess, and which lay chiefly in the vagina, was emptied at once under antiseptics and a drainage tube was introduced. The patient made a rapid recovery.—*Med. Rec.*

## ANTISEPTICISM TO THE BITTER END.

We cannot refrain from culling the following amusing bit of ridicule which appears in the *Medical and Surgical Reporter*. The extreme to which the adherents of antiseptics have gone has induced a writer in the *Journal de Médecine* to give the following advice to young practitioners:

On rising in the morning, take a full bath of soap and water; the scrubbing should extend to the most private parts. Persons with a full head of hair should have it epilated every month, for it has been demonstrated that the hairs furnish shelter to quantities of microbes. The same precautions are necessary from the beard and other hairy regions of the body. The eye-brows and eye-lashes being indispensable to the hygiene of the eyes should be respected, but they should be well scrubbed every morning with Van Swieten's solution. The nasal cavities should be carefully swabbed out; it would even be prudent to stuff them during the day with iodoform gauze, as respiration can go on quite well by the mouth.

The ears should be carefully douched by a specialist familiar with the direction of the external auditory passage; and it would be wise, also, with double-current catheter to wash out the middle ear through the Eustachian tube. The mouth, being a frightfully septic cavity, it should be divested of all useless ornaments. The teeth should be extracted and replaced by artificial teeth, which the physician should wear as little as possible, and only to eat with, or when he goes to see his female patients at other times these little masticatory apparatus should be soaking in a strong carbolic solution. It will also be advisable to make every morning a thorough lavement of the stomach and rectum, for these cavities often emit gases which breed bacteria, one of which may effect several patients.

The carriage in which the physician visits his patients should every morning be washed inside and out in a full stream of water in the presence of the master, who should superintend the work of his ignorant servants, and the wheels should be well greased with carbolized oil, changed every eight days. A spray-producer should be placed under the coachman's seat, and keep up a constant antiseptic vapor inside the carriage. The carriage box should be replaced by a drying stove, which should always be in operation. Whenever the physician has occasion to visit one of his lying-in patients, he should change his clothes, and place those that he has taken off in the stove in question. The same garments should never be worn in the sick-room of two consecutive patients without being disinfected. If accidentally one of the wheels touches any excrement, it should at once be washed. It would be well to have the

wheels made of iron, so as to be disinfected by the flame after such an accident.

Whenever the physician enters a patient's house, he will take care to immediately demand a pair of rubber slippers, which he will put off on leaving the house; otherwise his boots will become impregnated from the carpet with a prodigious quantity of microbes. He will also take pains not to shake hands with any one, for this would be to invite infection by such contact. Whenever a patient has died of any affection supposed to be microbic, the physician should abstain from all visits for at least a week, which should be spent on the top of the Eiffel tower or near his mother-in-law, both of which have recently been classed among the best microbicides.

From time to time the physician may dine in company, but he will be served apart on a little table, so as not to be infected by contact with neighbors. He must eat with his fingers, because the disinfecting stove is not yet used for keeping the silver, which may therefore be covered with micro-organisms. He may, however, bring with him his dishes and other implements for eating previously disinfected. He should abstain from all food that has not been boiled, and drink only distilled liquors.—*St. Louis Med. and Surg. Jour.*

#### ADDITIONS TO THE "BRITISH PHARMACOPŒIA."

As will be seen by the report of the proceedings of the General Medical Council published elsewhere, the Council last week authorized the issue of a volume containing *Additions made in 1890 to the British Pharmacopœia* of 1885. The difficult task of editing this small volume has been fulfilled by the *Pharmacopœia* Committee over which Dr. Quain presides, with the assistance of Professor Atfield. In the selection of additions the Committee has had important aid from all the medical corporations, and from the universities of Dublin, Edinburgh, Aberdeen, and St. Andrews. Mainly owing to the interposition of Professor Atfield, the Pharmaceutical Society of Great Britain has also rendered valuable assistance,<sup>1</sup> a circumstance which, to quote the words of the Committee's report, "cannot but be productive of future as well as immediate benefit both to medicine and pharmacy."

The small volume containing the additions will be published, we understand, the middle of December, by Messrs. Spottiswoode & Co., and will be sold at the price of one shilling.

We have received an advance proof copy of the volume, and it may be convenient to indicate its general scope. The additions, forty-four in number, fall into two classes, namely, (1) new substances and preparations of them, and (2) new preparations of drugs already recognized.

#### The New Drugs added to the "Pharmacopœia" are as follows:

Articles.	Preparations.
Acetanilidum (antifebrin)	
Adeps Lanae	Adeps Lanae Hydrosus <sup>2</sup>
Eucalypti Gummi	
Euonymi Cortex	Extractum Euonymi Siccum (Euonymin). Suppositoria Glycerini.
Gelatinum	
Glusidum (saccharin)	Tinctura Hamamelidis (1 in 10).
Hamamelidis Cortex	Extractum Hamamelidis Liquidum, and Unguentum Hamamelidis.
" Folia	
Homotropinæ Hydrobromas	
Hydrastis Rhizoma	Extractum Hydrastis Liquidum; Tinctura Hydrastis (1 in 10).
Oleum Cadinum	
Paraldehydum	
Phenacetinum	
Phenazonum <sup>3</sup>	
Picrotoxinum	
Strophanthus	Tinctura Strophanthi (1 in 10).
Sulphonal	

#### The New Preparations of Drugs already recognized are:

Acetum Ipecacuanhæ.	Pilula Ferri (Blaud's Pill).
Emplastrum Menthol.	Syrupus Ferri Subchloridi.
Liquor Cocainæ Hydrochloratis (10 per cent.).	Pulvis Sodæ Tartarata Effervescentes (Seidlitz Powder).
Liquor Morphinæ Sulphatis (1 per cent.).	Sodii Benzoas.
Liquor Trinitrinæ (solution of nitroglycerin).	" Nitris.
Magnesii Sulphas Effervescentes.	" Phosphas Effervescentes
Mistura Olei Ricini.	Stramonii Folia.
	Trochisci Sulphuris.
	Unguentum Conii.

There is also one addition to Appendix II of the *Pharmacopœia*; This is Solution of Potassic-cupric Tartrate, commonly known as "Fehling's Solution.—*Brit. Med. Jour.*

#### ALBUMINURIA IN PREGNANT WOMEN.

Prof. Fordyce Barker, of this city, does not think that the existence of albuminuria in pregnant women, even in its greatest development, unless accompanied with undoubted evidences of perilous uræmia, and unless other resources for the cure of both the albuminuria and the uræmia have been exhausted, justifies the induction of premature labor. At a recent clinic held in the amphitheatre of Bellevue Hospital, he gave it as his conviction that by appropriate prophylactic

<sup>1</sup> 1. The Pharmaceutical Society appointed a special committee for this purpose, consisting of the president, vice-president, Dr. Inglis Clark, and Messrs. Ekin, Gale, Greenish, Martin, Martindale and Umney.

<sup>2</sup> 2. Commonly known as "Lanoline," which is a registered trademark in the United Kingdom.

<sup>3</sup> 3. Commonly known as "Antipyrin," which is a registered trademark in the United Kingdom.

treatment the albuminuria and uræmia may be absolutely averted. He has not had in years a case of eclampsia in a patient of his who had been treated in that way. He spoke of one agent in the treatment of uræmia of the pregnancy, which will prove of great value—nitro-glycerine, in doses of from 1-100 to 1-50 of a minim every three or four hours. Its effect, he stated, was to speedily reduce arterial tension and allay spasms of the cerebral and renal arterioles, and thus indirectly increase the functional activity of the kidney and quiet the nerve storm, so characteristic in these patients.

The question of diet he considers of the greatest importance in this class of patients. He divided these patients into two classes, one in whom anæmia, hydræmia and general feebleness of the vital powers predominated, and in the other plethora and abnormal activity of the digestive and assimilative functions.

The first class need a nutritious diet, avoiding the danger of overtaxing the kidneys by restricting the amount of nitrogen. He has seen great benefit in giving these patients, weeks before parturition, a teaspoonful of a mixture of glycerine, three parts, and tincture of chloride of iron, one part, in a wine glass of water, after meals.

In the other class of cases, he recommends an exclusive milk diet. He questions the utility of diuretics in these cases, except the indirect diuresis, which results from digitalis and the tincture of chloride of iron. If the albuminuria is attended with symptoms threatening uræmia, or uræmia already exists, then more active treatment is necessary. He regards venesection as of the first importance. The bleeding, he says, removes tension from the brain, relieves congestion of the lungs, makes the breathing freer and eases the congested kidney of its burden.

Speaking of the etiology of this affection, he believes albuminuria to be due to certain modifications of the system resulting from changes in the quality of the blood. During the period of gestation the blood becomes super-albuminous. There is increased demand for albumin for the nourishment of the fœtus. Therefore, the maternal albumen, which passes through the fœtus without being employed in its growth, returns to the maternal system loaded with waste material.—N. Y. Correspondent, *Southern Med. Record*.

CANNABIS INDICA IN GASTRIC DISORDERS.—A very useful contribution to our knowledge on the treatment of the various varieties of indigestion is published in the *Deutsche Medicinische Wochenschrift* of August 14th and 21st. of this year, by Dr. G. Sée, who, as stated in our Paris correspondent's letter of last week, has dealt with the same topic before the Academy of Medicine. After a full

discussion of the forms of indigestion that are recognized, and the use of cannabis indica in their treatment, Dr. Sée arrives at the following conclusions: 1. The most convenient form in which to employ the drug is the extract in doses of about three-quarters of a grain daily, divided into three portions. Above this dose the drug is apt to produce unpleasant effects. (The French extract is stronger than the English.) 2. The drug was chiefly tried on the non-organic affections of the stomach. These were divided into two groups. The first included cases in which the gastric juice was altered in composition, especially if there was an excess of hydrochloric acid. The second group consisted only of cases of gastro-intestinal neuroses, in which there was no change in the digestive juices. 3. All these affections—dyspepsias and neuroses—were characterised by five sets of symptoms, occurring in various proportions. (a) Pain, local or radiating, arising spontaneously or after food. The variations in appetite belong to this group. (b) Atony of the stomach, with or without dilatation, is almost always present. Vomiting is more frequent in the neurotic cases. (c) Flatulence and eructation occur in most cases; in the neuroses the gas consists chiefly of air which has been swallowed; gasses formed by decomposition arise from lactic or acetic acid fermentation, and not from excess of hydrochloric acid. These gasses are the cause of the painful symptom known as "heartburn." (d) The gastric digestion of flesh food and albuminoids is little affected when hydrochloric acid only is in excess, but it is deficient when too much lactic or acetic acid is present, and completely in abeyance when there is deficiency of acid. In the neurotic cases gastric digestion is normal. Constipation is the rule in most cases. (e) In this last group are placed the varied symptoms—giddiness, migraine, palpitation, agoraphobia, etc. 4. Cannabis indica gives relief from pain and increases the appetite in all cases, no matter on what causes the pain and loss of appetite may depend. If, however, too much hydrochloric acid be excreted, it is better to aid the action of the drug by large doses of bicarbonate of soda, given about four hours after food. Cannabis indica has no beneficial action on the atonic state of the stomach, but it relieves vomiting and cramp of the stomach. The drug has no direct influence in checking flatulence, but it aids the expulsion of the gas and diminishes heartburn. The digestion of food is improved, if the failure depends upon neuro-paralytic conditions, or is rendered painful by an excess of acid, but no improvement is produced if the disorder is caused by a want of acid. As regards the other symptoms—giddiness, sleeplessness, palpitation, and the like—some relief is generally experienced by the use of this drug, but no alteration for the better is noticed in the hypochondriacal, hysterical, or neurasthenic conditions. In short, cannabis indica

may be said to be a true sedative to the stomach, without causing any of the inconveniences experienced after the administration of opium, chloral, or the bromides. It should be combined with the use of alkalies in large doses and with mild aperients.

**SUBCUTANEOUS INJECTION OF WATER.**—Professor Sahli, of Berne, has just published a paper in which he forcibly draws attention to a simple method of rapid and safe introduction of large quantities of water into the system. The method consists in the subcutaneous injection of a sterilized, blood-warm, physiological saline solution (that is, a 0.73 per cent. solution of chloride of sodium), by means of a large Erlenmeyer's flask, with an elastic tube, and a hollow needle as thick as a knitting needle. As much as one litre of the solution can be easily injected in from five to fifteen minutes. If necessary, the procedure may be safely repeated four or five times a day. The best situation for the injection is the anterior abdominal wall. On each occasion, the skin should previously be thoroughly washed with soap and corrosive sublimate, and the puncture subsequently sealed with aseptic cotton-wool and collodion. Under such precautions not the slightest signs of any local reaction are ever observed. In some patients, especially in those with flabby abdominal integuments, the procedure causes but trifling pain; in very sensitive or restless persons, however, general anæsthesia is advisable. The effects of the injections are thought to be as follows:

1. Under certain conditions they thoroughly wash out the patient's system by inducing profuse diuresis accompanied by a strikingly increased elimination of solid constituents of the urine.
2. They dilute the body juices and poisonous substances present therein.
3. They furnish the necessary water supply to dehydrated tissues.
4. They aid the filling up of blood vessels, and thus raise an unduly lowered arterial tension.

Such subcutaneous injection of water is indicated:

1. In cases of uræmia complicating the course of either acute or chronic nephritis, where the injection of a litre of the solution, once or twice daily, is, as a rule, rapidly followed by a striking abatement of all symptoms. The best results, however, are frequently obtained when the injections are combined with the internal administration of digitalis.
2. In the "typhoid" state, where frequently, even after the very first injection, delirium ceases, the pulse becomes stronger and fuller, the tongue moister, etc.
3. In Asiatic cholera, cholera nostras, infantile diarrhoea.
4. In poisoning by any toxic substances, but especially by those which are liable to be eliminated from the organisms through the kidneys.
5. In cases where an internal use of water should be avoided (in order to secure physiological rest of the gastro-intestinal

tract)—for instance, in cases of perforation of the stomach or bowel, peritonitis, ileus, etc. 6. In cases of acute anæmia from hæmorrhage. The method is contra-indicated (1) in cases of incipient or expected pulmonary œdema; and (2) in the presence of severe dropsy.—*Br. Med. Jour.*

**IMPORTANT STATEMENT BY SIR JOSEPH LISTER.**  
—Sir Joseph Lister has returned from a visit of a few days to Berlin, where he has had the opportunity of witnessing the action of Koch's treatment of tuberculosis; and on Wednesday, in King's College Hospital, he related his impressions regarding it. He spoke of the effects produced by this treatment upon tubercular disease as simply astounding, both in its curative effect and its diagnostic value. He combated the statements which had appeared from time to time in certain publications, to the effect that it was impossible for the dead portions of tissue resulting from the treatment to be got rid of by other than surgical means; he stated that provided these portions of tissue were preserved from septic agency, they need not necessarily be separated from the living body, as they were eliminated by absorption in the same manner as a catgut ligature. There was no reason to suppose that the fact of this tubercular tissue being destroyed would make it incapable of absorption. He compared the action of Koch's fluid with that used by Pasteur in the case of anthrax, an injection of which gave complete immunity from this disease, and he hoped that Koch's future researches would result in showing the remedy capable of acting on human beings so as to give them complete immunity from tuberculosis.

There was another line of research from which he hoped for good results in the direction of immunity. Through the kindness of Professor Koch he had the opportunity of visiting the Hygienic Institute of Berlin, and of seeing most beautiful researches being carried on in that institution, of which he was the inspiring genius. Those researches were now going on, and fresh facts were accumulating day by day. They had not yet been published, and he was not at liberty to mention any details, but there could be no harm in saying that he saw, in the case of two of the most virulent infectious diseases to which man is liable, that the injection under the skin of a small quantity of material, perfectly constant in character—an inorganic chemical substance as easily obtained as any other article in the materia medica—cut short these two formidable diseases in the animals in which they were performed. These same animals were rendered incapable of taking the disease under the test of the most potent inoculations. He suspected that before many weeks were passed, if it should be found that the same results could be produced on man—though

experience of what was known of the different behaviour of Koch's fluid in guinea-pigs and in man makes this a matter of uncertainty until tested by experiment—the world would be startled by the magnificence of these researches, which would be recognized on every hand.—*Lancet*.

THE RE-CONSTITUTION OF THE UNIVERSITY OF LONDON.—At the end of the summer season, on August 11th, a letter was sent from the Registrar of the University of London to the Lord President of the Council, explaining the various steps that had been taken with regard to the proposed re-constitution of the University. Since then a deputation from the provincial Colleges has been received by the Senate, and, as a consequence of their representations, it was understood that the latest revised scheme of the Senate would undergo further modifications. Last week a letter was sent from the President of the Council to the Senate, pointing out that the time has come for an immediate reply to their intentions in respect to the application for a new Charter as suggested by the Royal Commissioners. It is obvious that this action must determine a crisis so far as the University is concerned, the latest opinions of which body have not yet been embodied in the modified scheme, and have not been presented to the Senate, much less to Convocation. As we have maintained throughout the whole of these negotiations, it is impossible that the various conflicting interests can be worked into any scheme that will satisfy the bodies concerned in the negotiations, as well as the graduates of the University, and be for the public advantage. The position of an Imperial Examining Board, which should be maintained at all cost, by the University, cannot but be endangered by its undertaking the duties of a Teaching University for London, and the latter function must be kept apart, as has been plainly stated by the representatives of the provincial colleges. The value of the pass degrees at present given by the University in medical subjects, and which are described by the Royal Commissioners as "Honors degrees," can only be deteriorated by the endeavor of the same body to institute pass degrees for the average London medical student on terms similar to those on which they can now be obtained by students in the other centres of medical education. We question whether any such proposal would have the slightest chance of being accepted by Convocation, which must be conjoined with the Senate in any application for a new Charter. We presume that the petition for a Charter for University and King's Colleges will soon come before the Privy Council—if the Senate of the University cannot comply with the demand of the Lord President—and that the formation of a Teaching University for London, which has been stated by the Royal

Commissioners to be desirable, will again be referred to the Commission or be taken into consideration by a Committee of the Privy Council itself. We hope that the other metropolitan medical schools besides will take every care that their interests are safeguarded in view of such a contingency.—*Lancet*.

ANODYNE EFFECTS OF ELECTRIC LIGHT.—Dr. Stanislaus Th. Von Stein, of Moscow, records (*Meditzinskoie Obozrenie*, No. 12, 1890, p. 1156), a series of 14 cases of various painful affections in which he used electric light as an anodyne, with almost "magical" results. The apparatus (devised by himself) used for the purpose, consisted of a small-sized (three or four volts) incandescent electric lamp, furnished with a suitable handle and a funnel-shaped reflector, varying from 3.5 to 6 centimetres in length, and from 2 to 3 in the longest diameter, the lamp being fixed within the reflector. In cases where the head or neck was affected, the illumination (the reflector being applied directly to the painful area) lasted from ten to fifteen seconds; in other regions of the body from one to five minutes, or even longer, until the patient began to complain of intense heat. The anodyne effects are said to have been invariably most striking. A woman, suffering from very obstinate intercostal neuralgia, after a single sitting (a series of illuminations, each of a few seconds' duration) was completely and permanently freed from pain. The same result was obtained in another patient suffering from intense rheumatic pains about the shoulder. In a woman aged 50, suffering from agonizing lumbago, four sittings of five minutes' duration twice a day, proved equally successful. In another patient, a nervous woman who had had excruciating pain about the right foot and ankle, causing lameness, two illuminations of five minutes' duration caused complete cessation of the symptoms. In a patient suffering from pulmonary and laryngeal tuberculosis, and most troublesome, almost incessant cough, in whom even morphine in the daily dose of one grain, had afforded but trifling relief, from ten to fifteen seconds' illumination of the larynx and both sides of the neck externally, repeated every other day, reduced the paroxysms of coughing to two or three in the twenty-four hours.—*Br. Med. Jour.*

Various cablegrams from Berlin all agree in supporting the opinion expressed in the editorial in a recent number of *The Medical News*, concerning the uselessness of either doctors or patients travelling to Berlin at this time with the idea of obtaining any of the benefits which may accrue from the employment of Koch's anti-tubercular fluid.

Various regimental surgeons in different por-

tions of the German army have been ordered to set aside soldiers under their care who are suffering from tuberculosis, in order that the service may be benefited as early as possible, but it is worthy of note that nearly ninety per cent. of the cases which are receiving injections of the anti-tubercular fluid are not sufferers from pulmonary tuberculosis, but chiefly from lupus and allied diseased conditions.

We are also informed through the cable that there are already hundreds of English doctors in Berlin who are permitted to see little, and who have opportunity to learn less. They all agree in complaining bitterly of the scant courtesy which is shown them, and it is asserted by those who ought to know that the same treatment will be shown to the American doctors when they arrive.

Professor Koch has always been notorious for the seclusion which he insists upon, and to see him now is absolutely impossible. He has also practically limited the employment of his liquid to von Bergmann, Cornet, and Levy, all of whom in one way or another have placed the discoverer under personal obligations by favors done him in the past. So complete a monopoly have these men of the employment of the liquid that they have established numerous private hospitals in Berlin, in which they charge exorbitant prices, both for living expenses and medical attendance. Thus it is said that Levy charges every patient \$25 for each visit, and that even with this extortionate price he treats nearly two hundred patients daily. The other physicians, it seems, are not far behind Levy in their charges, and physicians, students, and patients are endeavoring by every means in their power to obtain information which cannot be had. The number of consumptives who have flocked to Berlin from all parts of the Continent reaches several thousand, and it is supposed that at least 1700 of these have already been treated—none of them of course, as yet with marked improvement in their condition. The fact that so many consumptives have applied for relief is said to be a source of much distress to Dr. Koch, who realizes better than any one else apparently that his remedy is not a cure-all.—*Med. News.*

**TREATMENT OF DIABETES.**—Dujardin-Beaumetz (Cochin Hosp. Lectures, in *Theraeutiæ Gazette*) advises that a most rigorous dietary be prescribed. Eggs, meat, fowls, and green vegetables are allowed. Fatty food is useful and may be in the form of oils, fish canned in oil, bacon, pork, and butter. Gluten bread is allowed. The patient may take at each meal three ounces of boiled potatoes. All starchy foods are forbidden. *Nor is milk allowed.* Tea and coffee may be sweetened with saccharin. It is important that sauces and gravies containing flour should not be used. Wine

may be taken diluted with Vichy. Distilled liquors are prohibited. A combination of carbonate of lithium with a small dose of liquor potassii arsenitis is given twice a day. Fifteen grains of antipyrin are given after each meal. The author considers it important that the mouth should be thoroughly cleansed after eating. A boracic acid antiseptic solution is recommended. A sponge bath with warm water, followed by a vigorous rubbing, is strongly advocated. It is considered highly important that the cutaneous surface should be in a state of well marked activity. Mild exercise, regular in its performance, is an adjunct to treatment. The author condemns the skimmed milk treatment of Donkin, believing that the use of milk increases the amount of sugar excreted. The lactose has, in addition, a well marked diuretic action. Saccharin may be freely given, and but rarely produces any unpleasant effects. The author evidently believes the polyuria of diabetes to be of neurotic origin. Antipyrin, phenacetin, and exalgin may all be used to reduce it. He mentions cases where the urine was greatly reduced.

The amount of sugar is also reduced by antipyrin. The author considers the question of the duration of the diabetic diet. From the conclusion which he draws, it would seem that an improvement in diabetes is to be expected rather than a cure. If the former is obtained the author is satisfied with his treatment. The careful diet is continued until the sugar has entirely disappeared or is much diminished. Then on the ground that the prescribed diet if too long continued, will enfeeble the patient, a more generous allowance is given. This may cause a reappearance of the sugar, but *if the amount be not over 150 grains a day, the glycosuria is not considered deleterious to the patient.*

**LISTER'S METHOD DISCARDED BY LISTER!**—"Who could have foreseen the short existence of the world-renowned system of Lister, which has been for years the ideal of modern surgeons? Who could have dreamed that the idol would be one day broken by him who had placed it on a pedestal of bronze and polished brass?" Such are the questions with which the *Journal d'Hygiène* begins the announcement of the present status of Listerism, and goes on to remark: "It is, however, an historical fact. The dictum of Lister and his antiseptic doctrine have ceased to exist. In his remarkable communication to the Congress at Berlin, on the actual condition of the antiseptic treatment of wounds, the eminent English surgeon has given the following judgment:

"As regards the spray, I feel ashamed that I should have ever recommended it for the purpose of destroying the microbes of the air. If we watch the formation of the spray, and observe how its

narrow initial cone expands as it advances, with fresh portions of air continually drawn into its vortex, we see that many of the microbes in it, having only just come under its influence, can not possibly have been deprived of their vitality. Yet there was a time when I assumed that such was the case; and trusting the spray implicitly, as an atmosphere free from living organisms, omitted various precautions which I had before supposed to be essential."

"Lawson Tait, of Birmingham, Bantock, of London, and Bergmann, of Berlin, in reviewing their vast experience, are not afraid to affirm that antiseptic treatment must now yield the place to the aseptic method!

"Water boiled or sterilized, a brush and soap are the simple means which have enabled these eminent surgeons to perform a series of one hundred ovariectomies without a single death.—*Cincinnati Med. News.*

"A BERLIN."—It may prove useful to medical men about to join the extraordinary number of their colleagues already in Berlin, to invite them to calmly consider their plans. What do they hope to gain by going there? What they will gain will be this: If they are energetic and can endure squeezing and crushing, they may join the crowds of doctors from every known land who surround the beds occupied by patients under treatment by Koch's method. One of the staff will address briefly those immediately surrounding the bed, while the scores or hundreds who are crushing around this inner circle remain absolutely ignorant of what is being said or done. The cicerone passes from patient to patient in a few minutes, and then the demonstration is over. Should the energetic visitor manage to be well placed at the bedside, can he gain much by the brief inspection of the patient lasting a couple of minutes? Can such a visit, or several such impart any instruction? If the visitor cannot speak German, of course the difficulties are greatly increased; indeed, they become insuperable. The actual inoculation is precisely similar to any other subcutaneous injection, yet hundreds of medical men may be seen fighting and crushing their way to see this, as if it were something important. Anyone seriously interested in this question would act wisely to first learn all that he can as to the method—and we hope to keep our readers well informed—and await some practical results, and afterwards, if he thinks it desirable, go to Berlin for some weeks. To go for a few days, as so many have done, is merely waste of time and money.—*Lancet.*

DEAFNESS FOR HIGH NOTES.—Mr. Edwin Cowles, editor of the *Cleveland Leader*, who died last March, had a peculiar form of deafness. He

never heard the sound of a bird's note, and until he grew to manhood he always thought the music of the bird was a poetical fiction. "You may fill the room with canary birds," he once said, "and they may all sing at once, and I would never hear a note, but I would hear the fluttering of their wings. I never heard the hissing sound in the human voice; consequently, not knowing of the existence of that sound, I grew up to manhood without ever making it in my speech. A portion of the consonants I never hear, yet I can hear all the vowels. About a quarter of the sounds in the human voice I never hear, and I have to watch the motion of the lips and be governed by the sense of the remarks in order to understand what is said to me. I have walked by the side of a policeman going home at night and seen him blow his whistle, and I never could hear it, although it could be heard by others half a mile away. I never heard the upper notes of the piano, violin, or other musical instruments, although I would hear all the lower notes."—*Cleveland Med. Gaz.*

DIFFERENTIAL DIAGNOSIS IN TREATMENT OF PERIPHERAL NEURITIS.—Dr. George J. Preston read a paper on this subject. He gave the pathology of the disease, its manner of invasion, the symptoms, and said it was often confounded with poliomyelitis in the adult. He related a number of cases occurring in his practice. He thought that it was of more common occurrence than was usually supposed.

Dr. Wm. Osler agreed with Dr. Preston in saying that peripheral neuritis was more common than usually supposed. There are often mistakes in the diagnosis, unfortunately. The gait is very characteristic. It is the "step page" of the French, in which the foot is lifted high to get the toes raised off the ground. This is so characteristic that the diagnosis can be made from it alone. He had seen it after alcoholism, arsenical poisoning, and typhoid fever. It is so much like locomotor ataxia that an unfavorable prognosis is apt to be made. He referred to a case in his own practice in which neuritis was mistaken for ataxa.—*Med. Rec.*

HYDROGEN PEROXIDE IN DIPHTHERIA.—I would suggest the following local treatment for diphtheria: The application to the membrane of Marchand's solution of peroxide of hydrogen, fifteen volumes, with an equal bulk of water, then scraping the membrane off with a curette and applying the peroxide of hydrogen, one third dilution, every two hours. If there is no reappearance of membrane after two days, spray the throat occasionally with an antiseptic spray. In this way the membrane is removed at once. The operation is done at a period of the disease when there is no danger



of heart failure, so that the struggles of a child need not be minded.

I am aware that the removal of the membrane in former years was regarded as somewhat dangerous, but at that time nothing was known of disinfectants and germicides.

It would seem that a remedy which, applied to the diphtheritic membrane, removed it after some hours, would prevent its formation. In tolerant patients the peroxide may be put on three or four times, so as to be sure of complete disinfection before curetting. A small Thomas' uterine curette answers the purpose admirably. A patient treated as described was comparatively well in two days.—David Phillips, M.D., in *N.Y. Med. Jour.*

**THE ELIMINATION OF IODIDE OF POTASSIUM BY THE KIDNEYS** has been studied by Dr Ehlers, of Copenhagen (*Annal. de derm. et de syph.*, 1890, 1, 383). He finds that, on account of the rapid absorption and elimination of the iodide, there is little danger of intoxication by it, even in large doses, so long as the kidneys remain sound. All cases of intoxication by the iodide have been in patients with diseased kidneys, and in them it is found that symptoms of iodism showed themselves when only half of the amount taken was excreted by the kidneys. Under normal conditions, when the patient is taking 20 grammes (about 300 grains) of the iodide during the day, the urine will contain the salt in the proportion of about seventy-five to eighty parts in one hundred of urine. If more than this amount is taken, absorption seems to be incomplete. All the ingested salt seems to be eliminated, no matter what the amount taken, within four or five days after stopping the drug. The only objection our author sees to the administration of large doses of the iodide to patients with normal kidneys is its cost. But he makes the novel suggestion that this expense may be reduced by gathering the urine from these patients and from it making fresh iodine!

WM. K. GRIFFIN, M.D., Daniel, S. C., says: I was induced to try your Celerina in my own case, having been troubled with periodic attacks of neuralgia for several years past, during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of Celerina, I am thoroughly satisfied with its remedial effects in this particular affliction, and truly thankful to say its results have been most excellent and gratifying in my case. Since I commenced the use of Celerina my attacks of neuralgia have been less frequent, intervals much longer, and my nervous system greatly benefited by its tonic influence. As a nervine I esteem it very highly, and without any exaggeration feel fully justified in saying it is an invaluable therapeutic agent, and can cheerfully recommend it

to the medical profession as one of the very best nerve tonics. Pleasant, soothing and agreeable to the taste, it is emphatically a most excellent preparation, a *sine qua non* in every case.

**MUSCLES OF THE EAR.**—G. Killian (*Anatomischer Anzeiger*, No. 8, p. 226), deals with the comparative anatomy and development of the muscles of the ear. Dr. Killian considers the stapedius to be oldest of the muscles of the internal ear; the tensor tympani appearing later. He finds that the stapedius is derived from the posterior belly of the digastricus muscle in reptiles, amphibia, and mammals. The tensor tympani afterwards springs from the internal pterygoid muscle, and he traces its nerve supply to the nerve to the internal pterygoid passing through the otic ganglion in its course.—*Br. Med. Jour.*

**THE VALUE OF WATER.**—It should be generally known that one of the most important agencies in the digestion assimilation of food, is water, and that seventy-five per cent. of the human body is composed of water, and that four and one-half pounds is daily thrown off by the healthy body, and that a diet largely nitrogenous will tax the system severely, unless a considerable quantity of water be taken for the purpose of getting rid of the waste. It is estimated that a full grown male adult requires fifty-two fluid ounces of water daily, and organized structure will not perform its function without its due proportion of this agent.—*Med. Rec.*

**TUBERCULOSIS IN ENGLAND.**—There is an instructive lesson in the English mortality returns from tuberculosis for the last forty years. In the ten years from 1851 to 1860, the number of deaths from tuberculosis in persons from 15 to 45 years of age amounted to 3,943 in every million; from 1861 to 1870 it had fallen to 3,711; from 1871 to 1880 it was 3,194; and from 1881 to 1887 it did not exceed 2,666. The decreased rate is more marked in the female than in the male sex.

A. W. MACFARLANE, Fellow Royal College Physicians, Edinburgh; Fellow Royal Medical and Chirurgical Society of London; Examiner in Med. Jurisprudence in the University of Glasgow; Honorary Consulting Phys. (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, etc., etc., in his monograph, "Insomnia and its Therapeutics," says: "Bromidia (Bottle) has in several instances been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced." *Wood's Med. and Surg. Monographs*, Sept., 1890.

# THE CANADA LANCET.

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Criticism and News.

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TORONTO, JANUARY, 1891.

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

## THE ANNUAL MEDICAL BANQUETS.

### TORONTO UNIVERSITY.

The fourth annual banquet of the Toronto University Medical College was held in the Rossin House on Thursday night, Dec. 4th. The President for the year was Mr. C. A. Webster, while Messrs. R. H. Gowland and T. Coleman were 1st and 2nd Vice-Presidents.

A large number of guests were present, among whom were Hon. E. Blake, Sir Daniel Wilson, Rev. Dr. Sheraton, Dr. Willmott, Rev. Dr. Briggs, Rev. G. H. Sandwell, Dr. Richardson, J. W. Bengough, F. H. Torrington, Dr. W. T. Aikins, Hon. J. M. Gibson, Dr. Moore (Brockville), Dr. H. H. Wright, Dr. Daniel Clark, Dr. O'Reilly, Dr. McDonough, Dr. W. W. Ogden and Dr. Oldright.

The students were present in large numbers, and the proceedings were enjoyed to the fullest extent by all present. Many and happy were the speeches made.

The sister institutions were represented by the following gentlemen:—Messrs. R. A. Bowie, McGill College; R. J. Gardiner, Royal College, Kingston; H. Nelson, Western College, London; S. B. Leacock, Toronto University College; J. B. Martin, Trinity Medical College; W. B. Richardson, Dental College; J. J. Johnson, Law Society; R. A. Robson, Pharmacy College.

### TRINITY MEDICAL COLLEGE.

On Friday night, Dec 5th, Trinity Medical College held its fourteenth annual banquet. It was

one of the most successful yet held, a larger number of students being present than on any former occasion. The chair was occupied by Mr. Chas. MacKay, who filled it with credit to himself and his College. He was ably assisted by Mr. H. P. Chalmers as 1st, and J. R. Bingham as 2nd Vice-President.

Among the more distinguished guests were the following gentlemen:—Hon. G. W. Allen, Chancellor of Trinity University; Dr. W. B. Geikie, Dean of the Medical Faculty; Rev. Prof. W. Clark, Rev. G. M. Milligan, Hon. Chas. R. Pope, Lieut.-Col. G. T. Denison, G. R. R. Cockburn, M.P.; H. E. Clarke, M.P.P.; Dr. G. T. Gilmour, M.P.P.; Dr. V. H. Moore, Dr. J. B. Willmott, Dr. Daniel Clark, Dr. Chas. O'Reilly, W. R. Brock, Dr. A. E. Ardagh, Dr. Jas. F. W. Ross, Dr. T. S. Cullen, Dr. O. E. McCarthy, Dr. R. M. Hillary, Dr. R. Hill, Dr. A. A. Macdonald, Dr. J. E. Graham, Dr. R. B. Nevitt, Mr. Barlow Cumberland, Dr. W. Britton and Dr. Beverley Milner.

The Dean spoke in feeling terms of the loss by death of one of Trinity's students, Mr. Coates, of Newmarket. His sentiments found a ready response in the bosoms of all present. After the usual proposing of toasts and replies thereto, the banquet came to a close at rather a late hour.

The sister institutions were represented by Dr. Graham, of Toronto; Dr. Ross, of the Ladies' Medical College; Mr. Webster, of McGill; Mr. Johnston, of Kingston; Mr. Crawford, University Medical; Mr. J. W. Swinger, London; Mr. Frier, College of Pharmacy; Mr. Martin, Dental College; Mr. Mulock, Osgoode, and Mr. Heathcott, Trinity University.

We have not had the pleasure of seeing the menu card of Toronto University, but that of Trinity was a work of art. The quotations were apt, and the caricatures on the first page were a new departure which caused much merriment. If we might suggest any change in the matter of these annual banquets which have apparently become a permanency, it is that the toast list be shortened, as also the number of gentlemen replying to certain toasts, *e. g.*, the learned professions. The hour of departure is always too late, and more pleasant recollections of these gatherings would be seen to follow a curtailing of the number of speeches made, with a consequent shortening of the sederunt.

## ALCOHOL AND LONGEVITY.

The British Medical Association recently made a very interesting contribution to the statistical side of the Temperance question. Observations were made on longevity in 4234 deaths, taken of course at random, and for purposes of the census, the following five classes were made, the average longevity of each being as appended :

1. Total abstainers—51 years, 22 days.
2. Habitual moderate consumers of alcoholic beverages—63 years, 13 days.
3. Careless drinkers—those who do not mean to get drunk, but are simply imprudent, 59 years, 67 days.
4. Free and habitual drinkers—57 years, 59 days.
5. Sots—53 years, 3 days.

Thus it would appear that in England at least, the intemperate abstainer is worse off than the most intemperate drinker, by no less than nearly two years, while the moderate consumer of alcoholic liquors outlives the total abstainer by twelve years. Of course in applying the moral of such figures as these, several modifying circumstances must be borne in mind, such as the character of the beverages consumed, whether malt or distilled, pure or adulterated; and the proportion of each that enters into a nation's annual "drink bill"; or the climate of the country under consideration.

In the English climate, foggy and Bœotian as compared with ours in America, it is likely that the average heart-rate is lower than here with a purer, rarer air, and that the stimulating effect of alcohol on the heart's action is less felt, just as the greater frequency of abortion in the mountains of Switzerland, than in the valleys, has been ascribed to intensified heart-action on account of the more rarefied air. Another important factor in the explanation of such statistics as the above may be the differing social customs and national temperament of the English as against the American, alcohol having a much less deleterious influence on a plegmatic than on a nervous, highly-strung organism, like the typical American Saxon.

PHOSPHORUS IN SCIATICA.—Dr. A. K. Bell (*Med. and Surg. Rep.*) gives three cases of sciatica cured by the administration of phosphorus.

## THE LAY PRESS ON SURGICAL OPERATIONS.

We have had information *galore* in the shape of cable despatches, regarding the progress of Koch's method. It can hardly be expected that when the issue is so important as the cure of tuberculosis, that the lay press will be silent. In this age of newspaper enterprise, even the most humble sheet must necessarily have something to say on so important a subject. There may not be much harm done, for though the accounts are absurdly incorrect, they cannot be understood by the lay readers. The profession seems to be a unit as to the inexpediency of cases being reported in the lay press, and yet occasionally, reports of wonderful cures and operations find their way there. We do not believe that all such cases are inspired by practitioners who are glorified, but unfortunately they sometimes are. We have, moreover, communications on the subject from all parts of the Dominion, and many are the heart-burnings evidenced by such correspondence, and by newspaper clippings sent from all parts. It is the duty of a medical man to prevent his name appearing in the columns of the lay press in connection with cures and operations, and if, by *mischance*, the reporter gets enough *pointers* to make a paragraph, in which the name of the wonderful operator appears, it is then his duty to put in a prompt disclaimer, discountenancing such publicity, clearing himself and his brother practitioners and educating the people in regard to this most important matter of ethics.

To the Editor of the CANADA LANCET.

SIR,—Having been one of those who recently accepted the invitation of the Medical Department of the University of Toronto, and attended its course of post-graduate lectures and demonstrations, I bear willing testimony to the success of the venture. The idea of having such a course was a happy one. The selection of gentlemen, to take part in the programme and of the subjects to be discussed, was alike admirable. Further than this, it was a pleasant thing for a loyal Canadian to see that our local men held their own, and more than held their own, when their work was thrown into such sharp contrast with that of

the distinguished visitors present. This much being admitted, it is a regrettable thing that those from whom we had a right to expect something better, should have set an exceedingly bad example to the profession, in the matter of advertisements. We hold, and justly hold, that medical affairs are better regulated here than in any of the states of the American Union. Now for any reputable Medical Faculty there to publish in the secular press the names of, and the chairs held by, its members, would be to lose caste at once. Such announcements are for and should be made to the profession, and not to the public. When for a full week, at the time of this post-graduate course, the daily papers of the city were filled with notices, items and inspired editorials, mentioning and commenting upon the subjects for discussion, and the gentlemen who were to deliver the final words of science upon them, what inference must young practitioners have drawn?

Since it was not desired that the general public should attend these lectures, why should so many editorials have been secured bearing upon them? Will the conclusion not be, that advertising is all right, if it can be done under cover of a good movement? The profession is down upon advertising by the individual. Why should there be any different code for the College? The gentlemen taking part in this series of lectures are not given to booming themselves, and should not have lent their names to such a flagrant booming of the medical school with which they are connected. It could hardly have been in worse taste to have described in the daily papers just what is being done from day to day in the University dissecting room, than to have kept before the public in the same way, things being done for the students who are wise enough to keep away from all other medical schools, and attend this one. A useful lesson in the proprieties of life might be got just now, by contrasting the action of McGill Medical College in regard to the new plan for the treatment of tuberculosis, with that to be seen nearer home. We do not hear of any of the McGill professors trying to reach fame and glory, on a pack saddle behind Robert Koch. They have not even published the number, breed and ear-marks of the guinea pigs, they are feeding for lymph-cultivation. They simply got the lymph and are using it in a

proper and scientific way. A great university like Toronto, should be above resorting to the advertising dodges of dealers in \$2.50 pants, and it is to be hoped that some one in authority will recognize this in the near future.

Yours truly,

DIóGENES, JR.

London, Dec. 24th, 1890.

AS OTHERS SEE US.—A recent editorial in the *American Lancet* refers in a frank and appreciative manner to medical affairs in this province. Its writer states that he is not a Canadian by birth or education, but "that he has, from long observation and study, seen abundant reason for the conviction that Ontario, Canada, now possesses the best law for the regulation of the practice of medicine to be found in the world. It is a law entirely under the direction of the medical profession. It guarantees to all the people the adequate preliminary and technical training of all medical men holding its license. Its good fruits are to be seen in the high character of the members of the profession holding these licenses, in their uniform prosperity, and scientific, social and financial standing. Could a similar law be enacted and enforced in Michigan, the profession would take a long step in advance."

ASEPTIC OPERATIONS.—(*Deutsche Med. Woch.*) Fritsch claims that the most important discovery in modern antiseptics is that carbolic acid and sublimate are not needed in fresh clean wounds. That dirty wounds must be cleansed goes without saying, but clean tissues are only injured by antiseptics. Fritsch has of late used only 0.6 per cent. sterilized solution of chloride of sodium in all operations, even the severer ones in the abdominal cavity. When this cavity is irrigated with solutions of carbolic, salicylic, or boracic acids, depressed heart's action and collapse frequently appear. A directly opposite condition is produced by irrigation with warm salt solution; indeed, this method may be used to prevent the more serious symptoms of surgical collapse.

EVACUATION OF THE UTERUS AFTER PARTURITION.—Mme. Gaches-Sarrante (*La Semaine Médicale Med. News.*) believes that ergot should be used neither during labor nor after, as the uterus

is never completely emptied during parturition, and the clots or shreds of membrane that remain may become sources of infection, and a frequent cause of subinvolution. The author's practice is to empty the uterus completely in all cases by passing the hand into the cavity of the organ. This procedure she thinks is attended with little danger if the hand is aseptic and if care is taken to avoid wounding the uterine tissue. If the uterus is thoroughly emptied and washed out with sterilized water, hæmorrhage is immediately arrested and involution is rapid.

STATE AID TO MEDICAL SCHOOLS.—That was a manly statement of policy made at the recent annual dinner of Trinity Medical School by Dean Geikie when he declared that his school would never cease to oppose the course of the University of Toronto in adopting as its faculty one of two competing schools of medicine and expending funds thereon. What has the Government of this country to do with the preparation of young men to be doctors? Are the working people of the country to be taxed to give a professional training to be used in a very large number of cases in making fortunes in the United States? It may sometimes be right for the State to give aid to special institutions such as medical schools, but it is very seldom, and certainly not when the work is being well done by two schools in the same city and others in other cities. What makes the absorption of Toronto School of Medicine all the more peculiar is that some years ago when Toronto University had a medical faculty it was discontinued by the Government on the avowed ground that it was not the function of the State to educate doctors. What has caused the change of policy?—*Woodstock College Monthly*.

THE following letter, from the pen of C. H. Ricker, M.D., is published in reference to the "Menthol Plaster," advertised in another column by the deservedly-popular house of Davis & Lawrence Company, of Montreal. Allow me to congratulate you on your success in producing a plaster which the greatest of medical journals of the world (*The London Lancet*) praises so highly. "The Menthol Plaster recently introduced into England is a good preparation. The specimen submitted for our inspection has an agreeable odor of peppermint and indicates its nature also by action of the

Menthol Vapor on the conjunctiva. The article relates two cases where it was used on the breast, and the action was quicker and more agreeable than the belladonna plaster used before. The writer of the article used it on himself, and says the action of the Menthol was decidedly refreshing."

AN EFFICIENT METHOD OF REMOVING FOREIGN BODIES FROM THE NOSE.—Dr. S. Johnson Taylor (*Lancet*) gives the following method for removing foreign bodies from the nose, which was successful in the case of a child of three years with a large bead in the nostril. The procedure is simply Politzer's method of inflation through the unobstructed nostril:

The nozzle of the Politzer bag is introduced into the nostril which does not contain the foreign body, and if the patient is old enough he is requested to swallow a mouthful of water. During the act of swallowing the bag is vigorously compressed, the escape of air from around the nozzle being prevented by grasping the nose with the thumb and forefinger. At the moment of compressing the bag the foreign body will probably be blown out. In the case of a young infant the compression should be made while the child is crying.

MANAGEMENT OF LINGERING LABORS.—Playfair (*Br. Med. Jour.*) considers only those cases not attributable to mechanical obstruction, but simply due to uterine inertia. In his opinion, versed on his own experience and corroborated by the views entertained by the authorities of the leading maternity hospitals of Great Britain, the use of ergot prior to the expulsion of the placenta was practically obsolete. He relies more upon position and pressure over the abdomen. He considers chloral hydrate the most valuable drug to be used up to the time the head presses upon the perineum, when he uses chloroform.

SUPPOSED TO BE A MATERNAL IMPRESSION.—Dr. Grace Danforth has reported a case (*Med. Rec.*) in which a child was the exact image of a gentleman who sat opposite the mother at meal-time, and was not her husband. There was no question of paternity, the doctor thought, neither was there any reason to believe the woman harbored any feeling toward her *vis-à-vis* which she would not have been perfectly willing to ac-

knowledge to her husband. The young man was red-headed and freckled. "Stand by!"

**SIMPLE METHOD OF REMOVING A NEEDLE.**—Dr. Charles Steele (*Br. Med. Jour.*) says: "I think it may be of service to record a simple means by which I obtained the removal of a broken needle from the heel of a young lady, aged 12, whom I saw lately walking about on her toes to avoid her right heel, into which a needle had been broken, touching the ground. The buried end could be felt, but any pressure led to its further entry. I directed her to wear a large thick corn-plaster around the spot, with a little wet cotton-wool in the centre, and to tread freely on the heel. Within a week afterwards she showed me the needle, which had protruded, and she had easily withdrawn it. Thus no wound was made, and no scar left to be a tender spot on the plantar surface."

**NON-OPERATIVE TREATMENT OF VAGINISMUS.**—Lutaud (*Jour. de Méd. de Paris; Times and Reg.*) advises that before submitting patients suffering from vaginismus to operative treatment, which consists in the dilatation of the vaginal sphincter during anaesthesia, a trial of the following curative treatment:

Introduce into the vagina each night the following suppository:

- Iodoform, . . . . . 15 grains.
- Extract of belladonna, . . . . . 8 "
- Cacao butter, . . . . . 150 "

For one suppository.

Inject three times daily one quart of hot water, to which is added one teaspoonful of carbonate of soda; then apply the following solution by means of a brush:

- Chlorhydrate of cocaine, . . . . . 30 grains.
- Distilled water, . . . . . 1 ounce.

This treatment should be continued for one month. Attempts at coitus should be practised every two or three days after having applied cold cream to the vulva and penis.

An accouchement very often causes a disappearance of the vaginismus. Lutaud recommends a hypodermic injection of  $\frac{1}{8}$  gr. of morphine before coitus. The sedative action of the morphine acting more especially on the genital system may permit coitus, and often results in pregnancy, and as a result the cure of the vaginismus.

**FOR IRRITABLE BLADDER.**—The following prescription has been found (*Maryland Med. Jour.*) to allay incessant desire to urinate, and irritable bladder when these symptoms are due to phosphatic deposits in the urine:

- R.—Acidi benzoici, . . . . . grammes 7.50.
- Sodii boratis, . . . . . grammes 11.00.
- Aquæ, . . . . . grammes 355.00.—M.

Sig.—Tablespoonful three times a day.

This mixture has, upon two occasions, acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.

**FOR CHLOROSIS.**—The following formulæ (*Med. Press & Critic.*) are recommended by Huchard for the treatment of chlorosis:

- R.—Lactate of manganese, . . . . . ʒ iiiss.
- Extract of cinchona, . . . . . ʒ iiiss.

For 100 pills. Sig.—3 to 6 daily.

- R.—Arsenate of soda, . . . . . 1 gr.
- Water, . . . . . f ʒ x.

Two tablespoonfuls during meal-time.

**SODÆ SALICYLATIS IN NETTLERASH.**—Dr. A. Victor Dyer, writing to the *Lancet*, says:

"In answer to the letter of your correspondent, 'M. B., 1874,' I should advise him to give his daughter a few grains of salicylate of soda three times a day. I have found this a most useful drug in obstinate cases of nettle rash. I should also apply externally some oleate of zinc, with a few drops of carbolic acid mixed with it. This treatment he should continue until the rash has disappeared.

As chlorotic persons suffer constantly from indigestion on account of the insufficiency of hydrochloric acid in the stomach, Dr. Huchard recommends the following syrup:

- R.—Hydrochloric acid, . . . . . gtt. xxx.
- Syrup of bitter orange, . . . . . f ʒ j.
- Water, . . . . . f ʒ iv.

Sig.—One tablespoonful immediately after the two principal repasts.

**TETANUS SUCCESSFULLY TREATED BY PILOCARPINE.**—Three cases of tetanus are reported (*Gaz. Med. Lombarda*) as having been cured by injections of hydrochlorate of pilocarpine. The cases were severe and due to traumatism.

**Koch's FLUID.**—For use (Dr. Loomis in *Medical Record*) the original fluid prepared by Prof. Koch is diluted with a half per cent. solution of carbolic acid, which will preserve it aseptic as long as is necessary for continuous use. One of the formulæ for preparation used in Berlin hospitals is as follows :—

R. Original fluid . . . . .  $\frac{1}{2}$  cc.  
Sol. carb acid (one-half per cent.) 50 cc.

One cubic centimetre of the above will contain 0.01 cc. of the original fluid, so as to make a ten per cent. solution, and then dilute this again to the required strength just before using.

*Koch's Syringe.*—The syringe which is used at the present time in all the hospitals and clinics in Berlin with which to inject the fluid, is the one which has been known to bacteriologists for some years as Koch's syringe. The advantage claimed for it is that it can easily be rendered aseptic, for it has no piston, the action of a rubber bulb filling and emptying the chamber, which is of glass, and thus easily cleaned. This chamber is graduated to contain a.c.c., which is subdivided into tenths. The syringe appears clumsy to one unaccustomed to its use, and, to my mind, has no advantages over an ordinary hypodermic syringe, especially when the latter is taken apart and thoroughly washed in an antiseptic solution before using. Since Koch has especially recommended his syringe as the one to use for injecting the fluid, it would be well to advise carrying out his directions to the letter.

**VOMITING OF PREGNANCY.**—Gottschalk, of Berlin, recommends menthol in severe cases of vomiting of pregnancy. His formula is as follows :

R.—Menthol, . . . . . gr. xv.  
Spts. vini, . . . . .  $\frac{3}{4}$  vj.  
Aquæ dest., . . . . .  $\frac{3}{4}$  v.

M. Sig.—One tablespoonful every hour.

During the initial stage, asthma may be frequently aborted by painting the interior of the nose with a solution of cocaine of the following strength :

R.—Cocaine muriat., . . . . .  $1\frac{1}{2}$  grs.  
Aquæ destil., . . . . . 1 oz.

M. Sig.—Use as directed. It is also convenient to use it in an atomizer, or in severe cases to give a teaspoonful by the mouth.

**ALBUMINURIA.**—Dr. Walters says :—For a number of years I have been accustomed to prescribe the following mixture as a routine practice in albuminuria :

R.—Potass. acetatis, . . . . .  $\frac{3}{4}$  j.  
Chloroformi, . . . . .  $\frac{3}{4}$  ss.  
Acid benzoic, . . . . .  $\frac{3}{4}$  ss.  
Aquæ . . . . . q.s., āā.  $\frac{3}{4}$  viij.

Sig.—Every four hours  $\frac{3}{4}$  ss.

**LOTION FOR ERYSIPELAS :—**

R.—Carbolic acid, . . . . .  $\frac{3}{4}$  ss.  
Tinct. iodine, . . . . .  $\frac{3}{4}$  ss.  
Alcohol, . . . . . āā.  $\frac{3}{4}$  ss.  
Turpentine, . . . . .  $\frac{3}{4}$  j.  
Glycerine, . . . . .  $\frac{3}{4}$  iij.—M

Sig.—Paint the affected part by means of a camel's hair pencil several times a day, or apply on linen cloth.

The following is said to be an excellent remedy for convulsive coughs :

R.—Sodium benzoate, . . . . . 5 parts.  
Mint water, . . . . . 40 parts.  
Distilled water, . . . . . 40 parts.  
Syrup of orange peel, . . . . . 10 parts.

M. Sig.—A teaspoonful may be taken whenever necessary.

For sub-involution of the uterus, Hirst (*Times and Reg.*) says the following is the best combination to use :

R.—Strychninæ sulphatis, . . . . . gr.  $\frac{1}{10}$ .  
Quininæ sulphatis, . . . . . gr. ij.  
Extracti ergotæ, . . . . . gr. j.

M.—Ft. pil. No. 1. S.—At one dose.

**FOR A COLD.**—The following pill will (*Gaillard's Med. Jour.*) abut a cold :

R.—Irión. salicylate, . . . . . gr. i.  
Acidi arsenios, . . . . . gr.  $\frac{1}{10}$   
Ext. belladonna, . . . . . gr.  $\frac{1}{4}$ —M. fl.

Pill. Sig.—One every two hours if necessary.

We have received a communication from Dr. Fred. Winnett, M. R. C. S., of Toronto, who is at present in Berlin, studying Prof. Koch's cure for tuberculosis, which we are sorry is too late for publication, but which will appear next month. Dr. Winnett has great faith in the ultimate success of Dr. Koch's method.

THE Homeopathic Hospital, of Camden, has closed its wards. Reasons given: The doctors of that ilk would not attend the patients without pay. The dispensary, which receives \$900 a year from the city, is still open. Out of this sum the physicians are paid.

ointment FOR FISSURE OF THE ANUS.—(*L'Union Médicale*) recommends the following:

R.—Boric acid, . . . . . 3 parts.  
Chlorohydrate cocaine, . . . . . 1 "  
Lanoline, . . . . . 30 "

To be used after thorough cauterization of the part with silver nitrate.

THE DECADENCE OF THE LITTLE TOE.—According to Pfützner (*Med. Rec.*) the little toe of man is degenerating. In thirty-six per cent. of the cases he has observed it had only two instead of three phalanges.

FOR MIGRAINE.—*La Médecine Moderne* recommends the following for the treatment of migraine:

R.—Citrate of caffeine, . . . . . 1½ grs.  
Phenacetin, . . . . . 2 grs.  
Sugar of milk, . . . . . 4 grs.—M.

To be repeated, if necessary, in the course of two hours.

WE beg to call the attention of our readers to the advertisement of Messrs. Stoddard Bros. of Buffalo. They are offering their medical instruments at greatly reduced prices, duty prepaid.

F. R. C. S. ENGLAND.—We are pleased to welcome home, Dr. G. A. Peters, who now has the honor to hold the F. R. C. S. England, by examination.

It is said that the administration of half a teaspoonful of ammon. mur. will very rapidly restore one who is helplessly intoxicated to the proper use of his faculties.

McLAIN.—Died on Friday, December 19, 1890, Abbie M. McLain, wife of George McLain, M.D., of Hillsboro' N. D.

WE are pleased to see Dr. J. E. Elliott home again after a sojourn in the old country.

DR. J. GIBB WISHART has removed to 47 Grosvenor St.

"Are you a Paris-ite"? asked the bacillus of consumption. "No"! replied the cholera bacillus, "I'm a Germ-un."

### Books and Pamphlets.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children, Bellevue Hospital Medical College; Physician to Charity Hospital; Physician to the New York Foundling Asylum, etc. 8vo. pp. 900. Cloth. Philadelphia: Lea Brothers & Co. Toronto: Vannevar & Co.

This work has reached its seventh edition, a fact which speaks plainly as to the way it is regarded by the medical profession. What Lewis Smith says of children's diseases, we have been accustomed to accept as correct, and as near final as the present state of medical science renders possible. The last edition of this work appeared in 1886, since which time so many new facts relative to the etiology, nature and treatment of the diseases of children have come to light, that the necessary revision has produced virtually a new book. The writer has apparently succeeded in eliminating all obsolete material, a most happy consummation, for are not the majority of our medical works loaded with ideas which have grown grey and useless through the lapse of years, and a mere scientific knowledge of disease?

Among the diseases treated of in this and not in the former editions we may mention Conjunctivitis, Icterus, Sepsis, Umbilical Diseases, Hæmatemesis, Melæna, Sclerema, Œdema, and Pæmphigus of the new-born; Epilepsy, Tetany, Appendicitis Typhlitis, and Perityphlitis. The paper on Intubation, by Dr. Joseph O'Dwyer, will be found interesting and instructive to those who perform this operation, as well as to those who wish to learn how to do it.

The author states that recent investigations and discoveries relating to the bacterial origin of the local as well as constitutional diseases of early life have necessitated many changes in the text, and it is believed that all the important facts relating to the diseases treated of, brought to light by recent researches, are set forth in the proper chapters.



A TREATISE ON SURGERY; Its Principles and Practice, by T. Holmes, M. A., Cantab., consulting surgeon to St. George's Hospital, etc. 5th Edition, by T. Pickering, Pich, Surgeon to and Lecturer on Surgery at St. George's Hospital, etc. Philadelphia: Lea Bros & Co., 1889.

The chief merits that this work possesses, in addition to its great typographic and bibliographic excellence, are not few, and not to be mentioned in a single sentence. Reviewing it from the student's point of view, the "golden mien" has been reached between brevity and prosperity. A textbook such as Walshman's, which has come to be largely used in this country, sacrifices cleverness and *rationalité* to brevity, while Erichson will remain an unknown storehouse till after their graduation. Holmes' work just fills the bill as regards length. It is distinctly clinical in character, and descriptive rather than theoretical. It has been brought quite up to date in the last edition on such modern subjects as Antisepsis, Cerebral Localization, and Neoplasms, and the General Pathology of the introductory chapter seems as settled as any account of that somewhat fluctuating subject can yet be made.

The illustrations are very numerous (427) and excellent, and not the least attractive chapter is that on Minor and Operative Surgery in the last sixty pages. The diction of the author is much above the average; no slight matter in determining the pleasure of the student in the perusal. A decided typographical fault is to be seen in the lack of "display" in arranging the various subdivisions of a subject. Dislocations, for instance, of the clavicle running on into dislocations of the shoulder, with no more break than that afforded by the paragraph, and figures or letters to indicate divisions and subdivisions of a subject being almost unknown.

THE MILK SUPPLY OF PARIS AND INFANT MORTALITY.—In a contribution by M. Ch. Girard to the French Society of Public Medicine, the author gives some interesting details on the milk supply of Paris and its influence on infant mortality. Every dairyman and milk vendor in Paris is visited at least once a year by an inspector appointed by the Municipality, who takes samples of the milk and submits them for analysis at the municipal laboratory. An average of four hundred such analysis are now made every month. The result has been to bring about a notable

amelioration in the quality of the milk sold, the proportion of "moistened" samples have fallen from thirty-one to fourteen since 1881. During the same period of time the infantile mortality has decreased from 22.5 per 1,000 to 17, and although the integral difference may not be attributable to this source, there can be no doubt that the improvement in the quality of the milk, associated with the generalization of a form of bottle more easily cleansed, are two important factors in this saving of life. This constitutes further evidence of the utility of the municipal laboratory, the foundation of which some few years since was the signal for so much bitter opposition, principally on the part of wine merchants, who foresaw clearly what would happen. So far, however, they have succeeded in averting the wrath to come, though for this they are indebted principally to the physical impossibility of securing a constant supply of genuine wines.—*Med. Press and Cir.*

EPILEPSY, CASE V.—This little girl, seven years old, has had epilepsy since the age of four. Her seizures have never been more than two weeks apart, and at these times she often has as many as eight or ten spasms during the day. Her mother describes the typical convulsion with which you are familiar—the outcry, unconsciousness, general clonic spasms and frothing at the mouth, followed by deep sleep, from which she awakes without recollection of the circumstance. It is unusual for a child so young as this to have the graver form of epilepsy. Her disease began, as we are told, with a *petit mal*, but rapidly developed into the graver type. She has been taking the mixed bromides, which are more efficient in this form of the disease than a single bromide salt, and she has had no recurrence for a month. The following prescription will give an idea of the plan of treatment:

R.—Potassii bromid., . . . . . ʒ j.  
Sodii bromid., . . . . . ʒ ss.  
Ammonii bromid., . . . . . dr. ij.  
Syrup simplicis, f., . . . . . f ʒ ij.  
Aquæ gaultheriæ, q. s. ad. f., f ʒ vi.—M.  
Sig.—Teaspoonful three times a day.

If she have another seizure, we will increase the dose by a half; and if this is ineffectual we will double the dose. The bowels must be regulated, and a meat diet forbidden. I believe that meat does harm in these cases because children are disposed to bolt their food, and meat in a half digested condition is especially apt to set up reflex irritation.—*Arch. of Pediatrics*

TREATMENT OF ITCH.—At St. Louis Hospital, Paris, itch is treated by first anointing the body with a mixture of oil of sweet almonds (three ounces) and salol (one ounce), then rubbing in flowers of sulphur.