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Original Communications.

Two Unnamed Diseases.*

By JAMES SAMSON, M.D., Windsor.

THE most startling feature of this brief and unscientific paper is the glaring title with which it announces itself.

The first half of it is simply a recital of a very extraordinary experience in which no one but myself had an opportunity of taking much part, and which I take the liberty of presenting with the hope that it may have been duplicated in the practice of some one else who can help clear up what has been for years to me a mystery.

The second half of the paper is solely the taking advantage of an opportunity to put myself on record with a few observations regarding a matter of much importance to the profession and to the race.

In 1887, in an especially healthy district of one of the Western Ontario counties, I received my first knowledge regarding a disease to me entirely new, and on which I have thus far received no light

* Read before the Ontario Medical Association.

either from subsequent experience or from contact with my fellow practitioners. During this and the following year I saw perhaps twenty-five cases, all identical in every respect, all following the same course, and all fortunately ending in recovery. In both years the disease began its career in August, and in the second year it revisited two of the homes it had invaded the year before.

With only the very slightest premonitory symptoms, the patient was seized with intense sickness, nausea, vomiting, aching of the entire body amounting to an actual agony, and almost crimson redness of the face; often with coldness of the hands, and a temperature never in a single instance above normal; the pulse always feeble, ranging from 130 to 150.

These were the symptoms at the outset, of which the one most manifest was the intense misery of the victim, tossing restlessly about in bed, groaning, and complaining constantly of a pain located nowhere in particular, and in some instances begging pitifully for relief. The vomiting was not very violent or constant, but the nausea was persistent, with a continual sinking sensation in the stomach. The tongue became rapidly coated with a soft whitish fur, slightly brown or yellow in the middle, and the breath had a peculiar sweetish, not offensive, odor, but differing from any other that I can recall. The bowels were simply obstinately inactive, feces pasty, sometimes dark, and always somewhat offensive. Sitting up in bed or taking a morsel of food was sufficient to rekindle the nausea. There was no possibility of sleeping at first, and no tendency to sleep for days. There were no chills and no fever from the first to the last of any case. All these conditions, varying in degree, continued from four to ten or twelve days, ending in a very slow recovery with a marked tendency to relapse from either exertion or eating. In two or three instances there was a slight vomiting of blood, but never any hæmorrhage from the bowels, and never a condition of tympanites. The ages of the patients varied from six to sixty years, and there was no apparent distinction of sex.

The treatment adopted was, I am certain, entirely accidental, though I had some reason before the close of my experience to feel that I had selected it more wisely than I knew. The relief of the patient's misery was compulsory, and in each severe case I resorted to very moderate doses of morphine, which in a number of instances did not require to be even repeated. A full dose of calomel and a saline, followed by sodium salicylate in three to five-grain doses every few hours for four or five days or a week, and then a tonic, with strict injunctions against overexercise or overfeeding, constituted all

there was of the treatment pursued. One of my patients, a Mrs. G——, a young vigorous woman in whom the nausea was most intense, with two or three slight hæmorrhages from the stomach, made so good a recovery that she had been dismissed with the usual warning. A fortnight later she visited some friends twenty miles away, ate a hearty dinner, and again became ill. She was seen by one of the most able physicians in the county, who diagnosed ulcer of the stomach, which, whether true or not, resulted in her very rapid death in a condition of coma. I was certain then, and am still, that hers was one of the cases I have been describing, and that the very strangeness of it was what had deceived one of the most careful and conscientious men in the profession.

It was during the second year that an entire family, with the exception of one, was attacked—all within a few days. During the third or fourth day of her illness the eldest daughter, a healthy girl of about seventeen years, passed into a raving delirium, and very rapidly died in a profound coma. Two days later a younger brother passed through the same conditions and met the same fate. The day following it fell to my lot to take charge of the mother and the remaining children. Owing to the savage relations that still exist in the profession, and will perhaps forever, I had to see them alone, and so could learn but little of the clinical history of those that were dead; but the living were each an exact counterpart of what I had already seen in other homes, and I was permitted the enjoyment of seeing them all recover. I have no way of knowing that my treatment had much to do with the happy results, nor that I could have aided by the suggestion of the same means in saving those that were lost.

All the cases of which I have spoken, except three, occurred within a radius of two miles, and it will be observed how very closely my description conforms to that given of the "milk-sickness" of the Middle and Southwestern States of fifty years ago, and of which so very little is now, and apparently was even then, known, when it was such a source of terror to the early settlers of those districts. The season of the year, the lassitude, nausea, inactivity of the bowels, absence of fever, flabby, furred tongue, abhorrence of food, and the profound coma, all make the two conditions almost absolutely identical. In one single case I found a profuse vomiting of that deep indigo water described by Beach in his article on the milk-sickness, read before the American Medical Association in 1883.

It is a matter for real scientific regret that so little that is authentic has been written regarding the clinical history of this strange disease, which still presents itself occasionally in some scattered districts

through the Southwestern States. But what is known seems to positively establish the fact that the disease comes to the human race through the medium of the cow and all her products, and that its original source is somewhere in the herbage or atmosphere of the wooded lands of wild or uncultivated districts. But in my own experience I took every precaution to satisfy myself that the two diseases were entirely distinct. One of the most severe of my cases was that of a man about thirty-five, living quite alone, and who used neither milk, butter or beef in any form, and drank only from his own well, the best in a circuit of several miles. His father, a half-mile away, and in whose home the disease broke out, insisted that the poison was in the well, and for months had gone to the softwater cistern for a drink ; but he too, an old man of sixty-five, passed through an attack of the peculiar illness.

I should add in passing that six years later, in the same district, a father and one of his sons were attacked so strangely and died so suddenly that a coroner's inquest was demanded. The very skilful physician, who knew most of these cases, writes me that the symptoms were apparently those that I had experienced years before, that four members of the family were attacked, two of the four recovering, and that the mystery of their illness is still unsolved.

And so I leave it. What it was and whence it came, and whether by a bacterium or by a spore or parasite of any kind, and how it entered the system, I leave unanswered, along with the simple statement that to me the disease itself is still unnamed.

No one subject has received such consideration from the profession during the few years just past as that of the relation existing between appendicitis and peritonitis. The thousands and tens of thousands of the laity who have been taught the nonsense that the appendix itself is the bungling, wide-open remnant of some other stage in our development, and are living a life of constant terror regarding grape-stones and apple-pips, show how universal the interest in this question has become. Having in my earlier years seen so much of peritonitis treated and cured without the assistance of the surgeon, and in my later years so often listened to the statement that peritonitis was appendicitis and operative treatment the only proper remedy, I ventured two years since to address the little local society of which I happened to be president in part as follows :

When Dr. Roswell Park, a few nights ago, had concluded the reading of his remarkable paper on peritonitis to a large gathering of physicians and surgeons at the Wayne County Medical Society, and

was receiving the hearty eulogies of his *confrères*, it was then that a distinguished surgeon made the congratulatory declaration that "surgery had made such rapid strides in the field of investigation that we now knew that the man who had made a diagnosis of idiopathic peritonitis had made an idiotic diagnosis."

So crisp an aphorism (if true) deserves an eternal abiding place in the annals of surgery, and if not true should be banished as speedily as possible from the literature of human misery. So strong a reflection on the wisdom and records of our professional ancestors deserves, at least, to not go unchallenged, and I humbly submit that the proofs of these very wide premises are yet a long way from complete. That in the olden days, and in the days not yet very old, the causation of many of the forms of peritonitis was terribly misunderstood must, of course, be conceded, but I have proofs enough to convince me that the modern pathologist who believes he has already put his finger on all the causes of this deadly disease may some of these days still find a surprise in store for him.

In the strictest application of the term there may really be no idiopathic peritonitis, and, in a very strict use of the term, perhaps no idiopathic anything; but that there are causes of peritonitic inflammation not yet named by Dr. Park, or any of his coadjutors (in so far as I know) I believe I am absolutely confident of.

The youth who lies down warm on the ice or damp ground, and has a peritonitis the day following, is said to have rheumatism of the peritoneum, though one of the most distinguished authors of our time declares he has never seen such a case and gives not a hint that anti-rheumatic treatment would save the boy. Dr. Park doubts, too, if this variety of the disease does exist, or the malarial type as purely malarial, and asks us to believe that aside from scurvy and Bright's disease, and purely consecutive of perforative or traumatic, all other cases of peritonitis found are always the result of an infection, and that infection by way of the appendix. This, of course, without regard to malignant or tubercular or latent peritonitis, none of which can have any special part in the discussion of this question.

With all the distinguished essayist's conclusions thus far I have no desire to strongly differ, except to suggest that we must accept the so-called rheumatic type under some better appellation, or dissent from any plan of accounting for it by the term "infection." The streptococcus and staphylococcus cannot have any causative part in such a case as this, and it is overmuch to ask without absolute proof that we accept colon infection as the responsible source. But, admitting that all ordinary cases of peritonitis are infectious and none

of them idiopathic, Dr. Park asks us to accept with him the theory, when he has excluded the streptococcus and staphylococcus forms, that all others, or nearly all others, proceed from the appendix and are pure cases of bacillus coli infection. That a fecal mass in passing may irritate the tender lymphoid margin of any appendix, thus closing or partially closing it by tumefaction, and that in the secretions thus retained or partially retained an intense, poisonous, bacillary commotion and multiplication at once commences, rapidly producing inflammation, strangulation, necrosis, perforation, and infection and inflammation of perhaps the entire peritoneum, and that the potent and deadly agent in it all is the benign bacillus coli communis, whose true function in the economy is connected with the assimilation of the food we eat—this is the theory of Dr. Park and those who believe with him that the problem has been solved. The records of recent surgery, the annals of the dead-house, and the experience of every careful practitioner, all do seem to point strongly to the appendix as the pathway by which the infection approaches the sensitive peritoneum; but a theory like this makes life a frightfully perilous journey to anticipate, if we are all going about with every element of so deadly a disease at so near the exploding point. But if all this be true—and after all it may be—what shall we say of the manner of selecting its victims? Those in the very vigor of life, with all its functions at their best, are well-nigh always chosen, and the constipation and indigestion and indiscretions and decay of later years bring apparent immunity. And finally, if such a theory as this be the true one, what shall the answer be to a statement of the facts which follow?

In the winter of 1886, near the village of Morpeth, a strong, robust man named Wilson was suddenly stricken with a violent attack of peritonitis and was dead on the third day. His was the first case of an outbreak that continued for a couple of months, including about thirty cases, all within a radius of four or five miles, in one of the healthiest non-malarial districts in America. Shortly after Wilson's death his comrade, who had been with him for some time in the same employment, was attacked and was dead almost as suddenly as his friend. The mortality of this deadly visitation was very great, reaching so far as I know perhaps forty-five per-cent., and including eleven men from seventeen to thirty-five years of age. The records of this epidemic are too incomplete, because of the death of the physician in whose hands nearly all of these cases occurred, and because of the lesser interest that prevailed in reference to peritonitis and appendicitis even eight years ago. In only one case, that of the man Wilson, was a post-mortem made, and the inflamed appendix

with some foreign body in it seemed, perhaps, sufficient to account for the disease that caused his death. But the long line of deadly cases that followed in such quick succession soon dissipated this mistaken theory. I had the opportunity of seeing one of the last of these cases, and found it one of the most violent attacks of general peritonitis, coming on suddenly in perfect health, with much pain and tenderness of the entire abdomen, rapidly assuming a most intense tympanitic form and not reaching convalescence for about fourteen days. There was in this case, as in others, considerable epistaxis. Dr. John Stalker, one of the most careful observers I know, writes me that he saw a number of these patients and failed to satisfy himself that the inroad of the virus had been by way of the appendix, and that the suddenness of the transition from perfect health to extreme danger seemed too rapid to admit of the theory, of which he is a strong disciple.

In all of the fatal cases, so far as I can now learn, the course of the disease was very rapid, sometimes not continuing past the second day. As to the question of its epidemic character I may only add that the number of cases occurring in this small district within sixty days was very much greater than all that have happened in the eight years since, and that the condition of the entire community was for a time one of extreme panic.

A year later a similar outbreak occurred in the county of Essex, forty miles away, and which seems to have been absolutely identical with that already described. Dr. Dewar, who saw much of this attack and was so impressed with its unusual importance as to report it in the *Canada Lancet*, writes me that he attended eight cases within one month, all in a small area of country: that in every case there was nose-bleed, that the onset in all was sudden and severe, that the fatal cases lasted not more than four days, and that fifty per cent. of his patients died.

I regret that I can tell you so little of the pathology of such a profoundly interesting series of cases, but a consideration of the few facts we are in possession of is quite sufficient to satisfy me of some outside source of infection, and quite enough to make a doubt as to whether some wandering germ may not be the origin of many an isolated peritonitis, and whether the gentle colon bacillus may not after all be the harmless agent of real utility it was intended to be, this crime of manslaughter being often laid to its charge because of its presence on the devastated premises.

These are the utterances I ventured to make on this subject three years ago. Since then I have seen the question asked, Why the

enormous disparity between the number of cases of appendicitis in New Orleans and other large cities? It would seem a poor answer to make to the physician who asked it to say that he and his *confrères* had failed to recognize so deadly a disease, and it would hardly be a better reply to my recital of these epidemics to say that they must all have been typhoid fever, because there was nose-bleed. The absence of every other typhoid symptom, the absence of anything like a normal case of that disease, the plunge from normal health to raging fever, the violence of the pain and the suddenness of its onset, ought to be proof enough that no such mistake had been made. And so I confess I find cause enough to wonder whether the physiologist who remarked years ago the close resemblance between the glandular structure of the tonsil and the appendix was not after all groping after a real fact of importance. Neither the tonsil or the spleen is absolutely essential to our existence, and both are about as little uniform in construction as is the appendix: one and perhaps both are apparently the landing-places of deadly infections. The thyroid gland and suprarenal capsule both have essentially vital functions, and an atom of one will control the life and figure and mind of its possessor. Evidences enough are at hand of the activity of the secreting functions of the appendix, and why, after all the oft told tales of its utter uselessness, may it not have a duty in the economy and be the welcome home of some unknown germ of destruction? And why, let me say in conclusion, may not this physiological dream be one way to account for this other, to me unnamed, disease.

EGG ALBUMEN AS A MEDICINE.—When the patient is hardly able to pay a doctor's bill, to say nothing of a drug bill, a cheap and handy substitute for fancy invalid foods is desirable. When fever is present and appetite is *nil*, and when we want an aseptic article of diet, Dr. Boynton says, the white of an egg raw serves both as food and medicine. The way to give it is to drain off the albumin from an opening about half an inch in diameter at the small end of the egg, the yolk remaining inside the shell; add a little salt to this and direct the patient to swallow it. Repeat every hour or two. In typhoid fever this mode of feeding materially helps us in carrying out an antiseptic and aseptic plan of treatment. Furthermore, the albumin to a certain extent may antidote the toxins of the disease. Patients may at first rebel at the idea of eating a "raw" egg, but the quickness with which it goes down without the yolk proves it to be less disagreeable than they supposed.—*Pacific Medical Journal*.

Selected Article.

The Treatment of Cutaneous Malignant Epitheliomata (Cancer.)

By A. R. ROBINSON, M.D.,

Professor of Dermatology, New York Polyclinic.

In previous articles I have endeavored to show why, in the majority of cases cancer of the skin should be treated by caustics instead of by excision. The students who have attended the Polyclinic during the last few years and followed the treatment of the many cases operated upon, will, I am certain, support the claim I make at my clinics that certain caustics, when properly applied, are usually much more reliable than the knife for the complete removal of the disease, at the same time the resulting scar or deformity is less. In this paper I will briefly discuss the principles which should guide the physician in the treatment of a case of cancer, in the selection of the caustic, the manner of its application, both as regards the strength of the application and the extent of area to which it should be applied and the duration of application in order that the disease be removed with the greatest certainty and with the least amount of destruction of normal tissue.

Cancers of the skin are usually described as occurring in three clinical forms, the superficial discoid, the papillary and the deep or infiltrating. The division has some advantages from a clinical standpoint, although it is not an absolutely correct one, as the majority of cancers commence in the rete and later may become superficial or deep-seated when first seen by the physician. In the superficial discoid form of epithelioma the growth is usually very slow as compared with the deep nodular forms, and the area of tissue invaded by the pathological epithelia, outside of the apparent extent of the tumor as seen by the naked eye, is less. The clinical forms rather depend upon the seat of growth, the rapidity of the epithelial proliferation, the direction of its extension, and the resisting power of the surrounding tissues, as well as the inflammatory or other changes occurring in the tissues of the affected part.

Under the term cancer of the skin are probably included several distinct forms of malignant epitheliomata, having in common an invasion of foreign territory by pathological epithelia, the production

of which is accompanied by the formation of a poison either from organisms or from cell metabolism, but differing in that the cause of the epithelial proliferation is different in different cases.

An epithelioma can commence as a scaly, eczematous-like lesion, or as a vesicle, papule, wart, tubercle or nodule. It is highly important to make an early and correct diagnosis of the form, location, area of existence, and direction of extension of the growth, as the earlier the disease is properly treated the greater are the chances of cure.

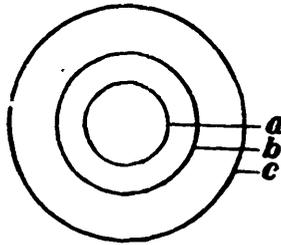
A study of the manner of growth of a cancer shows that it spreads not by centric growth, giving a sharp margin easily recognized, as in the case of the simple tumors, lipoma, adenoma, etc., but by growth at the periphery and by invasion of the surrounding tissue by way of the lymph channels to an extent not recognizable by touch or the unaided eye. So insinuatingly do the epithelia sometimes travel in the lymph spaces that even a microscopical examination of the tissue beyond the area of excision, in a mammary cancer, for instance, may fail to detect them, yet the subsequent history of the case, a so-called recurrence of the disease, proves they were present. A knowledge of the form, location, direction and rapidity of the growth of the cancer is of value in forming an opinion as to the probable extent of the invasion and should be carefully noted in every case in order that the disease be thoroughly removed, and yet no unnecessary mutilation of normal tissue be produced. As will be shown directly, however, it is necessary that the removal be rapid and complete in the deeper seated growths particularly, as inefficient treatment is not only not beneficial, but very harmful, as it hastens the growth of the tumor and favors secondary lymphatic gland infection, when the disease can easily be regarded as incurable.

Cancer is at first a purely local disease and not a manifestation of a constitutional condition, therefore a complete removal of the primary growth before it has invaded other parts of the body is equivalent to a cure of the disease. In some parts of the body as the scrotum, front of the neck, etc., parts from which it is possible to remove a large amount of tissue without injury to the patient, the knife is the agent to be employed. With these rare exceptions the treatment by suitable caustics should always be employed in preference to excision on account of the greater certainty of success and the slighter deformity remaining after the removal of the disease. The use of toxins from erysipelas organisms either pure or mixed with others, has given very unsatisfactory results, and should not be relied upon in any case. The use of any substance making a profound impression upon the general nutritive condition of the patient has an inhibitory action upon the growth of a

cancer, and for a time there may be diminution in the size of the growth, but in time the epithelia or the organisms causing their growth accommodate themselves to the existing conditions and active growth commences again. As proof of this statement, cancers have been known to disappear after an attack of typhoid fever, and I have seen epitheliomata disappear without surgical aid.

The use of electricity except as a caustic should not be relied upon. When the tumor is situated on the roof of the mouth or close to the inner or outer canthus of the eye and is small, the cautery can be employed to advantage.

Scraping and curetting is often employed, but, used alone, I am firmly convinced that it is an injurious method, as one cannot remove all the pathological tissue in this way. As the operator cannot remove all of the pathological epithelia at a single operation and in the intervals of treatment the part is in a condition of reaction after injury, there is more blood brought to the part, and consequently the cancer



epithelia will grow with greater rapidity than if the part had not been operated upon; furthermore, as the lymph channels are also enlarged there is danger of early extension to distant parts. Curetting and then cauterizing the base with a suitable caustic can be used to advantage in some cases of epitheliomata, especially the superficial pearly form, in which case the scraping should be merely preparatory to the application of a proper caustic.

No caustic should be used that does not rapidly and effectually destroy either directly or indirectly the epitheliomatous tissue. The caustic agents which have been particularly employed in this disease are nitrate of silver, nitric, sulphuric and hydrochloric acids, acid nitrate of mercury, carbolic and acetic acids, chloride of zinc, caustic potash and arsenious acid. Some of these, as nitrate of silver, carbolic acid, etc., act very slowly and to a slight degree, whilst others, as caustic potash, act quickly and cause rapid necrosis. The objections to some and the advantages of others of these caustics is illustrated by the use of the accompanying diagram.

Suppose we have to deal with an epithelioma, occupying macroscopically as large an area as that enclosed within the circle *a*. Outside this area and extending to *b*, we will assume there are pathological epithelia, and circulatory disturbance, whilst outside *b* and extending to *c*, one or more cancer epithelia are present without circulatory disturbance. We will suppose that outside of *c* the tissue is normal. If such a tumor were operated upon with a knife, it would be necessary to remove all the tissue within *c*, or the disease would return, and in many parts of the face, for instance, that would mean much mutilation. If one of the weak caustics be employed, only a portion of the tumor can be destroyed at the time of treatment. This leaves the remainder but slightly injured, and is soon in a condition of reaction after the injury, with the consequences already described from such reactive process. The use of mild caustics, therefore, leaves the patient in a worse condition than if the disease had not been interfered with. I have seen many cases of cancer of the lip and other parts much injured by this meddling and useless method of treatment. What holds true of nitrate of silver, holds true of all other mild caustics, they do not destroy with sufficient rapidity and consequently indirectly favor the process of proliferation and invasion.

Caustic potash quickly liquefies tissue, and with this agent one can, at a single sitting, destroy a large amount of tissue and produce the following changes in the surrounding part. Suppose the cancer occupied the area already described in connection with Fig. 1. With caustic potash all of the area within the circle *a* can be destroyed in a few minutes, and should be, but not beyond that line. The action of the caustic extends further than the part completely necrosed, and its use is followed by marked inflammatory changes in the surrounding part, and the intense inflammatory process may lead to destruction of all the tissue lying within *b*. The tissue within *c* will also be much inflamed, and should be sufficiently intense as to destroy any cancer epithelia there, without destroying the normal structures, an attainable object, as pathological is more vulnerable than normal tissue. The operator must produce the requisite intensity of inflammatory action if a recurrence is to be avoided. Suppose the result of the caustic has been that all the tissues within *b* have been destroyed, and the inflammatory process destroys all pathological epithelia beyond that line, a result is obtained equal to that from an incision made at *c* at the same time the open wound produced extends only to *b*. This gives the advantage of such a caustic over a cutting operation. Some of the good effects following the use of caustic potash probably comes from the action of a tox-albumin generated, which is destructive to the

organisms of cancer, if such exist. Caustic potash should not be used where large tumors exist, nor in the papillomatous forms on account of a possible severe hæmorrhage. It is useful in an early stage of epithelioma of the lips, and in small tumors of the hard palate. It can be used in stick form, or in solution with a piece of absorbent cotton, or with a glass tube drawn to a fine point.

Chloride of zinc can be used in stick form, or solution, or as a paste. The best form is as a paste, and the one I use is after the formula of Bougard, to which I add 20 per cent. cocaine. It destroys both normal and pathological tissue, although not in an equal degree, and its use is rarely indicated. I employ it in the papillomatous forms until the base is approached, and then use another caustic. It can also be injected into small tumors where caustic potash or arsenious acid cannot be employed.

Arsenious acid in the form of a paste, made by mixing together the acid and powdered gum acacia with water, is our most valuable agent in the treatment of epithelioma of the skin. The paste should have the consistence of firm butter. The strength should vary according to the character of the cancer to be treated. Marsden employed two parts of acid to one of acacia, but I prefer to regulate the strength according to the case, never making it weaker than equal parts, and never stronger than that employed by Marsden. It can be applied to any cutaneous cancer, and with proper precautions gives also most satisfactory results in many cases of epithelioma of the lip. A study of its action on such a tumor as already described, as existing in Fig. 1, will give an idea of the result obtained when the treatment is properly conducted. If the epidermis is unbroken it should be destroyed with some agent before applying the paste, as arsenious acid has comparatively little action on normal tissue. The paste should always cover an area considerably beyond the apparent limit of the tumor, as that is never its real extent, and should be left on from eight to twenty hours, depending upon the vulnerability of the part and the strength of the paste. From what I have already written you know the result that should be obtained, and you must use the paste in such a way as to get that result, either by making it stronger or leaving it on a longer period. The operator, however, is not justified in allowing too much destruction of normal tissue to occur. If the action has been satisfactory all the tissues within *a*, and some, if not all, within *b*, will appear to be necrosed, and beyond that area an inflammatory process of much intensity next the necrosed area will exist and extend with gradually diminishing intensity into the surrounding tissue; thus, if the tumor is situated upon the lower part of the nose, and it be somewhat deeply seated, the application, if

properly applied as to strength and duration of time, usually causes closing of the eye on the same side from inflammatory œdema. As the action of the arsenic is elective in character in this disease, it follows that with it the best results are obtained with the least destruction of normal tissue, and it is to be used in all cases when not contraindicated. Clinical experience shows that the best results both as regards cure and scarring or deformity, are obtained by the judicious use of this agent. If the part is examined when the paste is removed and the desired result has not been obtained, another application should be made at once, and as the part is probably more vulnerable than before the first application, the next paste should be weaker, or left on a shorter period of time. The proper procedure is to watch the action of the paste and be guided by the effect upon the tissues. The action desired must be obtained, or the patient is injured instead of benefited. If the action is satisfactory, the part is to be treated as a simple wound and should heal quickly under proper dressings. No effort should be made to treat the part antiseptically, as the toxins from pus organisms and the inflammatory process in connection with their presence are of service in destroying organisms and pathological epithelia; at the same time plenty of granulation tissue helps to the restoration of the normal form of the parts. If the tumor is seated just below the eye, the lachrymal secretion may soften the paste too much, and it may be necessary to make a fresh application many times during the eight to twenty hours of treatment. In the superficial forms the paste should be applied over a large area, if a reappearance of the disease is to be avoided. If marked ulceration exists the strong preparation should be used as that lessens the danger of poisoning.

For the successful use of the caustics, the physician must recognize the form of cancer, he must appreciate the manner of extension of the growth in the different forms, and have a definite idea of the action of the caustic employed and the result necessary to be obtained. Some cases demand considerable experience, whilst others are easily handled. A fault which is frequent with physicians is the neglect to treat the case energetically until in their opinion the disease is removed.

Space in this journal will not permit me to enter into a lengthened argument in support of the views here expressed. In previous publications I have gone into that part of the subject fully, and have endeavored to show both from a theoretical and practical standpoint that the great majority of cases should be treated by caustics in preference to the knife or any other agent at present known, and that, when seen early and thus treated, epithelioma is not the fatal disease it is too often supposed to be by physicians.

Editorials.

Lord Lister on Consolidation.

At the special convocation of Trinity University, Lord Lister spoke of the advisability of having the universities consolidated. We can easily see how this would do much good. A direction in which consolidation would be of the utmost utility would be along the lines of consolidation in the medical schools. There are now five medical colleges in Ontario—three being in Toronto. It is plain to all impartial observers that better work would be done by one college well equipped in every detail. The tendency to overcrowding of the medical profession is apparent to all. With fewer colleges, and a higher standard of qualification, this would be lessened somewhat. Any improvement in this direction would be hailed with pleasure by the medical profession, which at present is neither overworked nor overpaid.

British Association for Advancement of Science.

THERE is no doubt that the visit of this Association did honor to Toronto. It must be regarded as no ordinary affair to have the annual visit of this distinguished gathering, representing as it does so many sections of human culture and progress. This is the second time the Association has visited Canada; in 1884 in Montreal, and this year in Toronto.

While the *MEDICAL REVIEW* voices its praise of the visit, and eminent scientist who formed the Association, it must express the regret that during the progress of the meeting and since there should have been so much adverse criticism of the local management. To a great extent all this is due to the part taken in the management by one of the local secretaries.

When one studies the composition of the many committees, such as conversazione, finance, conveyance, printing, sister institutions, telegraph and telephone, rooms, hotels, press, hospitality, reception, executive, it becomes apparent that the medical profession has been most studiously ignored. It is true that the names of Dr. A. B. Macallum and W. H. Ellis appear, but these have long given up

practice, and are university teachers. Then the names of Dr. Clark, of the asylum, and Dr. J. J. Cassidy are noticed. Apart from these the medical profession were not honored with any attention. Teachers, theologians, politicians and business men are found in great numbers on the committees; but the only scientific profession we have is practically ignored. No wonder that the medical profession took so little interest in the meetings. The REVIEW does not hesitate to say that the funds placed at the disposal of the local committee by the City Council and the Government called for different conduct on the part of the local magnates. The greatest of all the professions should not have been so slighted.

From the *Globe* of Saturday, August 21st, we quote the following: "Prof. Macallum is one of the most original members of the University staff, and his investigations have covered a wide range of subjects. His work has secured him a world-wide recognition, and has been frequently commended in the highest terms by English and foreign men of science. If Toronto University is able to retain him as a member of her staff her reputation will grow with his."

The Victorian Order of Nurses.

ON several occasions the MEDICAL REVIEW has referred to this subject, and had really thought the movement towards its establishment was dead. It would seem, however, that there is still a little vitality in the cause; or, perhaps better, a little sympathy for it in its dying stage. At the recent meeting of the British Medical Association in Montreal, the President moved that the scheme be approved of by the Association. In courtesy to him it was allowed to pass. It was remarked that in a colony like Canada such an order of nurses would be of service. The Ontario Medical Council, the Ontario Medical Association, many smaller medical societies, many medical men, and especially those in Manitoba, have expressed themselves as opposed to the whole scheme. These should know better than our British visitors. This resolution of the British Medical Association may let the affair down easily by showing that some, at least, sympathized.

THE British Medical Association meeting held in Montreal was a pronounced success in all respects. The enterprise displayed by the oldest and best medical journal published, the *Lancet*, in publishing

a special Canadian edition on Saturday, containing the reports of addresses, etc, delivered at the various meetings is to be specially commended. We understand a copy of this number has been sent to members of the profession throughout the Dominion.

GRAVE'S DISEASE —Dr. W. H. Thompson, of New York, in *Medical Record* for August 14, again advances the view that Grave's disease is due to digestive derangements, and toxæmia resulting from this cause. He reports a number of cases of well marked tachycardia, where the patients made excellent progress by proper attention to the digestive organs. Mercurial eliminations and intestinal sedatives and anti-septics are his favorite drugs. In the matter of diet he takes strong grounds against meat. Motzoon, kumyss, peptonized milk, fish, poultry, rice, potatoes, and most vegetables, except asparagus and celery, are his favorites. He contends the resumption of a diet containing a fair share of butcher meat speedily causes a relapse and recurrence of the symptoms, including the tachycardia. He refers to the experiments of Ewald, Rosenblatt and others, that meat is very injurious to animals that have had the thyroid removed. On the other hand certain blood conditions may give rise to the motor and paralytic symptoms of exophthalmus.

HEADACHES.—Dr. R. Kingston Fox, in *London Lancet*, for August 7, discusses the above subject in a broad and rather exhaustive manner. In the first place the headaches of school children, due to pressure of work, must not be confounded with those of defects of eyesight. For the school pressure headaches, rest and cod liver oil are the best remedies. In adolescence and young adults there are many kinds of headache. There are the rheumatic headaches, and those due to over action of the heart. There is also the headaches of anæmia. In these there is often plus arterial tension. Migraine is common at this age. There is generally a gouty or rheumatic history. The pulse tension is usually high, though it may be sometimes low. Cannabis indica is the author's favorite in this form of headache. There is a group of headaches that occur in younger adults, accompanied by heart hurry or tachycardia. These attacks are found in Grave's disease. Caffeine, iodides and bromides are here useful. We have also the congestive headaches. These often occur in connection with derangements of the catamenia. The blood tension is generally low, and caffeine is found very valuable. The headaches of mid-life are often due to cardiac or renal trouble. In the majority of cases of headache at this period of life there is pulse tension, and

cannabis indica is therefore often very useful. The chief points may be thus summed up. 1. Treat the cause, or disorder which is associated with the headache. 2. Remedies which lower tension are useful in high tension headaches, and those which raises tension for high tension headaches. 3. Cannabis indica is of value in most high tension headaches, and caffeine in those with low tension. Phenaitin, antipyrin and acetainlrd may be useful in any form of headache, but mostly in those of high tension.

THE CANADIAN MEDICAL ASSOCIATION.—The thirtieth annual meeting of this society was held in Montreal on Monday, August 30th. On account of the meeting of the British Medical Association the following day, it had been decided that no scientific papers would be read, and the meeting was held only for the transaction of the necessary executive business. The president of the association, Dr. V. H. Moore, of Brockville, delivered the annual address. After thanking the members of the society for the honor of an election to the highest office in their gift, he addressed a few words of greeting to the members of the British Medical Association who had come into the meeting, and also to the numerous American physicians who were present. Medical men in the United States, he said, "are industrious, persevering and energetic, quick to see, ready to adopt, and eager to carry out any and all improvements and discoveries to a successful or final issue; hence it is not surprising that they have made such progress." He then took up the main portion of the address, which was devoted to the condition of medical and other branches of education in Canada at the present day. In closing he again welcomed the members of the British Medical Association on behalf of the medical profession of Canada, and he said that the citizens of Montreal, who are so noted for their hospitality, and indeed all Canadians, would do their utmost to make the stay of their brethren in the country as pleasant and as profitable as possible. The election of officers resulted in the choice of the following: President, Dr. J. M. Beausoleil, Quebec; Vice-Presidents—Drs. A. McPhedraw, Toronto; C. S. Parke, Quebec; R. A. McKean, Glace Bay; P. R. Tuch, St. John; R. McNeil, Stanley Bridge, J. R. Jones, Winnipeg; F. C. McWheen, Lethbridge; and J. Tunstall, Vancouver; General Secretary, Dr. F. N. G. Starr, Toronto; Treasurer, Dr. H. B. Small, Ottawa.

Book Notices.

Another new book is to be added to our rapidly increasing literature on pediatrics. A book entitled *About Children* is announced by the Medical Gazette Publishing Company of Cleveland, Ohio. The author is Dr. Samuel W. Kelley, Professor of diseases of children in the Cleveland College of Physicians and Surgeons.

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The *Hypnotic Magazine* for June presents an attractive appearance. This readable periodical is now in the second year of its existence, and bids fair to a continuance of favor and support. The editor, Sydney Flower, is displaying marked energy in its make up. Those who take an interest in hypnotism will find this magazine very interesting. We wish our contemporary success.

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International Clinics. Volume I. Seventh Series. Philadelphia: J. B. Lippincott Company. 1897. Mr. Chas. Roberts, 593 A Cadieux Street, Montreal.

This work aims to give up-to-date clinical lectures on medicine, surgery, obstetrics, etc., and has a number of special articles on the treatment of appendicitis, syphilis, catarrhal, inflammations of the middle ear, fractures, after-treatment of abdominal section, chronic retro-displacements of the uterus, acute rhinitis, psoriasis, tuberculosis of the larynx, hæmoptysis, diseases of the rectum (paliatively), and pneumonia. Such well-known names as Baldy, Bramwell, Fournier, Hare, Mathews, Moullin, are a guarantee that this work is well worth having. We can commend it to men who wish to keep up to the times.

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The Menopause.—A consideration of the phenomena which occur to women at the close of the child-bearing period. By Andrew F. Currie, A.B., M.D., New York City. Published by D. Appleton & Co., New York, 1897.

There are not many recent works, if any, on the above subject, which makes the present volume especially welcome. It is particularly timely, as it contains the first accumulated evidence, as to the results of the artificially produced menopause, consequent upon so many removals of tubes and ovaries which have taken place during these last ten or fifteen years. The book will also be instrumental in

dissipating the erroneous idea, that the menopause, is essentially attended with such dire and fatal results, as have been traditionally attributed to this period. The author deals very effectively with this point, and says about all that is of practical value.

To a physician it is very interesting reading, and is well worthy of a place on the library shelves of every gynæcologist and practitioner of medicine.

MR. W. B. SAUNDERS announces the following books for early publication: An American Text-Book of Genito-urinary and Skin Diseases. Edited by L. Bolton Bangs, M.D., and William A. Hardaway, M.D. An American Text-Book of Diseases of the Eye, Ear, Nose, and Throat. Edited by G. E. de Schwenitz, M.D., and B. Alexander Randall, M.D. Surgical Diagnosis and Treatment. By J. W. Macdonald, M.D. A Text-Book of the Theory and Practice of Medicine. By James M. Anders, M.D., Ph.D., I.L.D. Tuberculosis of the Genito-Urinary Apparatus, Male and Female. By Nicholas Senn, M.D., Ph.D., LL.D. A Text-Book of Gynæcology. By Charles B. Penrose, M.D. A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D. A Manual of Orthopedic Surgery. By James E. Moore, M.D. A Text-Book of Embryology. By John C. Hensler, M.D. Pathological Technique. By Frank E. Mallory, A.M., M.D., and James H. Wright, A.M., M.D. Diseases of Women. By J. Bland Sutton, F.R.C.S., and Arthur E. Giles, M.D., B.Sc.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Professors and Teachers.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the several medical colleges of Ontario there are a goodly number of teachers. The University of Toronto Medical Faculty boasts in a staff of over thirty medical gentlemen, apart from a number of others who are not doctors or do not practise. Trinity has somewhere about the same strength of a staff. The Woman's Medical College has a large staff, considering the attendance—about a teacher to each student. Then again we have London and Kingston.

These colleges are flooding the Province with announcements, the

college teacher is far too often a professional touteur for his school ; with the profession crowded to suffocation, these institutions are resorting to the most extreme efforts to obtain students. Young men are induced to leave the farm, the store, the teacher's desk, and other occupations, in search of an Eldorado in medicine.

I wish to raise a warning voice against the rush into medicine ; the profession is overdone now. Just the other day, the writer had a lengthy conversation with a traveller, who, for many years, has represented a large drug house in New York. He visits physicians in many parts of the States, introducing the preparations of the house. The news he brings back from all parts of the Union is that the medical practitioners are simply tumbling over each other.

Look at Great Britain. I learn that last year the additions to the medical profession amounted to over 1,500, and the deductions by death and otherwise, to 600. This leaves an increase of 900 new doctors. Allowing about 1,000 persons to each doctor to yield him a fair income, this would require an increase in the population of 1,000,000.

The booming of schools and the touting of so many medical teachers are responsible for this state of affairs. The profession must take steps to control the influence of these colleges in the medical legislation of this Province. For one thing, all school representation on the medical council should be abolished ; this body ought to be for the profession, and governed by the profession. It should have full power to legislate for the schools as well as for the profession. The Council should deal with the individual practitioner who puts his name in print broadcast with all the M.A., M.D., M.R.C.S., Ph.D., L.R.C.P., M.C.P.S.O, and other titles : but the staff of a school can do this sort of thing with impunity, and in addition give the various hospital appointments held.

But the professors and teachers cannot keep on talking unless they receive some pay. Thus they are in a most unseemly manner touting for students. No respectable medical practitioner would think of touting for patients in such a way. He would not get up a card with the above titles and his hospital appointments and send it forth on its canvassing mission. How unprofessional this would appear ! Then, if wrong in the individual, it is wrong in the corporation.

Yours, etc.

Toronto, 26th Aug., 1897.

ONLOOKER, M.D.

DR. C. F. DURAND has recently taken up his residence in Buffalo.

Selections.

ACUTE FOLLICULAR TONSILLITIS.—In the treatment of this condition Dr. E. Fletcher Ingals, of Chicago, recommends the application to the inflamed tonsil of a fifty per cent. solution of guaiacol in oil of sweet almonds. Internally :

R Potass. bromid., gr. lxxx.
Sodii salicylat., ʒj.
Tr. opii deod., ʒj.
Cascara cordial, ad ʒj.

M. Sig. : Teaspoonful every four hours in water.—*Medical Summary.*

ADMINISTERING ANÆSTHETICS.—The giving of an anæsthetic is no trifling matter. It is of such importance that he who gives it should be one who is willing to give his entire time to it, ready and alive to recognize emergencies, and, above all, to know what to do when the emergency arises. Such service should be paid for liberally, and not considered, as too frequently it is, especially in smaller towns, as a complimentary privilege to the operator, a free pass to the surgical operation ; and consequently more attention is given to the operation than to the anæsthetic, with the result that the signs of dangers are overlooked until profound disturbances are especially imminent.—*Medical Fortnightly.*

OVERSTUDY IN YOUNG GIRLS.—The well known strictures repeatedly made by Skene against the injurious effects of overstudy upon young girls should be treasured by every practitioner. Much the same may be said against an artificial social life, such as prevails in many of our larger cities. It must not be forgotten that a girl does not become a woman promptly upon the first appearance of her menses, but that for some time thereafter, usually several years, she is in a transitional state, and that the less Nature is hampered in the proper moulding of the individual the better for that individual. A girl naturally below par, especially if descended from defective parents, or if she has a highly sensitive nervous organization, not only has all she can attend to to adjust herself gradually to the strains of maturing womanhood, but she is likely, despite Nature's best efforts in her behalf, to require extraneous aid. This it is the physician's duty to give, and it is folly to render aid on the one hand whilst continued overwork is permitted to more than cancel this upon the other.—*Medical Council.*

IRRITABLE BLADDER AFTER CONFINEMENT.—Professor W. E. Fothergill, of Edinburgh, gives a tablespoonful of the following mixture three times a day in post-partum irritability of the bladder :

R Salol,
Tincture of hyoscyamus, }each two drachms.
Infusion of buchu, enough to make six fluid ounces.
M.—*Practitioner.*

FOR COEXISTING PELVIC CONGESTION, ANEMIA, AND CONSTIPATION :

R Magnesia sulphate..... ʒi.
Iron sulphate
Manganese sulphate } aa ʒj.
Acid sulphuric dil ʒii.
Water ʒiv.

M. Sig. A tablespoonful in a wineglassful of water before breakfast.—*Med. News.*

CORROSIVE SUBLIMATE IN THE TREATMENT OF GONORRHOEA.—The *Clinical Journal* for July 28th, attributes the following formula to Vatiez :

R Mercury bichloride..... 1 part.
Antypyrine..... 100 parts.
Distilled water..... 10,000 “

M. To be used as an urethral injection four times a day, the injected portion to be retained as long as possible. The antypyrine is to prevent smarting.—*N. Y. Med. Jour.*

THE BALSAMIC TREATMENT OF BRONCHIECTASIS IN CHILDREN.—Molle (*Loire médicale*) reports rapid improvement, amounting practically to a cure, in two cases by the use of the following mixture :

R Eucalyptol..... 10 parts.
Creosote 25 “
Tincture of benzoin..... 50 “
Copaiba 80 “
Oil of sweet almonds, enough to make.... 200 “

M. Thirty drops daily are given by the rectum, in a little milk, and the amount is gradually increased to one or two teaspoonfuls.—*N. Y. Med. Jour.*

TO REMOVE NITRATE OF SILVER STAINS FROM CLOTHING.—A solution of iodine in ammonia water, the so called colorless tincture, will remove nitrate of silver stains from the hands, clothing, etc., but owing to the danger of the formation of nitrogen iodide, which is a powerful explosive, it is not recommended. A solution of iodine in iodide of potassium dissolved in water is nearly as quick and quite as effective. Dissolve fifteen parts of iodide of potassium in fifty parts of water, and to the solution add ten parts of iodine. When the latter is dissolved add sufficient water to make five hundred parts. Keep in a well-stoppered bottle. Treat the spots with this, and after a few minutes with a ten per cent. solution of caustic soda, which will remove the silver iodide formed by the first treatment.—*The National Druggist.*

DIABETES AMONG LOCOMOTIVE ENGINEERS.—There is no doubt that diabetes must be regarded as one of the penalties of advanced civilization (*Med. Press and Circ.*). The statistics of the disease show that it is steadily and rapidly increasing in all the great cities of Europe. Among the most recent investigations as to the prevalence of this special malady it has been shown that locomotive engineers have displayed a marked mortality from diabetes. An American observer has stated that this mortality has reached as much as seven times that of the ordinary population. The causes of this are stated to be: 1. The jarring to which the engineers are exposed; 2. The mental strain under which they work; 3. The change of temperature which they endure. In this country the records of one large railway company show that the mortality of engineers from diabetes, so far as it is possible to compare them with the general population about the same age, is somewhat excessive. The subject is one which would be well worth a close and extensive inquiry. There is much yet concerning the pathology and etiology of diabetes which is obscure.—*Med. Reporter.*

THE TRANSMISSION OF TUBERCLE.—Jackh has recently worked at the investigation of the question whether the sexual glands or their secretions contain virulent tubercle bacilli. In his inquiry he used the testicles and the contents of the seminal vesicles, as well as the ovaries of tuberculous patients who had died either of chronic pulmonary tuberculosis or of general miliary tuberculosis. Portions of the sexual organs or of the semen were introduced into the abdomen of guinea pigs and rabbits. Of five cases in which portions of the testicle or of semen were injected positive results were obtained, three

with the semen and once with the testicular substance. All the rabbits remained healthy. Of three injections one gave a positive result. Examination of the young of tuberculous female guinea pigs gave only one positive result. It appears, therefore, that semen may contain virulent tubercle bacilli, and that transmission of tubercle from mother to child is not the general rule.—*Med. Times and Hospital Gazette.*

LARGE DOSES OF ETHER IN THE TREATMENT OF URÆMIC DYSPNŒA.

—After all that has been said of the injurious action of ether on the kidneys, it is interesting to learn that M. Lemoine and M. Gallois, in a communication made by the Société de biologie, an abstract of which appeared in the *Journal des praticiens* for July 3rd, recommend its use in . . . doses in the treatment of various forms of nephritis, especially as a powerful means of mitigating and even curing dyspnœa due to uræmia. The authors state that one of them has employed this treatment for nearly ten years, and has succeeded in arresting with it the gravest forms of uræmic respiratory disturbances, provided there was no actual renal lesion. It may be presumed that by this the authors mean no advanced lesion, for they go on to say that uræmia due to acute nephritis, to acute renal congestion, to renal congestion occurring in the course of sclerotic nephritis, or to the infectious forms of nephritis, stands the greatest chance of being cured by means of the ether treatment. They aver that it is only the uræmia depending on slow disorganization of the kidney by arteriosclerosis that does not yield to this treatment, although the comatose and convulsive forms are not readily affected by it. The treatment consists in giving, every half-hour or every hour, according to the severity of the case, two or three teaspoonfuls of ether in a little sweetened water. It is better, the authors say, to give part of the ether subcutaneously; for example, to give a subcutaneous injection of two or three cubic centimetres of ether every three hours instead of the doses then due by the mouth. They say that they have given to some patients more than three hundred cubic centimetres without producing the least untoward effect, even drunkenness, but it does not appear from the abstract into how many doses this amount was divided or whether it was given hypodermically or by the mouth. M. Lemoine and M. Gallois state that the ether occasions an abundant diuresis, improves the pulse, and relieves the respiratory spasm. They regard its employment as worthy to be classed with that of blood-letting so far as the result is concerned.—

N. Y. Med. Jour.

ELECTRICITY IN THE TREATMENT OF URICACIDEMIA.—J. G. Davis reports several cases in the *New York Polyclinic* of May 15, 1897, in which great relief was experienced from the use of electricity. The constant current was employed with the positive pole over the lumbar region and the negative over the abdomen. In two cases which were regarded as Bright's disease, and in which a large quantity of albumen was being voided, the treatment caused the albumen and coexistent dropsy to disappear. He does not use this to the exclusion of other treatment, but combines it with diuretic and dietetic measures. In one of his cases the stimulating effect of the current on the kidneys seemed to be very direct.—*Medicine*.

LATENT RUPTURE OF UTERUS IN LABOR.—Backer (*Monatsschrift f. Geburtsh, u. Gynak.*, March, 1897) relates the case of a woman in her third labor, who seemed to be doing badly, when it was found that the retardation of delivery was rupture of the uterus. This was surprising, as the symptoms were by no means acute. Five hours after rupture the uterus and appendages were removed. The patient died within eight hours after the operation. At the necropsy the cause of death was found to be hæmorrhage. The vascular and œdematous pelvic connective tissue had shrunken up, so that the ligature had slipped. It is clear, says Backer, that mass ligatures are insufficient for the hypertrophied and vascular structures around a parturient uterus. Every divided vessel must be secured. The conjugate diameter of the pelvis was $3\frac{1}{6}$ inches.—*British Medical Journal*.

THE "ASCITES OF YOUNG WOMEN."—Bouilly (*L'Abeille Med.*, No. 26, 1897), under the name "L'Ascite des Jeunes Filles," suggested by Cruveilhier, describes an affection coming on at or soon after puberty, and having tuberculosis of the Fallopian tubes and ovaries as its most characteristic pathological feature. In some forms of extensive pelvic and abdominal tuberculosis there is no fluid effusion at all; but when the tuberculosis change is limited to the uterine annexa, the ascites is both characteristic and abundant. Its evolution is slow, and it most commonly affects women between the years of 16 and 24. There is no very great abdominal distention, and the quantity of fluid rarely exceeds 8 litres. There is amenorrhœa, and the patient is anæmic and loses flesh. It is often difficult to distinguish this form of ascites from an ovarian cyst, but variability in the amount of the fluid in the former is helpful in diagnosis. The ascites may after a long time undergo spontaneous absorption, but Bouilly recommends and practises laparotomy.—*British Medical Journal*.

PATHOLOGICAL SPINAL FINDINGS OF PERNICIOUS ANÆMIA.—In *Nord. Med. Arkiv*, Petréń relates results of the examination of the spinal cord in pernicious anæmia. In four out of nine cases the vessels of the white substance had undergone hyaline degeneration. In five cases there were scattered through the entire cord small hæmorrhages or post-hæmorrhagic scleroses. In one case sensory disturbances existed clinically, together with pareses, ataxia, loss of the patellar reflex, and urinary incontinence, which corresponded anatomically to degeneration of the posterior columns, and swelling of the glia cells, but never of the axis cylinders. In the second case paraplegia existed. Complete degeneration of Goll's columns, with moderate degeneration in Burdach's columns, was noted in the upper half of the cord. The lymph vessels were greatly distended. The findings of the latter case might have been parasymphilitic.—*Medicine*.

GRANULATING WOUND INFECTION.—W. Noitzell (*Centralblatt für Chirurgie*), by a series of new experiments, has confirmed the opinion of Dr. Billroth that granulation tissue affords an excellent protection for the subjacent tissues and fluids of the body. The experiment consisted in the inoculation of granulating wounds upon the bodies of rabbits, guinea-pigs and sheep. Under all indicated precautions anthrax bacilli were implanted upon granulating wounds, and it was found that even when the wounds were only two days old no infection occurred. The virulence of the infectious material was attested by the prompt death of control animals. Experiments with fully virulent tetanus bouillon cultures showed that even the toxins were not absorbed from the intact granulating surfaces. He considers that the wound cell-layer from the granulations forms an impermeable protective wall for the open lymph and blood paths from the wound. The exudation from the granulating surface then washes away mechanically the bacteria, which are finally removed with dressings. He is of opinion that the bactericidal action of the granulation juice and phagocytosis play an entire secondary role. He notes as a practical point of importance that the slightest abrasion of the granulations gives ingress to the bacteria.—*Medicine*.

MUSIC A HAIR TONIC.—In an article which appeared in the *New York World*, nearly a year ago, it was shown that various musical instruments had a tendency to increase the growth of hair on the heads of players, while other instruments tended to make the musicians bald. Pianists and violinists usually have hair in plenty, while those who play on brass horns are usually deficient in hirsute adornment.

These statements can easily be verified by observation of the members of orchestras at theatres and music halls. Now the question has been taken up by European newspapers and scientists, and the cause of the phenomena is being sought after. Why the tones that come from a brass instrument should discourage hair any more than the music evolved from strings is difficult to determine, but the French scientists who are investigating the matter will perhaps find a solution. Music has long been known to have therapeutic qualities and is useful in many nervous diseases, and now it seems that it may be useful as a hair tonic.—*Magazine of Medicine*.

OPIUM IN GRAVE DISEASE.—Mr. Greig Smith, in a paper on the "Pre-Diagnostic Treatment of Grave Abdominal Disease" (Treatment, March 25th, 1897) urges the desirability of avoiding the use of opium in these cases. He does not mention purgatives, but he advises the avoidance of iced fruits on the ground that by their administration the intestines may be "started into furious action." A course of treatment is sought for "which will certainly do no harm, but will probably do good, and which will not obscure the signs and symptoms, but will rather help in their evolution and interpretation." Assuming that a patient has symptoms coming on suddenly which may be due to simple colic or to "some grave condition such as obstruction or perforation of a viscus, or even extravasation of blood," he advises as the first thing to be done the administration of brandy in milk by the rectum, and that the patient should then be swathed in hot blankets. "The attendant now sits down by the bedside of the patient to watch him and complete the diagnosis. And he ought scarcely to leave his side till the diagnosis is complete." Mr. Greig Smith goes on to say that the patient with the colic makes a great fuss about his condition, whereas the subject of grave disease makes little fuss and keeps his abdomen as still as possible. If the intestines are in motion, Mr. Greig Smith considers that there is no perforation, because this condition causes paralysis and silence on auscultation, except at the seat of rupture, where there are "rare and mysterious blowing or rushing sounds." He then briefly refers to the signs of gaseous exudation into the peritoneal cavity. If the surgeon notes and keeps in mind every individual sign as it is evolved, Mr. Greig Smith says, "it will be surprising if at the end of half an hour their aggregation do not permit of a diagnosis being made sufficiently accurate for exact treatment," and if it be decided that the condition is due to colic, he advises that the treatment should commence with a full dose of morphia. But here we get beyond the pre-diagnostic stage.—*Practitioner*.

CARBOLIC ACID IN INFECTING CORNEAL ULCERS.—According to Dr. Geirsvold, a Norwegian practitioner, infecting ulcers of the cornea may frequently be very successfully treated by touching the surface with a Bowman's probe dipped in pure carbolic acid. Some of his cases were complicated by suppuration of the lacrymal ducts, and he was not obliged to use the thermo-cautery, curretting, or subconjunctival antiseptic injections.—*Lancet*.

A NEW SIGN OF PHRENIC NEURALGIA.—Before the Paris Société médicale des hôpitaux, at its meeting of July 30th (*Journal des praticiens*, August 7th), M. Jousset insisted upon the existence of a constant painful point situated precisely in the median line of the sternum, at the level of the fourth or fifth chondro-sternal articulation. It should not be confounded, he said, with the diffuse retrosternal pain observed by Peter in chronic affections of the aorta. The point was of importance, absolutely decisive, in cases in which one was in doubt whether to refer an epigastric pain to the diaphragm, the gall bladder, the stomach, the abdominal wall, or the intercostal nerves.—*New York Medical Journal*.

THE DANGERS OF CHLORATE OF POTASSIUM.—A notion is prevalent among the public that chlorate of potassium is a remedy which may be safely indulged in to an unlimited extent, but it is high time that this dangerous error should be exposed. Therapeutists are well aware that even in comparative moderate doses chlorate of potassium is a very active drug, producing a marked effect upon the blood, which it turns brown, and leading in large doses to cardiac paralysis, albuminuria and death. Instances of this sort are not very rare, and but a few days ago a young man at Morpeth died from sucking pellets of the drug with the object of preparing himself to sing. He absorbed altogether two-thirds of an ounce, causing death from syncope. Even in what are considered safe doses chlorate of potassium often gives rise to great mental and physical depression, insomnia and various other disturbances of the human economy.—*Medical Press and Circular*.

MUSICAL MURMURS IN HEART DISEASE AND ANGINA PECTORIS.—Tecce (*La Rif. Med.*, April 2nd, 1897) draws attention to a special variety of musical heart murmur which he describes as resembling a feeble groan or the chirping of chickens. From certain similar cases described by Capozzi, in which a constant lesion was found—namely:

a regular perforation of a free valve—the author was led to diagnose such a condition in the case of a man, aged 30, who was admitted into hospital suffering from anginal attacks. On auscultation a double aortic murmur could be heard, the diastolic part of the murmur being musical, and like the chirping of chickens. The apex beat was in the fifth space, and outside the nipple line. There was no history of rheumatism, but the patient was much exposed to wet and cold. He contracted syphilis at 21. He died in one of the attacks of angina, and *post mortem* the mitral valves were found normal; the aortic valves thickened and stenosis, two cusps being adherent; the third was perforated near the aortic parietes, but not adherent. The coronary arteries were healthy. The aorta was atheromatous. The author looks upon angina pectoris as a neuralgia of the cardiac plexus.—*British Medical Journal*.

A CELEBRATED QUACK.—A writer in the *Illustrated London News* narrates some very curious incidents in connection with the practice of medicine in England. Some sixty years ago Mr. St. John Long was, although unqualified, practising in Harley street, and had made for himself a great reputation, particularly for his treatment of consumption. His method, shortly stated, was in cases of internal disease to cure the malady by causing an external wound. The effects of this treatment were always painful and often shocking to behold. A Dublin lady came up to London to consult him concerning the health of her two daughters. The younger was far gone in consumption; the elder perfectly well. What had happened to her sister had naturally alarmed her, however, and Long undertook to prevent her falling a victim to the same disease. He applied his remedies, which gave her intense agony, and made her very ill, and on the tenth day Brodie was called in, but too late, for the patient died. The body of the poor girl was exhumed and examined by a committee of doctors. It was shown that there was nothing the matter with her save a wound in the back, apparently produced by fire, though the mode of inflicting it could not be discovered. That was Mr. Long's secret. At the inquest medical testimony was unanimous against him, but he had a cloud of witnesses, male and female, most of them his patients, who gave evidence in his favor. In the end the coroner's jury returned a verdict of manslaughter, which was received in a crowded court with cries of "Shame! shame!" On his trial at the Old Bailey he was found guilty, but escaped on paying a fine of £250 to the king. Long was subsequently tried a second time for pursuing the same treatment

with fatal results, but was acquitted. He acknowledged an income of £12,000 a year. There is a monument to him in Kensal Green cemetery, erected by his former patients.—*Medical Record*.

THE R-TUBERCULIN.—Slawyk of Heubner's clinic (*Deut. med. Woch.*, July 22nd, 1897) reports upon 50 injections of the new tuberculin. One child received 23, another 21, and the two remaining ones two injections. The smallest quantity injected was $\frac{1}{40000}$ mg., and the largest 6 mg. Full details are then given of the first two cases. The elder child, aged $8\frac{3}{4}$ years, reacted vigorously, whereas the younger and weaker child showed no symptoms. The reaction consisted in fever, sweating, collapse, local redness (and even eventual abscess) of old scars and of the injection site. The patients did not become accustomed to the agent after increasing doses. The highest temperature occurred most often on the day of the injection, but the fever lasted sometimes for several days. The general condition was very little affected by the fever. In one case evening rises of temperature and sweating were noted. A severe collapse once followed an injection, giving rise to grave anxiety. With children a greater caution in the question of dose is required. Doubling the dose is not to be recommended, and not more than 2 mg. should be given. Once a fistulous opening appeared in a scar in the neck leading down to a tuberculous gland, but the tuberculous tissue was not discharged through it. No certain conclusions can be drawn as to the value of this tuberculin as the time is as yet too short. In Case II an improvement in the condition of the lungs was observed, and in the first case the body weight increased, the glands became smaller, and the very enlarged spleen diminished in size. The injections were discontinued in the other two cases for independent reasons. Worner (*ibid.*) has treated eight cases, including four of lupus, one of scrofuloderma with pelvic abscess, and three of early phthisis. In one case of lupus considerable improvement was noted. Two other cases which had been scraped shortly before the tuberculin treatment showed no recurrence. In the case of scrofuloderma rapid cleaning and even healing of long-standing ulcers took place. Little effect was noted in the cases of phthisis. The author is encouraged to a further trial of this remedy in small doses. Seitzmann (*ibid.*) reports a case of tuberculosis of the skin and generative organs which was improved by the use of tuberculin.—*British Medical Journal*.

Miscellaneous.

Weakness Not Goodness.

URIAH HEEP was not an humble man. His conceit merely took an unusual way of displaying itself. So, there is a great deal of "goodness" in the world which is nothing but weakness. Genuine goodness is not a passive quality. The man who submits to injury rather than make an effort at retaliation, is not a good man, he is lazy and a cowardly.

The idea that it is man's duty to submit cheerfully to imposition, yea, even go half way to meet it, has done a great deal of harm. The do-nothing policy is the line of least resistance, and when man is glorified for it, it becomes doubly attractive.

All forms of charity, except the emergency kind, are species of imposition. The Doctor is the most preyed upon of all men. This is largely his own fault. He has educated the public to believe that it is his duty to furnish the necessary knowledge and skill when disease occurs, and that pay is altogether a secondary consideration.

The Doctor is now suffering, as all men must suffer who neglect their own interests. Nature provides no special Providences to reward this sort of goodness. She calls things by their right name, and smartly punishes carelessness.

If a grocer were called upon to furnish the needy with articles of food, his first inquiry would be as to who would settle the bill. It is difficult to get the Doctor to present one within a reasonable time after services rendered. Small wonder that people think it unnecessary to pay so indifferent a creditor! It is taken for granted that a man will look out for his own end of a bargain.

The Doctor's charity list is a large one and it represents: Real goodness and kindness of heart one-fourth; neglect, carelessness, procrastination and unbusiness-like methods, three-fourths. Such a list shows that he is indifferent alike to the true interests of himself, his profession and those who employ him.

System and order in the business end of the profession is by no means incompatible with the scientific study. Mail each and every one of your patrons a statement of account the first of every month. Give them a chance to be honest and self-respecting. If any take offense at your assuming they possess these desirable qualities, you are

better off without their patronage. There are too many people in the world who fancy they are doing you a favor when they pay you for your work. And do not take unctio to your soul that by neglecting to provide for yourself here, you are laying up riches in the Hereafter. That was cheap consolation for the early Christians, who were so unmercifully fleeced by their religious advisers. "From him that hath not shall be taken away even that which he hath."—*Medical Brief*.

ENTIRE WHEAT FLOUR.—Dr. Abbott, in the *May Alkaloidal Clinic*, wields his editorial pen in behalf of pure and nourishing foods—his remarks on "the staff of life" are worthy of repetition. He says: "In the study of cereal foods, it is only necessary to remember that the gluten of these foods is their nitrogenous and only really valuable food element, that on which depends their life-sustaining value, and that in the unfortunately fashionable white flour, this is almost entirely removed; the starch, by far the inferior element, being left behind, constituting the bulk thereof. Therefore, from a chemical standpoint, the use of white flour is foolish in the extreme and from a physiological standpoint it is little less than criminal. Any observant person can pick out dozens of families, in which from 'necessity' bakers' bread forms the main staple of diet, that have not a sound set of teeth from the father to the child of two years old; families in which cholera infantum and convulsions are common in the children, and dyspepsia and constipation the rule with the adults, while the whole family is pasty in color, and lacking in bodily strength and endurance. They get very sick quickly and recover slowly, because they have no reserve force. Let these same persons change to a diet of flour of the entire wheat and the effect is almost marvelous. It has been conclusively shown that one has to buy four barrels of white flour to get as much actual food as is contained in one barrel of a properly prepared flour of the entire wheat. Therefore, to get the actually necessary amount of vital food, the stomach must digest four times as much starch as nature intended it should, while at the same time the pocket pays four times as much money for this as is necessary. While this may be done for a time, for the average stomach to keep it up is manifestly impossible, hence the eating of this immense amount of starch soon destroys digestion, and is constantly adding new victims to the overcrowded ranks of dyspepsia, while the pocket-book is being unnecessarily depleted, as above mentioned. It is high time our people stopped this devitalizing habit of eating impoverished flour and begin to intelligently consider and weigh the consequences.

With everything for it and little or nothing against it, it would seem as if the question would at once be decided in favor of flour of the entire wheat, but such is not the case, for as men and women stick to other bad habits and try to justify themselves therein, so will they adhere to the use of this white wheat flour until our physicians and advanced thinkers among the laity, educate them up to a more full and complete knowledge of the subject. Besides the many objections, from every standpoint, to the white wheat flour, we know of only one to flour of the entire wheat and that is that under ordinary conditions it is apt to keep poorly, making it necessary that the distance from the ripe kernel through the mill and the market to the consumer be made as direct and short as possible. But it is probable that our entire-wheat-flour manufacturers, like the Franklin Mills Co., Lockport, N.Y., will soon overcome this by supplying flour in suitable packages so carefully put up that it will keep perfectly."

ARE YOU IN PAIN?—You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the *Easton Medical and Surgical Reporter*, by Hugo Engel, A.M., M.D. The author says: "Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In ninety per cent. of all cases it immediately stops the pain."

It is with regret that we read the report of the extension of the commercial spirit, which seems to be so rampant just now in Germany, into the very strongholds of science. Let us hope that Koch will be able to free himself from so severe an accusation, as a prostitution of his talents in placing his new tuberculin under the exclusive control of a pharmaceutical house, and thereby making the product of this laboratory a proprietary preparation. We always look with suspicion upon men in our honorable profession who display more eagerness for pecuniary gains than for the truths of scientific investigation. — *Post-Graduate*.