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## The Northern Lancet And Pharmacist.

*Gleans from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmicual advances in both hemispheres.*

WINNIPEG, SEPTEMBER, 1890.

### WINNIPEG GENERAL HOSPITAL NOTES.

BY W. S. ENGLAND, M.D.

Medical Superintendent.

CASE 1.—Fracture and dislocation of the 6th cervical vertebra. Paraplegia; trephining; death.

L. H. ———, aged 42, section man, was admitted under Dr. Ferguson, on August 19th, 1890. On the morning of the 18th inst, patient was thrown from a hand car and run over, the wheels passing between his shoulders. There is no history of loss of consciousness and he was immediately paralysed. On admission his general condition was good; expression heavy, eyes dull, pupils active and moderately dilated. He lay on his back in a helpless state, with the head bent slightly to the right side. The upper limbs lay across the chest, the hands being supine and the elbows flexed. There was complete loss of motion and sensation below the third rib, also diminished sensation and paresis of the arms. The abdomen was moderately full and the bladder slightly distended; respiration rather rapid, (24-28) diaphragmatic and somewhat noisy. Pulse 80, full and regular. Patient complained of slight pain over the lower cervical region and tenderness over the sixth and seventh spinous processes was well marked; no deformity. On the following day the intellect was clear, but there was a marked tendency to sleep. General condition not changed. There was absolute paralysis of the lower limbs, abdomen and chest, as high as the third rib. The extraordinary muscles of respiration could be brought

into action by forced respiration. There was a marked paresis of both arms, but the patient retained power of voluntary contracting the flexers and extensors of the fingers, hands and arms. There was anaesthesia as high as the third rib, also anaesthesia along the ulnar side of the arm, sensation being present but diminished on the radial side. Priapism was constant and seminal emissions frequent. Retention of urine was present from the first, requiring regular catheterization; bowels constipated. The reflexes below the third rib were abolished, special senses normal. No subjective sensations except a general feeling of weight

NOTE.—21st, Power of extension lost; still able to flex the elbows weakly.

The patient was put on an air-bed and given palliative treatment until the 22nd inst., when his case was seen to be hopeless if left alone, so Dr. Ferguson decided to trephine the spine and a consultation of the hospital staff was called. Chloroform having been administered a vertical incision about six inches long was made over the lower cervical and upper dorsal spinous processes, having its centre about opposite the seventh cervical. The muscles were now cleared away from the laminae by means of the scalpel and raspertory. There was a good deal of blood staining of the muscles and subcutaneous cellular tissue in this region. On examination the lamina of the 6th cervical vertebra was found to be fractured and the vertebra displaced forwards. The laminae of the 5th and 6th cervical vertebrae were removed and the membranes covering the cord exposed, when they were found to look normal. A few blood clots were found around the membranes, these readily came away. The dura was next opened, longitudinally for about two inches. A clear arachnoid fluid escaping. The cord at this site looked normal; no pulsation. The dura was sutured with fine cat-gut. The wound drained, sutured and dressed antiseptically; the head being supported by a duro-mast. 23rd, No improvement in case; bowels moved involuntary. 25th, Restless and delirious at times; temperature rose to 106½° today. 25th, Temperature 101° F; patient gradually sinking; arms completely para-

lysed. Died August 27th a.m. from respiratory failure. Autopsy revealed a fracture—dislocation of the sixth cervical vertebra transversely through its lower cartilaginous disc, the vertebra being dislocated forwards. There is also a fracture of the right articular process of the seventh cervical vertebra. Most of the ligaments between the sixth and seventh cervical vertebra are also torn. The dura was normal. The cord itself was soft and diffuent, for about an inch opposite the sixth cervical vertebra. The softening also extended upwards for about two inches being most marked in the posterior columns of the cord and around the central canal. It also extended downwards for about one inch; no hemorrhage.

While in the Montreal General Hospital four cases, very similar to the present one, came under my notice; three of which are reported in the *Montreal Medical Journal*, No. 12, Vol. xviii.

CASE 2—Injury to the lower cervical spine followed by paresis of both arms.

J. M. ———, aged 23, farmer was admitted to the Winnipeg General Hospital, under Dr. Ferguson, August 8th, 1890. Last June (1890) patient was thrown from a broncho pony forcibly to the ground. Patient is not positive how he struck but thinks he lit on the back of his head and shoulders, and keeled over pressing his chin forwards against the sternum. He was unconscious for over an hour but as soon as he came to, he managed to get up and walked about a quarter of a mile to the nearest house. He found that it was impossible for him to raise his arms from his side or his head to the erect posture. He suffered severe pain in the back of the neck and between the shoulders. A doctor was called in, but no fracture of the spine was made out. After a couple of weeks the patient began to slowly regain power in his arms, and muscles of the neck, but never regained complete power. The lower extremities were not affected at any time. Present condition: general condition, good; bowels, constipated; no vesical symptoms, pupils normal, patellar and superficial reflexes normal, biceps reflex hard to make out. There is a marked paresis in

both arms, but especially in the left, hand grasp very weak. The muscles of the arms are somewhat atrophied, sensation normal. Complains of a constant pain in the neck, the pain being exacerbated by pressure on the head or even by the weight of the head, and is relieved by lying down; also pain in the epigastrium at times but not constant; no girdle pains. Complains of a numb and cold sensation in the upper extremities, especially referred to the hands. Patient was treated by being kept in the horizontal posture with a small weight attached to the head and running over a pulley. This was soon abandoned as the patient complained so much of the discomfort caused by it. Unfortunately he left the hospital before any other means of treatment could be employed.

#### SIMPLE CHRONIC CATARRH.

BY DR. H. A. HIGGINSON,

Demonstrator of Anatomy, Manitoba Medical College.

In the following short account of an affection which is so common in all parts of the civilized world, I lay claim to nothing original, but simply give a line of treatment which in my hands has proved successful in such cases.

When in London, Eng., I attended a course of lectures by an eminent authority who made the statement that our cities being so dusty was perhaps one reason why catarrh was so prevalent in America. Be that as it may, we living in this north country are exempt from that cause for several months in the year during which time those the subject of catarrh are not exempt. Before mentioning the more prominent symptoms for which relief is sought, it would perhaps be well to run over the anatomy of the part.

The nasal cavities extend from the nostrils to the upper portion of the vault of the pharynx, forming two wedge shaped cavities. Their outer walls are formed in front by the nasal process of the superior maxillary and lacrymal bones, in the middle by the ethmoid and inner surface of the superior maxillary bones, behind by the vertical plate of the palate bone,

and the internal pterygoid process of the sphenoid and turbinated bones.

These latter are three in number on each side and are called from their position the superior, middle and inferior. They run from before backwards and form spaces between them which are called meatuses, thus the space between the floor of the nose and the inferior turbinated bone is called the "Inferior Meatus," that part between the lower and middle bone the middle meatus and the part between the superior and middle bone is the superior meatus.

The two cavities are separated from one another by the septum which consists of cartilage anteriorly and the vomer posteriorly. *The superior meatus has opening into it the sphenoidal cells.* The middle meatus has an opening in it which communicates with the antrum of Highmore which is said to be covered by a fold of nasal erectile tissue. The frontal sinuses which are between the two tables of the frontal bones communicate with the middle meatus through the infundibulum. These anatomical facts account for the frontal headache some patients complain of. The olfactory nerve sends branches to the roof and outer wall of the nasal cavities and consequently is affected by the catarrhal process. A few words will suffice to explain how this occurs. The cavities are lined with mucous membrane and immediately beneath this, that is between it and the periosteum of the bony walls and the perichondrium of the cartilagenous part of the septum, lies a tissue which is not unlike the erectile tissue of the genital organs. It consists of a network of fibrous tissue, the meshes of which contain a few organic muscular fibres. These meshes are of various shapes and sizes and occupied by venous sinuses. They are supplied by small arterioles and capillaries. In the larger masses of this fibrous tissue are imbedded the glands with their ducts opening into the mucous membrane. They are of two kinds, serous and mucous.

The naso pharynx, into which the nasal cavities open by the posterior nares contain the opening to the eustachian tubes and affords a ready explanation why deafness and tinitus are so commonly associated

with trouble in the nose. It is not going too far to say that the majority of cases of deafness are curable if seen early and proper treatment administered to the nose and pharynx. The symptoms for which relief is generally sought is that of constant colds in the head which is generally ushered in with sneezing and a watery discharge from the nostrils and a blocking up of one or both nostrils, which is transient in character and appears rather suddenly, especially when the mucous membrane is irritated by dust or by cold air, as well as from any cause which will produce an increased blood pressure in the head such as emotional disturbances, alcoholic stimulants, etc. The patient complains that his nose feels stopped up, especially when he assumes the recumbent position; that during the night his mouth and throat feel dry, that in the morning he has to hawk in order to clear away the fulness caused by the accumulation of mucus. After the acute stage passes away the nose feels dry and contains hardened crusts. The first essential principle in treating this form of catarrh consists in thorough cleanliness. Some solvent lotion must be used in order to remove the hardened secretions before anything can be done. A teaspoonful of common salt to the pint of tepid water answers very well; it can be placed in the palm of the hand and snuffed through the nostrils into the mouth and spat out. A more effective way and one I prefer is spraying the nose with a medicated solution by an atomizer, using something like the following:—

℞ Sodii Bicarb . . . . .  
Sodii bibor ad . . . . . ʒss.  
Aqua rosæ ad . . . . . ʒiv.

The addition of Listerine say ʒi to the above forms a valuable addition especially if there is any fetor. Occasionally in mild cases attended with congestion I prefer a solution containing zinc.

℞ Zinci chlorid . . . . . gr. ii.  
Sodii chlorid . . . . . gr. xlv.  
Cocaine chlor . . . . . gr. iii.  
Glycerine (Price's) . ʒi.  
Aqua dist. ad . . . . . ʒiii.

after thoroughly cleansing the cavities,

iodine is useful combined with iodide of potassium.

R Iodine..... gr. xii.  
Pot. iodido..... gr. xxiv.  
Glycerine..... ʒii.  
Aqua ad..... ʒi.

applied on cotton rolled round a probe. Whenever there are any hypertrophies, and I might say that the tissue on the lower portion of the inferior turbinated bone is the most common locality. Caustics in some form must be used. Nitric acid, glacial acetic and chromic acid are the ones most commonly selected. Of these I prefer the chromic one applied by cotton rolled round a probe or on a platinum applicator. In my opinion, however, the galvanic cautery is by far the most satisfactory. In applying caustic the part must first be thoroughly benumbed with a solution of cocaine before making the application.

### EYE WORK IN LONDON.

BY J. W. GOOD,

Professor of Clinical Surgery, Manitoba Medical College.

It has occurred to me that a few lines on the subject of eye work in London and especially at Moorfields, might prove of some interest to the profession in Manitoba. In all the operations strict cleanliness is observed and weak antiseptic solutions are constantly used. Before the operation the eye is gently irrigated with 1 to 10,000 solution of hydrarg perchlor and after the operation a pad of sal alembroth wool is placed over the eye and the bandage applied. In cataract operations an iridectomy of rather large size is made first, and then the lens is extracted. A very strict examination of the wound is then made in order that no virus becomes entangled in the angles of the incision. Cocaine is constantly used for all these operations, unless in the case of the very nervous and where young children are concerned. Since the introduction of cocaine into eye practice, a loss of vitreous is of very rare occurrence. The strength used is a two per cent. solution, which is curiously enough dropped into both eyes, as it is asserted that it acts better when this is done. The instruments are placed in a

solution of boric acid and when pure it does not blacken them. I have seen a few cataract operations done without an iridectomy, and when successful the result is most gratifying from a visual, and also from a cosmetic standpoint. Still it is not often attempted here, the general belief being that extraction with iridectomy will continue to hold its place as the operation for the multitude.

In glaucoma iridectomy and the use of esserine seem the only remedies worth mentioning, sclerotomy having evidently had its day. In inflammatory affections homatropine and cocaine are not infrequently employed where atropine some years ago would have been used. In corneal ulcerations, the application of dry or moist heat holds its place, together with the use of antiseptics and a weak solution of esserine. In hypopyon keratitis, resort is frequently had to the use of the galvano cautery. It looks rather heroic but seems to yield good results. Altogether one is more struck by the general high excellence of the work done, than by any astonishing individual feats. A healthy conservatism seems to pervade the practice of the best men and they seem to take the view that in this age there are quite enough experimenters already in the field. The most marked change noticeable in the last dozen years, is the increased attention to dressings, and the strict observance of every antiseptic detail.

London, Aug. 27th, 1890.

### THE JOHNS HOPKINS HOSPITAL, BALTIMORE.

BY W. A. B. HUTTON., M.D., C.M., WINNIPEG.

Late Medical Superintendent Garfield Memorial  
Hospital, Washington.

In view of the advantages conferred by magnificently liberal endowment, the deliberately slow haste with which every step in construction and equipment was prosecuted, the fact that the principal hospitals of this continent and Europe were repeatedly and carefully studied, and great hospital authorities everywhere consulted, it would be extraordinary if the Johns Hopkins Hospital did not combine

within its precincts a very great many of the best and latest principles and improvements in construction and detail.

It is not my intention to enter into any general description of an institution about which so much has been written. The purpose of this article is simply to present to the readers of the *NORTHERN LANCET* a few random notes made from time to time while "doing" the different wards and buildings of the hospital.

Last winter, while in Washington, a friend of mine invited me to go over with him to Baltimore, for the purpose of seeing the manner in which aseptic wound treatment was obtained in the Johns Hopkins. Arriving shortly before nine o'clock one morning we found Dr. Halstead, surgeon-in-chief, and his staff busily preparing for work. You are at once struck by the machine like smoothness with which everything runs. Every one is in his or her place and a nod or a word seems to be immediately and correctly interpreted. No one seems hurried, but work doesn't drag. We are not in the large amphitheatre, but in a smaller operating room adjoining. The light coming from the east and south seems very good. The room, while not large, is equipped in the most perfect manner. One wall is fitted with an instrument case, with glass front and glass shelving—one may see at a glance if everything is *clean* and in its place. Instrument trays, basins for lotions, jars for moist dressings, irrigation jars, etc., are all of glass. Tables, shelving, floor and other wood-work are in natural woods, treated with oil or paraffin. The operating table is simplicity itself, and yet has so many excellent features, that I think it deserves a detailed description. It is about five feet and a half in length and twenty or twenty-two inches in width. All around the edge of the table runs a strip projecting at right angles to the top and upwards for about three inches. This forms a long tray, in the centre of which is left a vent, to be closed by a stopper when required. Resting on the end edges of this table is placed an ash stretcher about one foot longer and four inches narrower than the table. The stretcher is provided with a light waterproof mattress. The obvious advantages of this

arrangement are that the patient may be moved from his bed directly to the stretcher, carried to the anesthetizing room, thence to the operating room, and afterwards back to his bed, having had to be moved only twice instead of the four or six times necessary where the usual style of table is used. The space of two inches on either side of the stretcher when in place allows irrigating fluid, debris, sponges, etc., to find their way to the water-tight space underneath, thus doing away with the splashing and soiling of clothing and floor. Where one operation is to immediately follow another much time is saved by having two stretchers so that as soon as the first is removed a second may be brought in. The height of the table from the floor to top of mattress, is forty inches or over. This height will be appreciated by the surgeon who has worked for a long time over a low table.

A very pleasing feature in the operating room, is the fatigue uniform, if I may use the expression, of the staff. Surgeon, assistants, and nurses are immaculate in white linen and flannel. Even the rubber soled shoes worn are of a white washable material. The arms of every one, nurses included are bared to above the elbows. The greatest watchfulness and care are observed to prevent the infection of everything—already made as aseptic as possible, by sterilization, scrubbing, antiseptics, etc.—which is to in any way come in contact with the wound already existing or to be made. No one would think of committing the unpardonable offence of picking an instrument up from—I was going to say the floor—from any place, unless immersed in an antiseptic solution, to pass it to the operator. If the outside of an instrument tray is to be touched or any article moved which has not been rendered aseptic, it is done by the orderlies, who are there for that purpose. The principle irrigating fluid used is a 1-5000 solution of mercuric chloride. The dressings used are all sterilized. Owing to the difficulty in obtaining absolutely sterile cat-gut, silk is used for sutures and ligatures. An abundance of small towels, wrung out of 1-1000 bichloride, aid materially in enabling the surgeon to sur-

round, with a large aseptic zone, the seat of his operation. The towels, except when in use are kept in large jars containing sufficient 1-1000 bichloride to cover them.

### THE CANADIAN MEDICAL ASSOCIATION.

The programme of the annual meeting of the Association, which was held in Toronto on the 9th, 10th and 11th of September, included the following addresses and papers:—

- Address in Medicine, by Dr. Prevost, Ottawa.  
 " " Surgery, by Dr. Chown, Winnipeg.  
 " " Obstetrics, by Dr. J. Chalmers Cameron, Montreal  
 " " Materia Medica and Therapeutics, by Dr. W. S. Muir, Truro, N.S.

#### Papers:—

- The Failure of the Removal of the Ovaries and Tubes to Relieve Symptoms—Dr. Jas. F. W. Ross, Toronto.  
 Abscess of the Brain—Dr. G. Sterling Ryerson.  
 Pernicious Anæmia (with report of two cases)—Dr. A. McPhedran, Toronto.  
 The Cardiac Complications of Gonorrhœal Rheumatism—Dr. R. L. MacDonnell, Montreal.  
 Pharmacology of Salicylamide—Dr. W. Beatty Nesbitt, Toronto.  
 Syphilis of the Spinal Cord—Dr. F. G. Finley, Montreal.  
 Cholecystotomy—Dr. F. J. Shepherd, Montreal.  
 Inhalation in the Treatment of Chronic Pulmonary Diseases—Dr. Fricé Brown, Toronto.  
 (a) The Local Administration of Bichloride of Mercury as an Alterative in Pelvic Exudations in Women; and  
 (b) Why Apostoli's Method Sometimes Fails—Dr. A. L. Smith, Montreal.  
 Chronic Urethral Discharges: their Diagnosis and Treatment. With a Demonstration of the Electric Endoscope—Dr. Edmund E. King, Toronto.  
 (a) Electricity in Gynæcology. Report of Cases;

(b) Porro's Operation. Report of Case—Dr. Holford Walker, Toronto.

A Contribution to the Operative Treatment of Injuries to the Spinal Cord in the Cervical Region—Dr. Jas. Bell, Montreal.

Exhibition of Cases—Dr. B. E. McKenzie, Toronto.

Hydatid Growths—Dr. E. B. O'Reilly, Toronto.

The Surgical Treatment of Fractured Spine—Dr. E. A. Praeger, British Columbia.

(a) Hemi-Atrophy of the Tongue.

(b) A New Method of Preserving Specimens of the Eye—Dr. H. S. Birkett, Montreal.

Abscess of the Anterior Mediastinum—Dr. John Campbell, Seaforth.

JAS. BELL, M.D., *Secretary.*

### BULLET WOUND OF THE BRAIN.

BY W. H. BATTLE, F.R.C.S.

The following is a most interesting example of bullet wound of the brain:—

A boy aged eleven was under the care of Mr. Mackellar from April 13th to Oct. 12th, 1887. There was a wound caused by a revolver bullet of small size, two inches above and an inch and a half in front of the left external auditory meatus. Two days after admission optic neuritis developed. Mr. R. Nairne reported: "Both discs slightly hazy and congested. The large vessels, both arteries, and veins dilated; all the small vessels running over the edge of the disc appear more evident than normal." On the third day he was trephined. On the sixth day Mr. Nairne noted more haze, with definite swelling of the discs on each side, especially at the lower edge. On the eighth day the swelling was more marked in the right eye; there were no hæmorrhages. On the eighteenth day still marked neuritis in both eyes; swelling not great, but more in the right than in the left. Much shot-silk appearance of retina and a few bright spots in the right yellow spot region. On the thirty-seventh day Mr. Wingfield-Roll reported that there was still slight haze, with moderate swelling;

veins on both sides large and tortuous; and on August 8th, nearly four months after the injury, some streakiness about the optic discs, with a little haze of the retina surrounding them. One or two dots of black pigment near the optic discs, possibly the remains of hæmorrhages. More streakiness and haze in the right. Hernia cerebri developed after the operation to a considerable extent, but gradually subsided, and the patient went to a convalescent home. He was again in the hospital, under Mr. Mackellar's care, from Oct. 29th to Dec. 4th of the same year with traumatic epilepsy. Ophthalmoscopic examination showed the veins to be very tortuous near the discs, which were not pale. They had a good colour, but some streakiness at the edges; there was nothing further to indicate that there had been optic neuritis on any previous occasion. When he left he was very dull, and avoided the sunlight; had no fits or headache, but staggered occasionally in walking. He was again admitted about eight months after receipt of the injury, and died early in 1888, forty one days later. He had suffered from fits, pain in the left side of the head, loss of power in the right arm, right facial paralysis, vomiting, and bulging of the scar. After admission Mr. Wingfield Roll found moderate papillitis, with tortuosity and abrupt bending of the veins at the edges of the disc, obscured by streaky haze; changes less in the left eye. And two days later Mr. Nettleship reported "well marked papillitis of each eye, with moderate steep swelling, without hæmorrhages." On the twenty-third day aspiration through the scar drew off a drachm of clear fluid; on the twenty seventh Mr. Mackellar explored the brain, removing more bone. Hernia cerebri; again developed, and an abscess cavity was incised. At the post-mortem examination there was a thick-walled abscess cavity in the posterior part of the left frontal convolution, extending into the white matter of the parietal and temporo-sphenoidal lobes and basal meningitis. The bullet was found in the white matter of the right frontal lobe low down, surrounded by apparently healthy white matter. The

track made by the bullet to reach that situation could not be traced.

## VAGINAL HYSTERECTOMY FOR CANCER OF THE UTERUS.

(WITH REPORT OF FIVE CASES.)

BY FRANKLIN H. MARTIN, M.D.,

Professor of Gynecology in the Post-Graduate Medical School, Chicago.

Vaginal hysterectomy for cancer of the uterus is now considered not only a justifiable operation, but in the light of its recent low mortality I am not sure that it may not be said to be the only justifiable operation for that dread disease.

I wish to emphasize the above somewhat arbitrary statement by taking a glance with you at the statistics of the immediate mortality of this operation. Dr. Sarah E. Post's statistics, which have been gathered from time to time, show a gradual lowering of mortality of this operation during the past few years. The mortality for all operations published before 1880, was 37 per cent.; that for those published in 1880 and 1881 was 26.5 per cent.; for additional ones to the end of 1882, 27 per cent.; for additional ones to the end of 1885, 24 per cent.; while the additional ones to the end of 1887 gave a mortality of only 20 per cent. Of 140 cases which I have gathered from American operators, operated on since 1885, the mortality is but 16 per cent.

Comparisons of the mortality of this operation with the somewhat lower mortality of high amputation does not make a disparity which in any way can offset the superior curative effects to be derived from the more complete operation. For example, Dr. A. Reeves Jackson, of this city, one of the most ardent advocates of high amputation for cancer of the uterus, has had a mortality of 6.6 per cent. in 30 cases; Dr. Reamy, of Cincinnati, 3.6 per cent. in 55 cases. These then represent fairly the mortality of this partial operation in the hands of experts. It is an old operation, and these statistics show us what we may expect from it, as it can no longer be said to be in its experimental stage.

If we use the same method in estimating the mortality of vaginal hysterectomy which I have employed above for high amputation, viz., by taking the mortality of the operators who have had the greatest experience, or in other words, the greatest number of cases, the comparison is still more favorable to hysterectomy. For instance, the operation has been performed the greatest number of times in this country by Dr. H. T. Byford, of this city, this surgeon having operated 20 times with but one death, a mortality of 5 per cent. Dr. J. H. Boldt has operated 14 times with but 1 death, or a mortality of 7.1 per cent. Thus Jackson with high amputation, has a mortality of 6.6 per cent.; Reamy a mortality of 3.7 per cent.; Boldt, with vaginal hysterectomy, a mortality of 7.1 per cent., and Byford a mortality of 5 per cent.

These results may be astonishing to many, and they certainly reflect great credit upon the eminent operators whom they represent; but from my experience with these operations I am not, I confess, astonished with the low mortality of vaginal hysterectomy or the high mortality of high amputation.

Vaginal hysterectomy is an ideal surgical operation. Its very completeness renders it bloodless. Perfect stumps are secured, and secondary hemorrhage is unnecessary. The operation can be done quickly and with the most thorough antiseptics. Shock need be but slight.

On the other hand, the most tedious operations which I have seen in surgery have been amputations for cancer of the cervix. The most bloody have been these same operations. While the uterine artery may be secured on either side, if the operation is properly performed, there is still the troublesome collateral and direct hemorrhage from the large branches of the ovarian artery, which supplies the fundus of the organ. When the operation is completed, with its large bleeding surfaces, its course is uncertain, because of the varying amount of tissue removed and the unsightly surfaces, which are liable to septic absorption.

I believe there is every reason to hope that the mortality of vaginal hysterectomy, in the hands of careful operators of ex-

perience, will soon become so low that the unsurgical procedure of high amputation for cancer will be considered no longer justifiable.

My object, however, in coming before this society to-day is not to criticize, but to give you a sketch of 5 cases of cancer of the uterus for which I have performed vaginal hysterectomy, at the Woman's Hospital, during the last year.

Case 1. Mrs. O. B. Housewife, American, age 46, married 30 years, the mother of 9 children, with a history of 2 miscarriages, puberty at 16, consulted me in the out department of the Woman's Hospital early in April, 1889. She had not menstruated for one year, but had noticed a watery discharge from the vagina one month before consulting me, and this was accompanied by a general weakness, backache, and loss of flesh. Vaginal examination revealed a large ulcerated cervix. A small piece of the diseased portion was removed and prepared for microscopical examination. In the meantime bichloride douches were ordered and the patient kept under observation, pending the result of the examination. The microscope confirmed what was already a certainty, and diagnosis of carcinoma was made. The disease at this time involved the cervix to the internal os, and had spread upon the right side to the vaginal wall. Vaginal hysterectomy was determined upon as the operation which gave the patient the greatest possible chance.

April 24, with the assistance of my colleagues of the hospital, Drs. H. T. Byford, H. P. Merriam, and M. J. Mergler, and the house staff, I proceeded with the operation. The patient had been carefully prepared for three days in the manner usually employed for abdominal operations. She was placed upon her back in the exaggerated lithotomy position, with her limbs supported by assistants on either side, who were also prepared to hold the retractors. The perineum and other parts were well retracted and the cervix brought in view. An antiseptic bichloride douche, 1 in 5,000, cleansed the parts thoroughly. A strong silk ligature was made to transfix the cervix, which was tied over a plagnet of antiseptic cotton, crowded into the cervical ulceration. The cervix was then

drawn backward by means of the ligature and severed from its vaginal attachments in front with a pair of curved scissors. The cervix was then drawn forward and its posterior and lateral vaginal attachments severed. On the right side, where the disease invaded the vagina, the scissors were made to go well beyond into healthy tissue. During the cutting an irrigation of sterilized water kept the field of operation clean. The bladder was carefully separated from the interior uterine wall, and the interior cul-de-sac of the peritoneum was opened with the index finger and enlarged laterally to the broad ligaments by placing in two fingers and forcibly separating them. The cervix was again drawn forward and the posterior cul-de-sac opened in the same manner, the peritoneum entered, and the opening enlarged laterally to the broad ligaments. The field of the operation was made clean, and a large, flat sponge placed in the peritoneal cavity, above the fundus of the uterus, in such a way as to prevent the intestines from prolapsing, and to absorb any fluids which might otherwise find their way into that sensitive cavity. An endeavor was then made to apply the large broad ligament forceps to the left broad ligament, but it was found that the ligament is too thick to be included in the grasp of one forceps. The base was therefore ligated and cut away, and the forceps applied to the remaining portion. The left side of the uterus was then cut away and the organ delivered. It was then an easy matter to ligate and apply the forceps to the exposed side and cut away the uterus. The vagina was carefully irrigated, and a few bleeding points around the cut vaginal wall secured with small catch forceps, which always with the broad ligament forceps are left intact. The sponge left in the peritoneal cavity was removed, the forceps adjusted so as to lie parallel and to close the peritoneum as far as possible. The vagina was loosely packed with iodoform gauze, the locks of the forceps secured with ligatures, and the patient put to bed. She came out from the anæsthetic without symptoms of severe shock, and, with the exception of some vomiting and a little pain, made an uninterrupted and ideal recovery.

The small forceps were removed at the end of 12 hours; the broad ligament forceps in 48 hours. At the end of the fourth day the iodoform gauze was removed and vaginal douches of 1 in 1,000 bichloride solution begun, great care being taken to obtain free return flow of the injection. These douches were continued until all ligatures were discharged and all ulcerating discharges ceased.

The patient left the hospital at the end of five weeks, with the wound perfectly closed, and in every way well. I have seen her within a month, and she is in perfect health.

(To be Continued.)

#### A CASE OF AMPUTATION OF THE PREGNANT UTERUS.

BY A. REEVES JACKSON, M.D.

On June 10 I witnessed an operation of this nature performed by Mr. Lawson Tait, at his private hospital, and I desire to give in a few words what I saw:

An incision about four inches long was made through the abdominal wall, exposing the uterus. A few forceps being placed upon bleeding vessels, a loop of stout elastic tubing was then carried over and behind the uterus, care being taken to avoid the inclusion of any of the intestines. After the tubing was pressed closely down towards the cervix its ends were drawn tightly together in front through a single hitch, and when this was sufficiently tightened the ends were given in charge of an assistant to keep in position. The uterus was then opened by a small incision, and this was enlarged by tearing with both fore-fingers, and a living child extracted by the feet without the slightest difficulty; the cord was then tied and cut, and the child handed to an assistant, who removed it at once to another room. The placenta was then removed, and a large corkscrew bored into the uterus above the incision, to assist in extracting it from the wound. This was chiefly effected by forward pressure made by the left hand passed down behind the uterus, the corkscrew being chiefly used to guide the uterus downward and forward. Remarkably little blood was lost, that

which escaped being almost wholly from the placental surface. The hitch in the tube was now further tightened, and a second hitch was placed on it, to make the knot complete. A strong pin of nicked steel was then passed transversely through the tube, then through the uterus, and then through the tube again, and finally was guarded by a movable point. In this way the elastic constricting ligature was secured from slipping upward or downward or becoming in any way displaced. The tube was then carried once more round the uterus just above the wire, and fastened with one hitch and a bow knot, for the purpose of enabling further constriction of the pedicle being rapidly made should the first constriction prove insufficient.

The uterus, tubes and ovaries were cut away close to the tube, and the stump mopped over with a saturated solution of perchloride of iron and glycerine. The abdominal wound was closed by five interrupted stitches of common silk, the peritoneum being included in the usual way; the stump was lightly dressed with plain pads of absorbent gauze, and these kept in their place by a bandage. The essential stages of the operation, comprising the incisions, the placing of the rubber cord, the extraction of the child and placenta, and the removal of the uterus, were done in exactly five minutes. The entire operation from the first cut till the application of the dressings occupied thirteen minutes, and yet at no time did the operator manifest the slightest disposition to hurry; indeed so deliberate did he seem that I almost fancied that he was wasting time.

Scarcely a dozen words were spoken during the operation. Everything was done by the operator himself, his single assistant having nothing to do but hold the ends of the cord and tighten or relax them as directed. The nurses were admirably trained, and their hands were always in the right, and never in the wrong place.

I was invited to visit the patient the next day in company with Mr. Tait, and her condition was in every way favorable.

I have since learned that the stump separated on the 12th day, and at the present date, July 7, both mother and child are perfectly well.—*Berliner Klin. Wochenschrift*, Aug. 4, 1890.

#### DIPHTHERIA IN DOMESTIC ANIMALS.

In a recent article it was pointed out that a series of facts accumulated by the observations of epidemiologists pointed very strongly to the conclusion that certain domestic animals were liable to suffer from diphtheria, and were capable of communicating the disease to man; some bacteriological observations by Dr. Klein, which were in striking confirmation of this theory, were also noted. The observer made a communication to the Royal Society on May 22nd which advances the matter still further. He believes that not only cats, but cows also, are liable to suffer from diphtheria. This is an observation of striking importance, for as is well known, some epidemics of diphtheria have been traced to the milk supply. One of the most recent—That at York Town and Camberley, in the neighborhood of Farnham—was most carefully investigated by Mr. W. H. Power, who brought forward very strong evidence to prove that the milk had acquired the quality of infectiousness before leaving the dairy farm, and that people who drank much milk were much more liable to suffer than those who drank little. As to how the milk acquired this property of infectiousness, however, nothing had been certainly ascertained; and Dr. Klein's observations, therefore, are not only important but novel.

He inoculated two perfectly healthy cows with a broth culture of the pathogenic bacillus derived from human diphtheria. On the second and third days there was a soft tender swelling at the place of inoculation, which reached its maximum at the end of a week, and then gradually became smaller and firm. The animals had a raised temperature, and left off feeding on the second or third day, then to all appearance recovered; but on

the eighth or tenth day they were attacked by a slight cough, which gradually increased. Both became emaciated; one died on the fifteenth day, the other was killed (being very ill) on the twenty-fifth day. During the illness both animals had an eruption on the teats and skin of the udder, which appeared in successive crops. From one of the cows on the fifth day milk was drawn from a healthy teat, the milker's hand having first been thoroughly disinfected. From this milk cultivations were made, and it was found that thirty-two colonies of the diphtheria bacillus, without any contamination, were obtained from a single cubic centimetre. The bacillus was also found in the eruption on the udder, and fluid from the eruption was capable of producing a disease in calves characterised by a similar eruption, together with severe broncho pneumonia and fatty degeneration of the kidney. These two lesions—broncho-pneumonia and fatty degeneration of the kidney—are those observed both in the spontaneous diphtheria of the cat, and in the disease produced in that animal by inoculation; the symptoms in the cat are, in fact, mainly those of lung disease.

An accident carried the experiment a step further. The two cows above mentioned were kept at the Brown Institute, and on the fifth day after inoculation, when the diphtheria bacillus was found in the milk drawn from one of the cows, orders were given that the milk should be thrown away. The attendant, however, chose to consider that the milk would be good enough to feed cats, and accordingly gave some of it to two of these animals which had been at the Brown Institution for several weeks, and were in good health. Within a day or two these two cats sickened, and, after suffering for several days from symptoms like those of spontaneous cat diphtheria, died. This was at the end of March. Between the beginning of April and the beginning of May fourteen cats became similarly affected, some more severely than others, and some died with the characteristic morbid changes.—*British Medical Journal*.

—————  
**SUCCESSFUL GASTROTOMY.**—Dr. Terrillon records (*Le Progress Medical*) a very

successful case of this operation. The patient, a strong man aged 53, had suffered several years from violent attacks of gastralgia with obstinate dyspepsia. After a time deglutition became painful and difficult, and often followed by regurgitation. For a time he lived solely on a liquid diet. An œsophageal bougie was passed at intervals, but gradually the stricture became so impermeable that the smallest bougies with bulbous extremities failed to pass the obstruction. An operation was decided upon, and an incision of from 5 to 6 centimetres (2½ to 3 inches) was made. The stomach was stitched to the abdominal walls, and after ascertaining that the two surfaces were carefully adapted, a small opening was made into the stomach. A red rubber sound was then introduced and some yellowish gastric juice escaped; the sound was fixed to the abdominal wall by a silver wire. The patient suffered very little inconvenience from the operation except a good deal of thirst. Three hours after the operation milk and broth were injected into the stomach, and were readily digested. During eight months feeding through the artificial opening was resorted to successfully, the patient gaining strength and weight, although suffering considerable pain and inconvenience from the escape of the gastric juice and contents of the stomach, leading to an ulcerated condition of the skin surrounding the opening. Dilation of the stricture was then attempted through the orifice, but it was only after repeated efforts that a small, rather stiff, whalebone rod passed through the stricture. The rod was allowed to remain a few minutes and was replaced by another, for which it acted as a conductor. During the following days larger rods were passed, and the stricture was gradually dilated so that fluids in small quantities could be again introduced through the mouth. The œsophagus gradually became permeable to solid food, and the artificial opening was closed by operation successfully. The patient, who had regained perfect health, was able to resume his ordinary work, deglutition being easy and painless.—*Provincial Medical Journal*, June 2, 1890, p. 361.

## THE NORTHERN LANCET AND PHARMACIST.

### MANITOBA PROVINCIAL MEDICAL ASSOCIATION.

An extraordinary meeting of this Association will be held on Tuesday evening, the 7th of October, at 8 o'clock, in the City Hall, Winnipeg.

The business to be transacted will be to receive the reports of the committees appointed at the last meeting, and to complete the rules of the Association.

After which, papers will be read by the authors. Any gentleman intending to read a paper at this meeting of the Association must give a clear five days notice to the secretary, together with the subject of his paper, and no paper can be read at the meeting unless this rule is strictly complied with.

Papers will be read in the order in which notices of the same are received by the Hon. Secretary, J. R. Jones, M.D., Winnipeg.

### RESPONSIBILITIES OF THE PHARMACIST.

The drug business in the province of Manitoba is in a position at the present day which it will take the older provinces of the Dominion, a great many years to reach. This I believe is greatly owing to the fact that all the druggists of this province are gentlemen who have graduated from some college of pharmacy, and have been educated to the responsibilities of their calling, and also owing to the physicians of this province being men of wider views and more liberal minds. It is very rare to find a medical man even in the smaller towns dispensing his own medicines, he fully appreciates the fact that the preparing of prescriptions is a business which takes a number of years of special study to qualify one to do properly. From their kindred nature medi-

cine and pharmacy ought ever to be united in friendly co-operation, and though pharmacy is subordinate to medicine it must continue to be its most constant and faithful ally as long as disease is combated and health restored by its products. In addressing a graduating class in pharmacy one of the ablest chemists in Great Britain said "I believe that next to the clinical and medical, pharmacy takes the place in representing and carrying out the purposes designed for the good of our fellow-men, and this idea of its high vocation should permeate our whole being."

Dr. Hoffman, a professor at Halle, says: "I am firmly convinced that pharmacy is a worthy branch of the natural sciences, and its devotees deserve the honors so freely bestowed on workers in other departments of the sciences."

Seeing that the physicians are showing a disposition not to trespass upon our preserves, we cannot be too careful in endeavoring to the utmost to fulfil our portion of the moral contract. In considering the relation between physician and druggist, a most important subject is counter prescribing. I don't for a moment surmise that any druggist will defend the practice, but will do everything in his power to depreciate it, but from time immemorial it has been the custom for the general public to look to the pharmacist for relief from their minor ailments, and he very often finds himself in an awkward position. Is it better to give the patient some simple remedy or to sell him a patent medicine? A great many believe if the physicians were more liberal in allowing the druggist to use his knowledge in relieving these minor ills, that it would be a great incentive for the druggist to depreciate the sale of patent medicines, as no conscientious man can advise the use of a remedy of which he is totally ignorant of its composition, and I might here say that we all know of instances of physicians instead of prescribing intellectually, recommending the patient to get some patent medicine, which he will take good care to purchase for himself next time and recommend to his friends in order to save the fee. I have in mind a case where a physician lost a number of fees by telling a man to get a bottle of

Fellows Syrup, it did the man good and he has been advising all his friends who want toneing up to take it, saying Dr. — recommends it. I believe with the joined efforts of the physician and pharmacist that the sale of patent medicines could be materially lessened. There should be an understanding between the druggist and his medical friends as to the course for him to pursue, and to this course he should religiously adhere. If we are trusted to prepare the ammunition to be used in combating disease and the issue depends upon our knowledge, skill and exactitude in compounding, it raises our position to one of the highest trust. The doctor diagnoses his case, formulates his line of combat, estimates the result he may expect from his line of treatment, now the responsibility devolves upon us, have we satisfied ourselves that the drugs dispensed are fully up to the standard of the B. P. ; are we certain that if the prescription calls for twenty minim doses of Tincture Nux Vomica that the doctor will get the results if 1.24 grain of the alkaloid or are we indifferent feeling that as we have used the specified amount of a liquid labeled Tincture Nux Vomica that our responsibility ceases. In this busy country the want of time will often not permit of the druggist making an analysis of his drugs and chemicals, but he can always at a slight advance in cost buy those of a guaranteed purity. Fortunately the wholesale trade of Canada are able to report that they do not meet with many cases of such utter depravity among druggists as reported in an American journal some time ago, "An intelligent manufacturing chemist who is brought directly in contact with the retail druggist remarked in a recent conversation that it was unfortunate that the pharmaceutical societies could not do more to elevate the standard of integrity among pharmacists. When asked for an explanation of the remark he said that his every day experience showed him that there are very many druggists in the United States who care nothing for the quality of the goods they dispense, but who can always be depended upon as a customer for the cheapest sellers."

## PHARMACY.

Complimentary allusions to the progress of pharmacy during the last thirty-five years were recently made at the dinner of the Pharmaceutical Society. Certainly within that period medicine has had much cause to be grateful for the help it has derived from the patient work of the pharmacist. The range of new remedies has been considerably widened, and methods of administration have been vastly improved. In the rush for new remedies, however, it may be questioned whether we are not being hastened past many valuable and familiar drugs whose claims for consideration have stood the test of time, while their demand for patient laborious investigation remains almost unheeded. All the glorious complexity of the newer synthetic compounds is speedily revealed in names of many syllables and dubious pronunciation; formulæ are devised intended to show precisely the bond of union which links the methyl or ethyl radicle to another group of carbon compounds; the physiological properties are set forth with a clearness which almost reduces the art of medicine to a mechanical system, and yet the same kindly attention is denied to many of the older remedies. It is in no spirit of antagonism to the newer drugs that we venture to urge the claims of the old; but simply because, when there is promise of an addendum to the British Pharmacopœia, it is to be hoped that attention may not be focused too exclusively upon the present unofficial list. Mr. E. M. Holmes recently read a paper on "Materia Medica Problems," in which he said that the unsatisfactory state of our knowledge with regard to many articles of materia medica is painfully evident, and he proceeded to support this statement by numerous references to the gaps which require filling up. Very little is known of the composition of many of the volatile oils, and still less of the conditions under which they vary. While the active principle has never been isolated from some plants, in others several different bodies have successfully been stated to represent the activity of

the drug. The lack of satisfaction with which Mr. Holmes regards the question is not a mere matter of generalisation; he referred in some detail to the problems surrounding aconite, and foremost among these placed the difficulty of obtaining aconite root uniform in strength, a point to which Mr. Squire recently devoted much attention. More important, however, appeared to be the extraordinary variations in the strength of the active principle as supplied in commerce, samples of aconitine from one source being said to be in some cases seventy times as strong as those from another. The well-known change in color of an aqueous solution of apomorphine is rather a matter of interest than of importance. Mr. Holmes stated that the body to which the green coloration is due does not appear to have been examined; on the other hand, although the statement has frequently been challenged, it is asserted that this change of color in no way impairs the activity of the solution. Belladonna, however, affords a more promising subject for investigation: atropine has long been supposed to be the main natural constituent of the plant; it is only within the last few years that its position has been assailed, and it will probably still cause surprise in many quarters to learn that it is yet an open question whether or not atropine and hyoscyamine are both present as natural constituents of the plant. The fact that satisfactory tests are still wanting is shown most clearly by the confusion characterising many of the statements referring to atropine, hyoscyamine, and hyoscyne. Some of the other instances mentioned in this paper seem to trench upon chemical niceties devoid of general interest, but with regard to *cannabis indica*, ergot, and rhubarb the activity of the drugs lends considerable importance to questions connected with the source of activity, and this last is yet to be sought. The most varied results have been given by the several bodies obtained from ergot. The purgative principles of rhubarb and of the two forms of *rhamnus* now official have yet to be decided. From a purely practical and medical standpoint these numerous limitations of knowledge may seem of com-

paratively trivial importance. So long as the drugs can be compounded in some convenient form which retains the active properties of the crude drug, it might be thought that we should rest content with the old and press eagerly after the new remedies, which in so many instances promise to give such marvellous results. This line of reasoning is, however, hopelessly unscientific. If our vegetable preparations possess active properties (and upon this there is no room for doubt), it is surely most desirable that those to whom we look for information should be able to say definitely the exact source of this activity. Our debt of gratitude to pharmacists will be greater when they have solved for us many of the problems which Mr. Holmes has indicated.—*Lancet*.

#### NOTES ON CREASOTE.

Creasote is undoubtedly attracting extraordinary interest at present, and the profession seems to have arrived fully at a realizing sense of its efficacy in all tubercular affects, and necessity for employing only absolutely chemically pure creasote from beech-wood tar.

In a paper on "The Treatment of Laryngitis," in *Progress*, Dr. Sol. Solis-Cohen says: "Some such formula as the following modification of the London Throat Hospital's, may often be used with advantage:—

R Creasoti (Beechwood) fl. ʒ i.  
Ol. pini pumilionis fl. ʒ iij.  
Magnesii carbon. levis ʒ jss.  
Aque q. s. ad. fl. ʒ iij.

M. S.—Shake well before using. Inhalation mixture. One teaspoonful to be thrown upon a pint of steaming water at 140° F.

CREASOTE AND IODOFORM.—Barthelemy's formula, for use in cases of consumption, is:—

Iodoform (powdered) . . . 2 Gm.  
Creasote . . . . . 3 "  
Balsam of Tolu . . . . . 5 "  
Benzoin (powdered) . . . . . 5 "  
Glycerin . . . . . 3 "

The creasote and iodoform are first mixed, the glycerin added, and the whole

is then to be triturated for two minutes, after which the balsam and benzoin are added.—*Drugg. Bull.*

**CREASOTE IN THE TREATMENT OF TUBERCULOSIS.**—The following conclusions of Dr. Kossow Geronay, based on a study of 150 cases of tuberculosis, are worthy of recognition. The observations are accurate and impartial, and serve to fairly establish the remedial value of creasote in this affection: (1) By long continued use of creasote in tuberculosis, an improvement in the individual symptoms is noted in the majority of cases. In the incipient cases, the improvement is often permanent; and even in the most advanced cases, there is temporary amelioration. The following symptoms disappear or improve: Cough, expectoration, night sweats, cyanosis, dyspnea, etc. The appetite is benefited, and with it, nutrition and body weight. In many cases the fever is favorably influenced, or caused to disappear. Expectoration, formerly difficult, will become easy. (2) The lung process is without question, in the incipient cases, favorably influenced. An absolute disappearance of the bacilli from the sputum was not noted in any case. When hemoptysis was present no good effects resulted. In intestinal and peritoneal tuberculosis, creasote was useless. The best method of administration was with creasote capsules and creasote inhalations. The use of creasote, in order to be beneficial, must be continued for months. The following formula for inhalation is recommended: Creasote 2.0 to 3.0, Spirit. vini rectific. 10.0, Aq. dest. 590.0.—*Wien. klin. Wochensch. — Occ. Med. Tim.*

**BORACI ACID OINTMENT.**  
(Lister's)

- R Acid boraci..... ʒiv.
- Oera allia ..... ʒiv.
- Parrafine ..... ʒi.
- Al. amygdal dulcis.... ʒi.

**ANTIDOTE TO THE POISON OF THE RATTLESNAKE.**

- R Bromine ..... gr. cl.
- Potass. iodide ..... gr. ii.

- Hydrarg. Bi-Chlor. .... gr. i.
- Spts. wine zect. dil. .... ʒiv.

Dose: Take ten drops in a tablespoonful of brandy; repeat often.

**IODINAL COLLODION.**

- R Iodine..... ʒii.
- Canada balsam..... ʒii.
- Collodion..... ʒi.

Used as a substitute for iodine ointment.

**WARREN'S ANTI-DIPHTHERITIC MIXTURE.**

- R Thymol..... 4 grains.
- Potass. chlorate ..... 75 "
- Quinine sulph..... 4ʒ "
- Hydrochlori acid .... 15 drops.
- Glycerin ..... 2 ounces.
- Brandy ..... 9 "

Dose: A teaspoonful every hour for children between two and five years.

**SPRAY FOR CATARRH.**

Recommended by Dr. Lefesto, Ex-President of the American Laryngological Association:—

- R Sodii bicarbonatis..... ʒss.
- Sodii boratis..... ʒss.
- Listerine..... ʒj.
- Aque, ad ..... ʒiv.

The "Listerine" in this formula is a preparation that has been introduced by Lambert & Co., of St. Louis, containing the essential antiseptic constituent of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis in combination. Each fluid-drachm also contains two grains of refined and purified benzo-boracic acid. Thus it may be used in this or in any of the other solutions of alteratives, astringents, and resolvents (usually in combination with some proportion of water—from two to ten parts water to one part "Listerine," according to the indications) as a menstruum, and will be found to serve a useful and pleasant purpose where an antiseptic and deodorizer is desirable. The thyme and eucalyptus, as well as the other oils and the alcohol contained in the preparation, act as stimulants and detergents, while the boracic acid is deposited upon the affected mucous membrane, producing emollient and mild antiseptic effects. All of these latter may be easily graded, and should be, to meet the

indications presented by individual cases, by the dilution of the "Listerine" with water.

When a much larger quantity of a cleansing solution is necessarily used, as with the anterior or posterior nasal syringe, simple warm water, with the addition of borax—ten grains to each ounce—or "Listerine"—in the proportion of one part to from two to ten of warm water—will answer the purpose. I sometimes—when the disagreeable odor is strong—use, after a thorough syringing with an alkaline solution, a *spray* of "Listerine;" it destroys fetor very quickly, and substitutes for it the pleasant odor of the thyme.

#### PEPTONISED BEEF.

Take one-quarter pound finely minced, raw *lean* beef.

Cold water, one-half pint. Mix in a saucepan.

Cook over a gentle fire, stirring constantly until it has boiled a few minutes.

Then pour off the liquor, for future use, and beat or rub the meat to a paste, and put it into a clean fruit jar with one half pint of cold water and the liquor poured from the meat.

Add—Extractum Pancreatis (Fairchild) 4 measures (20 grains). Soda Bicarb 1 measure (15 grains).

Shake all well together, and set aside in a warm place, at about 110° to 115°, for three hours, stirring or shaking occasionally; then boil quickly.

It may then be strained, or clarified with white of egg, in usual manner.

Season to taste with salt and pepper.

For great majority of cases it will not be required to strain the peptonised liquor, for the portion of meat remaining undissolved will have been so softened and acted upon by the pancreatic extract, that it will be in very fine particles and diffused in an almost impalpable condition. Thus in a form readily subject to digestion in the body.

#### REMEDY FOR BURNS.

The *Weekly Medical Review* recommends as a valuable remedy in burns, the application of a solution of tannic acid

in ether, of a syrupy consistence, which is said to relieve the severest pains almost instantly, while at the same time, it forms a flexible non-contracting pellicle which has the advantage over the collodion film that it does not become hard and stiff. While this remedy may produce a momentary smarting on application, its use would seem to promise good results.

#### EUCALYPTUS SMELLING SALTS FOR COLD IN THE HEAD.

℞ Carbolic acid . . . . . 2 drachms  
Strong Sal. ammonia . . . . . 2 s.  
Eucalyptus oil . . . . . 1½ dr.  
Carbonate amm. in coarse powder . . . . . 3 oz.

#### POWDER FOR TENDER FEET.

℞ Salol . . . . . 2 drachms.  
Paud zine oleati . . . . . 1 ounce.  
Violet powder . . . . . 2 ounce

#### WHOOPIING COUGH.

The following formula is recommended:

℞ Ext. cannab. ind. . . 1.0 grammes.  
Ext. belladonnæ. . . 0.5 "  
Alcoh. absol. . . . . 5.0 "  
Glycerini . . . . . 5.0 "

*Dose:* Children of 9 to 12 months, 4 or 5 drops; 1 to 2 years, 5 to 8 drops; 2 to 4 years, 8 to 12 drops; 4 to 8 years, 10 to 13 drops; 8 to 12 years, 12 to 15 drops; beyond that age and adults, 15 to 20 drops; to be given at night only, or in the morning.

The medical man who recommends this formula in *Weiner Med. Blatter* has administered it in 116 cases, and in 83 it proved effective. But the same effect was not obtained either with cannabis or belladonna given separately.

#### REMOVING IODOFORM FROM MORTARS.

Mr. Slodki Nancy (*Un. Pharm.*) first washes his mortar, and employs sawdust if greasy; then to remove the odor of iodoform, he pours in a little alcohol, high s it and stirs it around with the pestle. This removes all trace of the iodoform.—*Chem. and Drug.*

**PATENT MEDICINES IN AMERICA.**—In the State of New York there are 198 manufactories of patent medicines, employing capital amounting to \$3,513,430 and putting out annually medicines valued at \$4,339,178. In the whole United States there are 263 manufactories of these goods, with a capital of \$10,620,880, and an annual production valued at \$14,682,492.

**BLUE INK FOR STAMPS AND PADS.**—Dissolve 2 parts of borax in 20 parts of water, heat to boiling, and dissolve in it two parts of bleached shellac; separately dissolve 2 parts of gum arabic in 5 parts of water, with the latter parts mix intimately 1 to two parts of best ultramarine and add to shellac solution. Finally, add enough water and a little glycerine, if necessary, to make 25 parts.

**CHARCOAL FILTERS.**—Dr. Frankland's numerous and exhaustive experiments on the powers of filtering materials, both for chemical and biological purification of water, constitute, perhaps, the most valuable mass of data in existence for our guidance in the choice of such materials. As we have often pointed out, his testimony, like that of every other experimenter, is to the effect that all the leading materials, such as sand, coke, charcoal, spongy iron, etc., were temporarily effectual, but for want of cleansing, soon became useless, or even worse than useless.

Regarding organisms, he says: "Green sand, coke, animal charcoal and spongy iron, were at first successful in removing all organisms from the water passing through them, but after one month's continuous action this power was in every case lost. The improvement still effected, however, by spongy iron and coke was very great indeed, while the green sand and brick-dust were much less efficient, and the number of organisms in the water that had been filtered through charcoal was greater than in the unfiltered water." This last result comes sooner or later in all filters not constantly and thoroughly cleansed; but it is peculiarly fatal to the use of charcoal, because there is no practical way to cleanse it at all.—*Sanitary Era.*

**ADDENDUM TO THE BRITISH PHARMACOPŒIA.**—The list of drugs and preparations recommended for insertion in the next Addendum to the British Pharmacopœia by the Royal College of Physicians is very brief and modest, and not likely to give rise to much discussion. Many of the substances named are already in such general use that this reminder of their present *unofficial* character will serve mainly to indicate the essentially cautious lines upon which the Pharmacopœia is compiled. Indeed it is an index of the drugs which have been found by experience to be of general service, and not a mere catalogue of remedies on probation. The drugs recommended are antipyrine, luncline, sulphonal, strophanthus, hyoscine, hamamelis, and pancreatine. The new preparations include a tincture of strophanthus, prepared according to Professor Fraser's formula, a solution of hyoscine for hypodermic use, the strength of which should not be more than  $\frac{1}{2}$  per cent., a liquid extract of hamamelis, a 1 per cent. solution of nitroglycerine, and a 1 per cent. solution of apomorphine; an oleate of zinc in powder prepared by double decomposition; corresponding mercurous and mercuric oleates; a syrup of tar, prepared according to the formula of the United States Pharmacopœia; Sir Alfred Garrod's sulphur lozenges; and a soluble phosphorus pill. The committee also recommended that green iodide of mercury, stramonium leaves, iodide of cadmium and its ointment should be restored to the Pharmacopœia. It was also felt that some good practical test of the activity of pancreatine should be added, and that the terms antipyrine and nitroglycerine should be changed, the former to some name which does not express any theory respecting its mode of action, the latter to "trinitrin," as being less calculated to cause unnecessary alarm. All of these changes and additions appear desirable, with the exception perhaps of the solution of apomorphine, which, as it is only half the strength of the hypodermic solution, might well be prepared, when required, by simple dilution.—*London Lancet.*

THE Ontario College of Pharmacy is experiencing a most unfortunate factional war. At a recent meeting of its council a two-thirds majority decided that two of the faculty be deprived of their positions, an action which led to the resignation of two members of the minority of the council. From published accounts of the trouble it would appear that the obnoxious members of the faculty were men of independent mind and vigorous action, and not so entirely in accord with the council and meekly submissive to its dictates as the council deemed proper. They were hardy enough to cling to the opinion that as teachers they knew their duties as teachers fully as well, if not a little better than those who had no experience in this line of labor. We learn that the action of the council is not approved by the majority of druggists of Ontario, and more trouble is likely to ensue.

#### MISCELLANEOUS.

THE PRESERVATION OF VOLATILE OILS.—A. ZIMMERMAN.—The experience of some experiments during the past year lead me to suggest that Sodium Bisulphite is an admirable preservative of volatile oils against their degenerating into a terebinthinate odor. While oil of lemon is the only oil in which it has been used as a preservative, its excellent results with this, which is so prone to spoil, leads me to believe that it will answer well for many other similar oils, and to offer the suggestion that my colleagues may try it for themselves. One hundred grains, probably less, is ample for a pound or two of oil.

THE use of atomizers is constantly increasing and nothing will tend so much to aid this demand as the constant improvement in their construction, which, we think will be shown by an examination of the instruments manufactured by Ellis & Goltermann, of 28 College Place, New York City. This firm has met the demand for a good article at a low price in their 110, which is warranted by them to be a perfect atomizer. The Brooklyn Throat Atomizer is constructed in a different way from any other in the market, and is said

to be less liable to breakage, and is easily cleaned, last but by no means least. They call particular attention to the vaseline atomizer, they are just ready to put on the market, which is said to spray oils as well as any other atomizers will ordinary fluids.

OINTMENTS of the narcotic extracts with lanolin as a vehicle, according to a Russian physician, are absorbed, and exercise the pain-relieving power with great certainty. The quantity of drug required to produce the desired effect is only about twice that necessary when administered internally. Quinine hydrochlorate is very easily absorbed, and potassium iodide when administered by injection from an ointment prepared with lanolin, appears in the urine in the course of a few hours. Lanolin ointments, it has been found (*British Med. Journal*), are also more easily absorbed when applied to children than in adults. Its action may be facilitated by washing the skin with ether previous to the application.—*Western Druggist*.

GLYCERIN IN CONSTIPATION AND DIARRHŒA.—McKeeson & Robbins take pleasure in offering their glycerin suppositories to the medical profession as a convenient means of using this laxative agent. Each suppository contains ninety-five per cent. of pure glycerine, and is equivalent to forty-five grains. The dose for an adult is one suppository, repeated if necessary, and from a half to one for a child. They are more convenient and less dangerous than injections given by means of the syringe, while they are nearly if not fully as prompt in their action. The suppositories are pointed at each end and can be cut in two when a small dose is required. Generally the evacuation takes place in from five to thirty minutes, in many cases before the suppository is dissolved.

NOTE.—The necessity of a pure preparation is apparent, and hence, McKeeson & Robbins would advise that their name (or McK. & R.) be specified when ordering from the druggist. McK. & R. Glycerin Suppositories are put up in boxes of one dozen, and can be readily sent by mail. The box should be kept in a cool, dry place.

**LISTERINE.**—*The British Medical Journal* of May 3rd, 1890, says: We have received \* \* a specimen of a preparation manufactured by the Lambert Pharmaceutical Company, St. Louis, U.S.A. According to the formula given, it contains the following antiseptics: thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and benzo-boracic acid. It is a clear fluid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry very great weight with it.—*Occidental Medical Times, June, 1890.*

**MATERNAL IMPRESSIONS.**—A curious and, so far as we are aware, novel point has been raised in one of the Irish law courts, resulting from the disastrous railway accident at Armagh some two years ago. A woman who was in the train at the time of the accident, and in an early stage of pregnancy, subsequently gave birth to a crippled child, and the child now sues the railway company, through its father, for the damage it has sustained in being crippled in consequence of the railway accident. Of course every one is familiar with instances in which malformations have been ascribed, with more or less accuracy, to some injury or shock the mother received during her pregnancy, but we have been unable to find any instance in which such malformation has hitherto been the ground of an action at law.—*British Medical Journal, June 28, 1890, p. 1512.*

**MULLER ON WARM SAND-BATHS IN THE NEUROSES.**—At a meeting of the Psychiatric Society at Berlin, Dr. Muller of Blankenburg gave his experiences of artificial warmth as a method of treatment in different neuroses. After men-

tioning the different forms of baths, he gave an account of a particular variety which, whilst it effectually raised the body temperature, did not submit the head and organs of respiration to a high temperature, after the manner of hot-air and vapor baths. He referred to dry, warm sand baths, by means of which most favorable results had been obtained in neurotic conditions. He has seen states of depression and insomnia considerably benefited in this way, as well as neuralgia affections, facial paralysis, and hemicrania. The abstraction of water from the body is considerable; and uric acid and urea are excreted in abundance. The condition of the heart should, so far as possible, be ascertained, prior to the use of the bath. In conclusion the author observes: "I am of opinion that the warm sand-bath merits more attention—as being the best and simplest method of warming the body throughout—than has hitherto been bestowed upon it; and that we who deal with the nervous system have especial occasion to make use of it, since, more than any other remedy, it is capable of exercising a stimulating and strengthening influence over that system."—*Zeitschr. f. Psych., vol. xlvi, part 3; Am. Jour. Insanity, April, 1890.*

**THE ANTISEPTIC TREATMENT OF TYPHOID FEVER.**—According to Dr. Petresco, who has been employing bisulphide of carbon in the treatment of typhoid fever, the difference in the mortality of cases treated in this way from that of cases treated according to more usually recognised systems is very considerable. The mixture prescribed was of the strength of 2 per cent., the vehicle being mint water. Of this mixture from three to four ounces were ordered daily. The mortality of typhoid in Bucharest is generally from 25 to 38 per cent., but under the bisulphide of carbon treatment Dr. Petresco lost only 10 per cent. of his cases. Even more remarkable were his results with *B-naphthol*, of which from forty-five to sixty grains were given per diem. Under this treatment he lost only 4 per cent. of the cases. Sometimes wet sheet packing was combined with the internal medication,

sometimes not. He states that not only was the mortality diminished under bisulphide of carbon or *B-naphthol*, but that the whole course of the disease was rendered milder, and there was a remarkable immunity from serious complications.

**USE OF BORAX IN EPILEPSY.**—The monthly meeting of this Society was held on Thursday, April 3rd, Dr. Edwards, president, in the chair. A paper was read by Dr. Stewart, Assistant Medical Officer at Glamorgan County Asylum, on cases illustrating the value of borax in Epilepsy. Case 1, admitted at the age of thirteen, had had epileptic seizures dating from birth, occurring in numbers varying from two to twelve per day, chiefly at night. She had been under treatment repeatedly, but had derived no benefit. Without treatment the fits during the first week were twenty-six in number, under borax they were reduced to twenty-four in the second and five in the third week. After an interval free from fits of sixteen days, four occurred on two successive nights; then after another interval of nine days a single fit took place, and since that time there had been no recurrence of fits—*i.e.*, a clear interval of over a month. Case 2 began to suffer from nocturnal epilepsy at eighteen, and came under treatment five years afterwards. This instance was complicated by serious cardiac disease, stenosis of the mitral orifice. Without treatment, the average monthly number of fits was 101, and under borax this was reduced to twenty in the first month, seven in the second, one in the third, five in the fourth, none in the fifth, and one in the sixth. Case 3 had whooping at seven, followed by left hemiplegia, imbecility, and epilepsy. The average number of fits per week when no special treatment was employed was 3.5, and bromide failed to effect any reduction, for after being under treatment for two years and a half the weekly average had risen to sixteen. Under borax the weekly average during the first month was reduced to 15.5, and during the second month to 11.5. The diminution took place chiefly in the nocturnal seizures. In Cases 4, 5 and 7, in which the fits occurred both by day and night, bromide was shown

to exercise a decided influence upon the diurnal seizures, leaving the nocturnal practically unaltered, and in these benefit was experienced from the combined use of bromide and borax, three doses of the former during the day and one single dose of the latter at bedtime. Case 6, epileptic and imbecile from birth, came under treatment at thirty-five. The fits were of the nocturnal type; were uninfluenced by bromide, and were slightly diminished by borax. Dr. Stewart concluded that borax exercises a peculiar influence over nocturnal seizures, and that it is in cases where fits are entirely of that kind that the greatest good may be expected; that bromide, on the other hand, exerts a powerful influence over diurnal seizures, and that in cases characterized both by day and night fits, a combination of these two remedies will be productive of most benefit.

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#### PERSONAL.

Late letters received from Dr. Good, who is in England, devoting his time to his specialty of the eye and ear, say that he is receiving every kindness and assistance from the great authorities on the diseases peculiar to those organs, and from Dr. Good's acknowledged success in the past, it can now be confidently expected that Winnipeg will have an oculist and aurist that the remainder of the profession will be proud of.

Dr. J. S. Gray is also in England taking a well earned vacation after years of close attention to his practice in this city, during his absence he will spend most of his time in the hospitals in London and Vienna.

Martin, Rosser & Co. advise the following change in the market:—

Advanced—Collodion; Ether Acetic; Ether Spt. Nitrous; Potassium Chlorate; Spts. Ammonia Avoma; Sugar and Milk; Borax.

Declined—Aconitine; Cocaine Muriat; Camphor Mono Brin; Creosote German.