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WINNIPEG, DECEMBER, 1888.

PLASTIC OPERATIONS AND THEIR PLACE IN SUR- GERY.

LECTURE DELIVERED AT THE INAUGURAL
MEETING OF THE MIDLAND MEDICAL
SOCIETY.

BY SIR WILLIAM MAC CORMAC, F.R.C.S.,
Surgeon to St. Thomas's Hospital.

Sir William MacCormac commenced his address by defining plastic surgery as that branch of the art which has as its object the relief of deformity or the restoration of a lost function by transplantation of healthy tissue obtained from the same individual or another, as well as to replace parts destroyed by accident or disease.

He quoted Dieffenbach's statement that plastic surgery is one of the highest achievements of the art, as an apology, if one were needed, for his choice of the subject, and mentioned the names of the many famous surgeons who had devoted their best attention to the matter.

The history of the art could be traced back to remote ages, rhinoplasty having been practised by the ancient Egyptian priests, according to Galen, and as a hereditary monopoly by the "Kooma" caste in India from earliest times.

In Europe, Tagliacozzi, of Bologna, in the sixteenth century, was best known as having placed the art on a scientific basis, though it appeared that rhinoplasty had been practised in Europe with success as early as the fourteenth century.

In Tagliacozzi's method, known as the "Italian," the new nose is formed from a

flap of skin taken from over the biceps, the arm being fixed to the head during the process of union by a special apparatus; and this method appears to have been the only one known or practised in Europe till the end of the eighteenth century; then the operation now known as "Indian rhinoplasty" was introduced, in which the new nose is obtained by the dissection of a flap of skin from the forehead, the flap being turned down and fixed in position over some supporting substance to prevent it from falling in.

The first operation performed in England was in 1803, the "Indian" method being employed unsuccessfully. But in 1814 Carpué employed the same method with perfect success in two cases, and since then rhinoplasty by various methods and plastic surgery in general has been practised and developed by many surgeons, so that hardly any portion of the external structure of the body remains to which the art has not been applied.

External deformity naturally affords the greatest scope for the practice of plastic surgery, but as success in this seems to have almost attained its limits, attention has for some time been directed to internal structures, and though certain complicated tissues, such as muscles, arteries, and veins are as yet beyond the reach of the surgeon, successful operations for the repair of divided bones, tendons and nerves have become comparatively common.

Sir William MacCormac then referred to the various ways of obtaining the new tissue required, by formation of flaps of healthy skin or the removal of portions of deeper structures from the neighborhood, or from distant parts of the body of the same individual or of another (as, for instance, from freshly amputated limbs) or even from animals, and quoted cases showing the relative advantages of different methods in the treatment of various deformities.

The methods of operation were next discussed, stress being laid upon the points requiring special attention in order to ensure success. Speaking generally, the two most important matters were gentleness in handling the tissue to be transplanted,

perfect fixation in an easy position, and the maintenance of aseptic conditions during the process of union.

In "flap" operations the flap might be obtained from the neighbouring skin, and simply twisted into position, or by the formation of either a tongue-shaped flap or bridge of tissue elsewhere. In either case two methods of implantation were open to the operator, namely, (1) to implant the flap immediately upon the freshened surface prepared to receive it, and (2) to defer implantation for a time, to allow the flap to become thick and vascular and covered with granulation upon its under surface. The latter plan was, in the opinion of the lecturer, by far the better one; indeed, he considered that the introduction of the method of operation with granulating flaps was one of the greatest importance in the development of successful plastic surgery, and it was the method invariably employed by himself, except in certain cases (for example, restoration of the lip or eyelid). The flap it was desired to employ was first marked out, the most convenient position on the body being selected and the best shape and direction of the flap carefully planned. It was now separated from the subjacent fascia, leaving it attached at both extremities. Presently it became very thick and vascular, and might be safely separated at one extremity, the other remaining undivided till the flap had firmly united in its new position. The time for its final separation varied in different cases and circumstances, but a delay of from ten to fourteen days or rather longer was usually advisable, and during this period the flap was surrounded by aseptic dressings, and in the first stage a layer of protective oil-silk was placed between it and the surface from which it was detached to prevent it from re-uniting.

In the process of freshening a surface for implantation, the chief point was to thoroughly divide or excise all scar tissue. Where "bridge flaps" were used and at once applied to the gap made in the scar, it was usually best, after the needful interval, to separate one end first, a second period of from two to three weeks being

allowed to elapse before finally separating the flap from its original connection.

In some cases where there might be a doubt as to the complete vitality of the transplant, it would be better even after this interval to effect a gradual division of the "pedicle." This was accomplished by the use of an india-rubber band to partially obstruct the circulation a day or two previous to the section of the pedicle, or by dividing it in sections.

Certain special classes of cases were then alluded to, such as those demanding repair of mucous membrane; and of these, cases of defects in the buccal cavity and extroversion of bladder were taken as instances. The use of skin flaps were frequently resorted to, and a difficulty was formerly encountered when inversion of the flaps was considered necessary by the growth of hair, leading, in bladder cases especially, to phosphatic deposits. This difficulty was now overcome by fixing the raw or granulating surface of the flaps inwards, in which cases a smooth layer of epithelium, without any of the characteristic structure of skin, was gradually formed on the internal surface of the flap.

In special reference to the case of extroversion of bladder, it was recommended that a urethra should be formed first, and the bladder then closed by successive operations from below upwards. Trendelenburg's method of approximating the divergent pubic bones after section of the posterior sacro-iliac ligaments was also mentioned.

Finally, the operative treatment for repair of nerves was alluded to, the points chiefly considered being the various methods of repair to be employed in different cases, of which the following were described, the choice of method being decided by the special circumstances of each individual case:

1. Transplantation into the gap of a piece of nerve taken from the same or another species of animal.

2. Uniting the peripheral end of the injured nerve to an adjacent uninjured nerve.

3. Cross union of two different adjacent nerves cut at different levels where

union of the two portions of the same nerve was impossible.

4. Formation of a single or double pedunculated nerve-flap to bridge over the interval between the ends.

5. Encasing the two ends of the divided nerve in a bone drain which served as a means of fixation and also as a conducting medium for new nerve-fibres.

6. Sub-periosteal resection of a portion of the long bones of a limb to allow approximation and suture of the nerve-ends.

Return of sensation was obtained in favorable cases much earlier than formerly was thought possible, instances being given in which it had commenced after a very brief interval; the paths by which the impulses travelled being obviously along the old nerve-fibres in these cases, though for the most part, at any rate in case of long-standing separation of the nerve-ends, a development of new fibres was necessary for a successful result.

The lecture was illustrated by the presence of several patients successfully operated upon, and by the exhibition of a number of photographs and drawings of other cases.

SEPTIC INFECTION ARISING FROM NASAL AND AURAL DISCHARGES.

BY H. BENDELACK HEWETSON.

Some little time ago attention was drawn by Sir Spencer Wells, I believe, to the case of a now celebrated ovariologist, who, despite all his constant care and watchfulness, continually found his operations followed quickly by a fatal result. I think it was suggested to him that this fatality might arise from some personal condition, and at length, on application to a skilful dentist, a suppurating molar tooth, which was removed, revealed the cause of the fatality, and with the removal his success began. Dr. Matthews Duncan has also quoted one or two cases of medical men suffering from some form of rhinorrhœa, whose attendance in the lying-in chamber was particularly disastrous to their patients.

But I do not think that sufficient stress has yet been laid on this very broad question, as a whole, in regard to septic infection generally. Everyone in Leeds remembers the case often quoted, in which three leading members of the profession several years ago attended the post-mortem examination of a case of peritonitis, and each afterwards within the next twenty-four hours attended a labor, with a fatal puerperal fever in each instance. My attention has recently been very seriously drawn to the great danger which attends the parturient patients of those who are the subjects of even a slight otorrhœa, or in whom there is some nasal discharge of an offensive nature. The opportunity of bringing the facts before the Leeds and West Riding Medico-Chirurgical Society has been gladly accorded to me by the practitioners whose ailments I have treated, and will form the subjects of this paper.

Some time since I was consulted by a medical man for an affection of the left ear. He heard badly on that side, and suffered from great depression of spirits; he was pale and anxious looking (though naturally he was bright, cheerful and energetic), and spoke despondingly of his future and his position. I found that there was a small perforation of the membrana tympani, and a thick semi-solid discharge lay on the floor of the meatus, but never appeared externally; but it was, when disturbed, horribly offensive. He told me that, in order to find out the cause of his unexplained ill health, he had had all his drains overhauled, and also had had the drinking water looked to, with negative results. *I at once explained to him that the cesspool in his case was, in his ear, and that probably in a short time a course of antiseptic treatment would neutralise the chronic absorption of the septic material, which was so exceedingly depressing to him, and cure his symptoms.* I asked him, if he was aware of the otorrhœa, and he assured me that the deafness was the only thing which troubled him. I was exceedingly anxious to learn from him the results of his large midwifery practice, and with carefully weighed words I approached the subject. This ended in an exceedingly painful expression

of feeling, which I need not dwell upon. Suffice it to say that his misfortunes in this department from puerperal septicaemia were very constant, and also that many who recovered only did so after passing evidently through an attack of septicaemia. It was at once evident to him that his ear trouble, which constantly caused irritation and consequent—often unconscious—scratching for relief, was the obvious cause of much of the puerperal trouble which he related to me. The treatment which we adopted very quickly set matters to rights, and I am glad to say that, though he was obliged to change his practice, he has done exceedingly well in midwifery practice every since. His health also quickly returned. I may add that it is his expressed wish that these notes should appear in this form before the Society.

The second case which I have to report in support of this subject occurred in the practice of a medical friend of mine, and it was the quoting of the above case in conversation to him which suddenly threw light on a case of puerperal fever which ended fatally in his practice the week before. The facts are these: My friend had engaged a qualified assistant, and, being called away, the assistant was sent to an important midwifery engagement some distance off, and all went well until the end of the third day after delivery. Puerperal fever set in, with a rapidly fatal termination. I was asked to examine the assistant, and I found that he suffered from tertiary syphilis, disease of the nasal septum, with a most offensive discharge, and foul breath. He was obviously a danger to any lying-in woman, and I advised that he should be completely rid of his trouble before he again played his part in general practice.

These cases point strongly also to the possibility of nurses suffering from aural or nasal discharges being the media of infection. I have seen three instances of hospital nurses working constantly amongst the most important surgical cases, quite innocent of the fact, until told them, that they were standing dangers to the cases under their charge. In each instance they were removed from active work until the otorrhoea had ceased. I am exceedingly

glad to have been able, as it were, to dovetail this paper into the list of papers before us to-night on antiseptic midwifery, for, however dangerous such conditions may be when occurring in association with general surgery, the increase of danger must be greatly enhanced when in relation to the actively absorbent conditions of the puerperal state.

THE ETIOLOGY OF PUERPERAL FEVER.

At a meeting of the Royal Medical and Chirurgical Society, Dr. W. R. Smith read this paper:—

The inquiry in connection with this subject was, he said, carried out at the Brown Institution at the request of the committee. Blood was obtained from the heart of a patient who had died of puerperal fever, and cultivations made on gelatine in the ordinary way. In the course of two or three days, numerous colonies were present, all clearly of the same organism; this organism was isolated and its growth carefully noted in various media—for example, gelatine, agar-agar, milk, and broth; it was found microscopically to be a micrococcus. Mice inoculated with the organism died in the course of two or three days, and the organism could be recovered from the heart's blood. Inoculations of the ears of rabbits produced in the course of twenty-four hours a diffused redness, not progressive in character, as was the case in erysipelas, such redness disappearing in the course of two or three days. Blood was further obtained from the finger of a woman suffering from puerperal fever, and cultivations made upon the surface and in the depth of gelatine in the usual way; numerous colonies appeared, in all cases resembling those originally cultivated from the blood of the previous patient. These colonies were isolated, and in every respect, both by cultivation and by experiments on animals, resembled the organism previously isolated. From these experiments, etc., the following conclusions were drawn: 1. That this organism occurred in the blood of persons affected with puerperal septicaemia in considerable numbers in the form of strepto-

cocci. 2. That, culturally, differences of a marked character distinguished it from other streptococci. 3. That its action upon mice and rabbits was distinct and definite. 4. That it could be distinctly distinguished from the erysipelas streptococcus of Fehleisen and from the *Streptococcus pyogenes* of Rosenbach.—Dr QUAIN remarked that he did not think he could have have mistaken in proposing at the last meeting of the Society that this very interesting paper should be postponed until there was full time for discussing it. The origin of the paper had been from a very generous offer of the Hon. Rollo Russell of £100 for the special investigation of the disease at the Brown Institute. The result has proved eminently satisfactory.—Dr. W. O. PRIESTLEY considered both the paper and the subject important. Some ten or twelve years ago, when a considerable discussion took place at the Obstetrical Society, under his presidency, the subject was more confused, and he had hoped some further clue might be obtained by the microscope, and he had himself suggested the importance of the bacteria in the matter. M. Pasteur, eight years ago, in Paris, had made some investigations into the blood of patients with puerperal fever. He had got various streptococci, which he found could be easily reproduced, as well as the vibrations which ordinarily accompanied pus. Though Dr. Smith had pointed out the difference between erysipelas and puerperal fever, yet he should himself feel it a most dangerous thing to go from a case of erysipelas to a lying-in chamber. His chief point was that he wished to know what were the forms of puerperal fever in the two particular cases from which these streptococci were taken. They were all familiar with diversity of origin in the cases which originated in wounds of the genital canals (sapraemia), and other forms which were imported from without, by such means as the finger of nurse or doctor, and many other means. Much of the interest depended on the form of disease which had been investigated. They were distressing diseases, for they were mostly preventable. Much had been done already, and much more might be done. The mortality at Copenhagen had been re-

duced from 1 in 19 to 1 in 87; in one of the St. Petersburg hospitals there had for long been no case. Dr. Barnes thought that, in spite of what had been done, we were not far advanced in our knowledge of puerperal fever. He had just been going to ask the same question as Dr. Priestley as to the special characters of the cases Dr. Smith had examined. He related a case in which the origin was at first obscure, but in which careful research had shown the disease to be really scarlet fever, conveyed by both doctor and nurse. Such an origin had been possible to discover in the country, but might be very easily missed in London. To the classes which Dr. Priestly had named he wished to add another, namely, the autogenetic cases which were the result of retained excrementitious matters, where some ferment was retained, and produced fever which ought to have been eliminated with the excreta. He quoted some cases in illustration, and expressed a strong belief that it would be found impossible to clear up the whole matter by any germ theories. Dr. Herman felt Dr. Smith's paper deficient in not offering any answer to the question whether all puerperal fever was caused by germs. In his own opinion it was all caused from without, and that that was the case had become tolerably plain from the very great improvement there had been since the use of antiseptics. Roughly speaking, in fact, the diminution was in direct proportion to the antiseptics. It had been well shown that if scarlet fever was introduced into lying-in hospitals, scarlet fever and that alone was reproduced. It required many more than the two cases brought forward by Dr. Smith to show that the bacterium present in them was sufficiently constant to be the cause of puerperal fever. Dr. Routh had little taste for talk about bacteria, and considered the question of how to treat the disease the first and main question; any proof of bacteria should be proof by treatment. He mentioned that he was the first Englishman to suggest the use of antiseptics in midwifery. Mr. J. H. Walters said he had come up from the country for the discussion, and had been disappointed to find it so bacteriological. He agreed with Dr.

Hermann; and, as to autogenetic puerperal fever, he was not a little sceptical. He and his partners had not found it in cases of small supplemental placenta, large clots in the uterus, etc., where it might have been expected. He regarded insanitary dwelling-houses as an important cause, and told a story of a man who had died of septicaemia, which he attributed to his having walked over a sewer-trap, and inhaled offensive gases; and another story of a lady in an ill-ventilated house who had developed morbid symptoms leading to phlegmasia dolens on the tenth day, and who had recovered quickly on removal to another house.—Dr. W. S. A. GRIFFITH admitted that not much was known about the history of the case from Queen Charlotte's Hospital, upon which Dr. Smith had based some of his experiments, and added that they had not had a case of puerperal fever since that one.—Dr. WILLIAM DUNCAN said his experience in puerperal fever was that the great majority of cases were heterogenetic, but not all, and he did not attribute this important minority to insanitary surroundings. As to the bacteria, he should have been glad to learn what they came from in acute periostitis; their origin in these cases was as difficult to explain as in the autogenetic cases of puerperal fever.—Dr. A. MONEY wished to note that a breach of surface anywhere in a parturient woman was sufficient to justify a heterogenetic origin.—Dr. W. R. SMITH, in reply, said he could not profess to know all forms of puerperal fever. In the first of the cases he had experimented on, which came from Queen Charlotte's Hospital, the disease had been traced to a nurse outside; in the other case the origin was doubtful. In answer to Dr. Routh, he felt it sufficient to say that knowledge must precede treatment, and that the more we knew of a disease the better we should be able to control it.

HEART-SOUNDS WHEN THE BREATH IS HELD.

Will you allow me to caution practitioners against what I believe to be a not uncommon source of error in connection

with certain conventional modes of examining the heart?

The patient is told to "stop breathing." This he does with a more or less forcibly inflated lung, the result being that the contact and impulse elements of the heart-sounds—and we too often forget how large these elements really are—become exaggerated. In addition to this, the lung being not infrequently distended by a very deep inspiration, taken hurriedly at the moment when the patient is told to "stop breathing," the mechanical obstacle offered to a free passage of blood through the vessels of the lung is especially great.

What the listener hears when the patient's breath is held will not be the cardiac sounds, simply unmasked by the suspension of the pulmonary sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the throat; which conditions are abnormal, for a state of forced, or even fixed, inspiration is not normal, and it modifies as well as intensifies the heart-sounds sensibly, as any close observer may detect.

The very frequent appearance in the consulting room of cases of supposed heart disease, in which, when examined under ordinary conditions, nothing can be discovered to support the hypothesis of disease, may perhaps be to some extent accounted for by the method of examining to which I have ventured to object.

Another point of moment is the position of the patient. I do not think any physician is justified in affirming the existence of a morbid state until, or unless, he can satisfy himself that the known effects of change of position on the several performances of the cardiac mechanism are produced. It is a matter of very great concern that the number of persons living lives of misery because they have been told that "there is something wrong with the heart" is of late largely increased and increasing; while no inconsiderable proportion of such persons have, in fact, nothing whatever the matter with their hearts beyond, perhaps, some sympathetic disturbance. I am not now thinking of the scare produced by "anæmic" sounds, which, by the way, are too often

misconstrued even by the expert and experienced examiners, but of hypothetical "valvular disease" in hearts which are in no way originally affected, or even the subjects of exceptional muscular debility.—*J. Mortimer Granville, in London Lancet.*

POISONING FROM A LOCAL APPLICATION USED FOR TOOTH EXTRACTION.

A case is reported in the *Dental Cosmos* of poisoning by cocaine, used for the purpose of extracting a tooth. The symptoms presented were apparently the usual ones, but the unconsciousness lasted five hours. The peculiarity of the case consisted in a pustular rash appearing on the forearms on the following morning, and lasting several days. The method employed for the production of the local anæsthesia was freely swabbing the gums three times in five minutes with a mixture of cocaine hydrochlorate, chloral hydrate, carbolic acid, and water. As far as we can ascertain, no case of rash following the use of cocaine has been brought forward, whereas the Chloral Committee of the Clinical Society (Transactions, vol. xiii.) report both pustular and bullous rashes as having followed the exhibition of chloral hydrate. It seems therefore probable that the pustules were in this case due to the chloral, and not to the cocaine.

TO RESTORE THE POLISH OF INSTRUMENTS.

Dr. Frank L. James, editor of the *St. Louis Medical and Surgical Journal*, gives the following information regarding the restoration of polish to surgical instruments:

Some weeks ago, the stopper of a bottle of corrosive sublimate, which was carried in a satchel along with a lot of loose instruments, came out, and the chemical was emptied into the bag. The fact was not noticed at the time, and the next day the instruments were found covered with rust and in some instances quite badly eroded. How to get the instruments clean without sending them to an instrument maker was

a question which I determined to settle by experiment. The instruments consisting of dressing forceps, scissors, needle-holder, needles, several bistouries, scalpels, etc., the knives all having tortoise-shell or ivory handles. Without going into the details of the experiments, I will give you the method of procedure which yielded perfectly satisfactory results. A saturated solution of chloride of tin in distilled water was made, and with this a large number of test-tubes were filled to a height sufficient to admit of the immersion of the blades of the knives, the forceps, etc. The instruments were inserted and left over night. The next morning they were found quite clean, and of a mat-silver whiteness. Rinsing in running water, wiping and rubbing with a chamois completed the operation. Chlorida of zinc solution gave pretty good, but not nearly so satisfactory results.

RESPIRATION IN UTERO.

Dr. J. E. Bergwall, a district physician in Sweden, reports in the *Eira* an instructive case which came under his observation in his official capacity, which shows that implicit reliance ought not to be placed on any lung test as a proof that a child has been born alive. A middle-aged married woman who had already had two children, both of whom were stillborn, had complained of severe abdominal pain during the last few weeks of her third pregnancy. When labour commenced the midwife was sent for, and until she arrived an officious and ignorant neighbour took charge of the case. This woman, finding the cord prolapsed and the liquor amnii escaped, proceeded to tie the cord in two places and to cut it through between the ligatures. When the midwife arrived shortly afterwards, she found the two ends of the cord hanging out of the vulva, the os about the size of half-a-crown, the pelvis narrow, the membranes ruptured, and the foetal head in the first position, but lying very high. The labour progressed satisfactorily for some time, but it was ultimately found necessary to have recourse to the forceps, which were applied about eight hours later, a well-developed female child being

extracted—dead, of course. There was a good deal of post-partum hæmorrhage. The woman died in two days from endometritis and perimetritis, notwithstanding the attendance of a medical man. The post-mortem examination of both bodies was made ten days afterwards by Dr. Bergwall. He found them in an excellent state of preservation. The remarkable thing was that the foetal lungs floated readily in water even when connected with the heart and thymus. The anterior and upper portions of the lungs were of a bright-red colour, and had an elastic feel, crepitating on pressure. The inferior and posterior portions were of a brownish colour, with a few bright-red spots here and there; these portions presented a firm feel, and did not crepitate on pressure, while pieces cut off from them sank in water. It was therefore evident that some respiration had taken place in utero. No attempts at artificial respiration had been made. Before coming to the conclusion that the lungs contained air during life we should like to be quite certain that there was no putrefaction, seeing the long interval that elapsed between death and the post-mortem examination. Dr. Bergwall, for his part, is positive that the aeriform contents of the lungs were not due to putrefaction.

LEEDS CHIRURGICAL SOCIETY.

At an ordinary meeting held Nov. 2nd, Dr. Spottiswoode Cameron in the chair, Dr. Barrs read a paper on Peripheral Neuritis caused by Septic Infection, with remarks on the sensory disturbances in peripheral neuritis. (The paper will be published in extenso.)

Operations on Pregnant Women.—Mr. Mayo Robson reported five cases in which he had performed serious operations at various stages of pregnancy. All the patients had recovered, and in no case had premature labour occurred. The cases were:—1. Fibroid of the cervix uteri completely filling the vagina; removed in seventh month of pregnancy. 2. Carcinoma of breast and axillary glands; removed in third month of pregnancy. 3. Multilocular papillomatous ovarian cyst, with extensive adhesions to

the uterus and bowel; ovariectomy at tenth week of pregnancy. 4. Strangulated femoral hernia; operated on in third month of pregnancy. 5. Rotation of ovarian tumor in second month of pregnancy causing acute symptoms; ovariectomy. Mr. Robson attributed the results primarily to the absence of pain and the lessening of shock during the operation by the use of anaesthetics; and secondarily to the entire absence of any wound complication, such as pain, fever, or tension, owing to the strict observance of antiseptic methods. In no case was any sedative required or given, and in all the cases the wound healed by first intention.—Mr. Pridgin Teale had performed ovariectomy four times during pregnancy. All the patients miscarried, and one died. In other operations his experience was favorable.—Dr. Campbell Black asked if there was any particular period of pregnancy at which operations might be most safely conducted. He had an impression that about the sixth month was best.—Mr. Atkinson thought that the period of pregnancy was not of so much importance as the urgency of the condition for which operation was required, and that such cases ought to be looked at all round.

LOCAL ANÆSTHETIC ACTION OF ANTIPYRIN.

Although antipyrin has been very warmly recommended for the relief of pain by See and others when subcutaneously injected, its administration by this method has not come into general use in this country. See considers that it rivals morphine in the extent of its action, and that it has not the unpleasant after-effects of that drug, since it does not interfere with nutrition nor lead to a "craving." Even by the mouth, antipyrin in ten and fifteen grain doses is used extensively now in this country for all kinds of functional headaches and neuralgia; and it has been found a great adjunct in the treatment of these almost universal ailments. Berdach has lately been using antipyrin hypodermically in Professor Bamberger's clinic in Vienna. He gives the drug in a 50 per cent. solution, in distilled water, and

has experienced nothing but favorable results. All kinds of painful conditions were so treated, the injection being made at the most painful spot. For a few seconds after administration there is local pain and burning, but this soon passes off, and is followed by analgesia over an area of more than a centimetre round the point of injection. Frankel and others had previously noticed this. The most important point in Berdach's observations is that the pain is relieved in a few seconds after the injection, the relief lasting at least six hours. No disagreeable effects such as vomiting, sweating, rash on the skin, or depression of the heart or pulse, were noticed, and in those patients that were febrile the temperature remained uninfluenced. Berdach thinks it probable that the analgesic action of antipyrin is produced by a local effect on the nerve endings in the skin. Reflex excitability, as has been shown by See and Demme, is greatly diminished; the nerve-centres may also be affected.

EPIDEMIC DIPHTHERIA.

The epidemic of diphtheria which is still spreading in the metropolis is one of the most serious visitations of recent years, and it will set men's minds very seriously to consider the ultimate causes which produce this terrible pestilence. There is a theory to which modern observation has lent a good deal of probability, and in the investigation of which the medical profession might be greatly assisted if an intelligent public interest could be aroused. While it will not be denied that diphtheria is a disease produced by neglect of sanitary precautions, using that phrase in a wide sense, there is good reason to suspect that it is not always, or indeed often, produced by ill-laid drains or bad sanitary appliances within a house. Its spread probably generally by infection, but there are clearly other causes at work. Several physicians, who have studied the subject under very different circumstances, have formed the opinion that diphtheria is in some way connected with the moulds which grow in damp places, and especially in accumulations of vegetable matter, Dr. Michael W. Taylor, formerly of Penrith, suggested, in a paper published in

these columns some years ago, that the disease was probably in some way connected with the moulds which grew on walls of damp rooms. He supported his theory by many remarkable instances of this association. Quite recently an American physician (Dr. Early, of Ridgeway, in Pennsylvania), has stated that he has observed that outbreaks of diphtheria in country districts are often associated with the introduction of the custom of storing vegetables for winter use in cellars under the farmhouses, the air of these cellars, containing large masses of vegetables, often decaying or covered with mould, is, owing to defective flooring, frequently in direct communication with that of the dwelling rooms. Another observation that has been made is that outbreaks of diphtheria sometimes coincide with the disturbance of the huge collections of decaying matter which form the dunghoops seen in mews and farmyards. Now it is, we believe, the fact, though as to this it would be interesting to have more precise information, that during the last six weeks or two months—since, that is, the corn harvest and the second hay crop have been got, and farmers have begun to manure arable land and meadows—there has been an amount of stable manure moved out of London in excess of what is removed at other times of the year. We have not got to the bottom of the matter yet, but it ought to be recognised that there is good reason to believe that the accumulation of large masses of decomposing vegetable material in the neighborhood of houses, and the neglect to keep the damp walls and corners of cellars and disused passages clean, may be in some way responsible for the epidemics of diphtheria which are now so frequent both in town and country.—*British Medical Journal.*

CIVIL DISPENSARY, PISHIN.

*A Case of Lateral Lithotomy in an Afghan Boy.
Under the Care of Surgeon P. J. Damama,
Indian Medical Service.*

When a prominent place is now accorded in surgery to suprapubic lithotomy, to show its superiority over the operation of lateral lithotomy, it is fair that even a solitary case that can be adduced in favor of the latter operation should be published.

An Afghan boy, aged thirteen, was brought to the Civil Dispensary at Pishin, with symptoms of stone in the bladder. About four years ago he complained of pain on micturition, which gradually increased to such an extent that he was unable to sit up without having pain in the urethra. The face and feet were œdematous. It was difficult to get at the history of the swelling. The specific gravity of the urine was 1013; a large quantity of albumen was present. It was very nearly the color of chylous urine from the admixture of pus and mucus. On passing a sound into the bladder a stone was detected. As dysentery supervened during his stay in the hospital, he was operated on a little later, when he had recovered from that complaint.

Chloroform was administered and lateral lithotomy performed in the usual way on Oct. 2nd, and a uric acid calculus, weighing 263 grains, extracted. The patient was placed on his back with stretched legs. Urine flowed from the wound on the first day of the operation, but from the second day it passed entirely through the urethra. On the third and fourth days the urine continued to pass through the urethra, and not a drop of it from the wound. Taking advantage of this entire flow of urine through the urethra, iodoform was sprinkled freely on the wound, which began to heal rapidly under it, and was entirely closed on the fifth or sixth day after the operation, when the patient was able to sit up in bed. After the operation the swelling of the face and feet began to lessen, but the quantity of albumen in the urine remained the same. Throughout, the temperature was normal after the operation. The bowels were moved on the fourth day. About a fortnight after the operation the urine commenced to get clearer and the quantity of albumen was very small. After the operation morphia and quinine were given internally, and for a few days bicarbonate of potash with hyoscyamus. On October 17th he left the dispensary quite cheerful, with total disappearance of the swelling of the face and feet.

EXECUTION BY ELECTRICITY.

The Committee of the Medico-Legal

Society of New York appointed to investigate the best method of carrying out the death penalty by electricity presented a report to the meeting of the Society on November 15th. The report points out that a current passing from the top of the head to the small of the back would be diffused throughout a great part of the brain and all the tissues of the neck. The medulla oblongata, upon which the maintenance of the functions of respiration and circulation depend, and the cortex of the brain, upon which consciousness is dependent, would thus both be brought into the direct course of the current. The report continues as follows: "The electric stream flows from the positive to the negative pole on the vertex of the head, nearest the centre of consciousness, although death in any case will be instantaneous. After mature deliberation, we recommend that the death-current be administered to the criminal in the following manner: A stout table covered with rubber cloth, and having holes along its borders for binding, or a strong chair, should be procured. The prisoner, lying on his back or sitting, should be firmly bound upon this table or in the chair. One electrode should be so inserted into the table or into the back of the chair, that it will impinge upon the spine between the shoulders. The head should be secured by means of a sort of helmet fastened to the table or back of chair, and to this helmet the other pole should be so joined as to press firmly with its end upon the top of the head. We think a chair is preferable to a table. The rheophores can be led off to the dynamo through the floor or to another room, and the instrument for closing the circuit can be attached to the wall. The electrodes should be of metal, not over one inch in diameter, somewhat ovoidal in shape, and covered with a thick layer of sponge or chamois skin. The poles and the skin and hair at the points of contact should be thoroughly wet with warm water. The hair should be cut short. A dynamo generating an electro-motive force of at least three thousand volts should be employed. Either a continuous or alternating current may be used, but preferably the latter. The current should be allowed to pass for thirty seconds." The *Medical Record*, of New York, from which we

quote the above, states that this report will be discussed during December.

PYRODINE: A NEW ANTIPYRETIC

This new antipyretic has been extensively tried by Dr. Dreschfeld, of Manchester, on healthy persons and on patients suffering from various diseases, whilst Dr. Wild has investigated its physiological action in the laboratory of Owens College. It has been found to be a remedial agent of greater power than antipyrin, antifebrin, phenacetin, or any other of these chemical bodies, which have been so much recommended of late for the reduction of temperature in pyrexial cases. Pyrodine is one of the most numerous derivatives of coal tar, and, as its active ingredient, contains acetyl-phenyl-hydrozin, $C_6H_5N_2H_2(H_2H_3O)$. It is a white crystalline powder, very sparingly soluble in cold water, and almost tasteless. Doses of eight or twelve grains on consecutive days produced no ill effects on healthy persons. Similar doses of from eight to twelve grains markedly lowered the temperature in from two to four hours, in cases of pneumonia, scarlet fever, typhus and typhoid fever; but occasionally toxic effects are produced, and this seems to be more particularly the case in typhoid fever and in cases of rheumatism. These toxic effects are those observed in cases of aniline poisoning, and depend on the action of the drug on the blood, producing a hæmoglobinæmia, or even a destruction of the blood discs. The skin becomes jaundiced and aniline can be detected in the urine. Pyrodine should never be given in larger doses than twelve grains, and only once in eighteen or twenty-four hours, and it is not safe to continue its use for more than a few days. If either of these precautions is neglected, serious or even fatal symptoms may be rapidly induced. As the use of antipyrin and other products for lowering temperature and relieving pain is becoming extensive, we have thought it especially incumbent on us to warn the profession against the dangerous character of this latest addition to our therapeutic resources, and never to exhibit it except with the greatest caution and in the most critical cases of disease.

M. DUPAIN, in a thesis on religious delirium, remarks that different religious ideas of delirious form may have such close relations to each other as to merit the name of religious delirium. These relations are sometimes so marked, and the different delirious religious ideas so intimately connected, that they may be suitably designated as systematized religious delirium. M. Dupain, however, does not consider that religious mania can be regarded as a pathological entity. Religious delirium may be met with in the various forms of mental disease. In idiocy and imbecility delirious religious ideas, when they exist, are not very vivid. In mental debility and insanity religious delirium is childish, foolish, and sometimes incoherent. In chronic delirium, which develops systematically, and in mental degeneration, religious delirium is not uncommon; it is principally in these two forms of madness that systematized religious delirium develops. In mental degeneration religious delirium appears in sudden attacks and disappears as quickly; in chronic delirium its appearance is preceded by a period of psychical disturbance, and its particular form (persecution or ambition) is determined by the character of this period; it ends in insanity. The form of religious delirium, whether it is systematized or not, is polymorphic at the outset; its progress is more irregular than in chronic delirium, and it is frequently cured. In epilepsy religious delirium also appears suddenly, and often takes the form of mania; there is complete amnesia; ictus is invariably observed. In hysteria religious delirium sometimes replaces the attacks of convulsions, and assumes a mystical form. In intermittent circular or double lunacy, religious delirium presents much the same aspect as in mental degeneration. In mania and melancholia it has only a transitory significance, corresponding with the vesania of which mania and melancholia are the simple elements. In toxic lunacy religious delirium is intimately connected with and under the dependence of the delirious toxic attacks. Speaking generally it may be said that religious delirium takes the character of the particular morbid element, which has been determined by the period of vesania in which the religious mania participates.

 MANITOBA, NORTHWEST AND BRITISH
COLUMBIA LANCET.

 MEDICAL STUDENTS' DINNER.

The sixth annual dinner given by the students of Manitoba Medical College was held at the Clarendon, on the evening of December the 20th, when over fifty sat down to a prandial feast, which for excellence in all its details could not be surpassed. After the gastronomic efforts, which the abundance and character of the good things provided provoked the guests to put forth, the feast of reason and flow of song held high revel. As loyal subjects of our gracious Queen, her health came first on the list and was received with the hearty acknowledgments ever given on Canadian soil to this toast, which was responded to by the Hon. John Norquay, who, no doubt, was then in direct communication with Windsor, as he informed the audience that Her Majesty would thoroughly appreciate the loyalty of the students of Manitoba Medical College.

The University, brought the Rev. Dr. Bryce on his legs, who paid a flattering tribute to the Medical College, which is in affiliation with the University of Manitoba.

The toast of the Faculty, was responded to by the popular Dean, Dr. W. Good, who in the characteristic vein of covert humor, for which he is distinguished, entertained his audience; the general tenor of his speech being more of a matrimonial than of a medical character, but it was thoroughly appreciated, for there are times when even doctors should "Throw physic to the dogs," and this was one of them.

Drs. A. H. Ferguson, Jones, Patterson, and Sutherland followed.

The various other toasts received due honor from Drs. O'Reilly, Macdonald, Chown, Steep, Large, Latimore, Orton, Neilson, Higginson, and Popham. The post prandial eloquence was enlivened by some glees right well rendered by the students club. Where all acquitted themselves so well it would be invidious to single out any one, but we must pay a

deserved compliment to Mr. J. E. Calder, who presided and performed his duties so courteously and gracefully.

It was a pleasure to see the very friendly feeling existing between the students and their teachers, who, with few exceptions, were present. This annual students gathering is one at which it becomes a duty for every medical man practising in the city to attend. It has become an institution, and one that is deserving of the warmest support, for it brings into the hands of good fellowship those who are practising our art with those who in due time will become our successors; and promotes that friendly feeling among members of the same profession, which tends to smooth the difficulties, troubles and anxieties which the followers of Æsculapius so frequently find besetting their path through life. We are glad to add that there was a general consensus of opinion that a more gentlemanly class of medical students than those of Manitoba Medical College could not be found.

 WINNIPEG GENERAL HOSPITAL.

We are glad to announce that the authorities of the Hospital have yielded to the medical students' remonstrance, and that in future the house appointments to the hospital staff will be reserved for the graduates of Manitoba Medical College. This is a proper and graceful concession, and one calculated to promote the interests of a most meritorious and deserving institution, which commands the liberal support of the whole province, and which wreaths with honor the brow of all those gentlemen who by their praiseworthy zeal have brought the hospital to its present position of public usefulness, and to none is more honor due than to its Hon. Secretary-Treasurer.

 MISCELLANEOUS.

A MEDICAL Congress will be held at Santiago, Chili, during March, 1889; it will consist of four sections—medicine, surgery, hygiene, and physical and natural sciences.

A REPORT comes from Dallas, Texas, that a Mrs. George Hirsch, of Navarro county, has given birth to six children, four boys and two girls, all of whom are said to be doing well.

BENZOIC ACID IN ALIMENTS.—Its use in beer and foods of all kinds has been reported against by the *Comite d'Hygiene* on the ground that "substances having antiseptic qualities are injurious to the normal evolution of the digestive processes."—*Arch. de Phar.*, October 5, 1888.

DRUNKENNESS AMONG CHILDREN.—According to recent intelligence, the School Board of Vienna is placed in a painful position with regard to some of the school children. It appears that it is not uncommon for the children of poor parents to receive by way of breakfast, nothing more than a glass of spirits, and even to appear in the school room drunk.

TERPIN IN BRONCHITIS.—This remedy seems to have been largely prescribed of late by Parisian physicians. Cheron's preparation has been most frequently used; it is given as follows in the *Monde Pharm.* of Oct. 5th:—Terpin, 5 gm.; glycerin, alcohol of 95 per cent.; syrup of honey, of each, 70 gm.; vanillin; 0.02 gm. A tablespoonful contains 50 cgm. of terpin. Two tablespoonfuls are given daily to loosen and finally diminish expectoration. In the above doses it is not liable to cause gastric disturbance, especially if given after meals.

CONSULTATION BY TELEGRAPH.—In regard to an alleged novel medical consultation supposed to have been held between physicians at Vancouver's Island and Sir Andrew Clark, as related in the *Times* of Tuesday last, we have the best authority for stating that no such consultation ever took place. The only ground for the allegation consists in this, that Sir Donald Smith having asked Sir Andrew Clark by what questions he might best learn from the doctors in Vancouver Island the state of the patient, Sir Andrew Clark furnished him with a copy of questions whereby his purpose might be fulfilled.—*British Medical Journal*.

GRINDELIA ROBUSTA IN CHRONIC BRONCHITIS.—Dr. Paul has obtained good results from extract *grindeliæ robustæ* fluid in chronic bronchitis, both the idiopathic form and in that complicated with asthmatic attacks, in doses of 45 to 60 minims daily.—*Deut. med. Woch.*, 1888, No. 6.

TREATMENT OF DIPHTHERIA.—At the last meeting of the Hospitals Medical Society M. Gaucher gave additional evidence in support of a line of treatment for diphtheria which he had brought under the notice of the Society last January. It consists in the application of strong alcoholic solution of carbolic acid (50 per cent.) to the surface which has been denuded of false membrane. The application is made three times a day, and in addition the mouth is frequently well rinsed with an aqueous solution of carbolic acid (1 per cent.). The method indicates a return to the old plan of cauterisation, and the results quoted by M. Gaucher, which included a series of eighty cases treated on this plan by M. Dubousquet, are reported as having been very satisfactory. There was no inflammatory reaction, nor any symptom of carbolic acid poisoning, although there was usually carboloria.

COPY OF MEMORIAL TO THE PRESIDENT AND COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.—The undersigned members of the British Medical Association and others beg to direct the attention of the President and Council to the publication in the 1450th number of the *Journal* of the Association of the facsimile of a "script" by the late Emperor Frederick of Germany, referring to his treatment by one of his medical attendants. The publication of this document the undersigned regard as a violation of professional confidence, and its appearance in the *British Medical Journal* as discreditable to the medical profession of this country. They accordingly request the President and Council to take such immediate action as may be required to clear the Association and profession from the discredit now attaching to them in respect to this matter.

DENTITION SYRUP.—Paul Vigier proposes the following formula: Hydrochlorate of cocaine, 0.10 gm.; syrup, 10 gm.; tr. saffron, 10 drops; mix; to be rubbed upon the gums several times daily.—*Le Prog. Med.*, Sept. 15, 1888. See also *Am. Jour. Phar.*, 1886, p. 295.

MOUTH WASH.—The following wash for shrinking of the gums is given by various French journals of pharmacy: Tannic acid, 8 gm.; tr. iodine, 5 gm.; iodide potass., 1 gm.; tr. myrrh, 5 gm.; rose-water 200 gm.; mix. A teaspoonful in a third of a tumbler of water.

TREATMENT OF WARTS.—Children often suffer from unsightly warts on the hands, which cannot be removed by caustic. G. B. Pullin, of Sidmouth, (*Bristol Medical Journal*), recommends in such cases the administration of two or three minims of liq. arsenicalis twice a day. In a week or ten days, he says, the warts will disappear.

CIRCUMCISION.—As there is usually a great deal of trouble in the dressing after a circumcision in a child, perhaps a description of the method I have lately adopted and found very successful, may be of use to some of your readers, should you think it worth inserting in your widely read journal. I pass a director under the prepuce as far as the corona glandis, and then pass a pointed curved bistoury along it, and divide the prepuce; then cut off the two triangular flaps thus formed, dividing the skin and mucous membrane together. All bleeding points are stopped by torsion. I use no sutures whatever; the skin and mucous membrane uniting quite well without any. I then guard the penis by a wire guard, similar to a vaccination shield, but larger and three-cornered, one corner passing under the scrotum, and the base being upwards. There is a tape attached to each upper corner to tie round the waist, and double tapes at the lower corner to tie round each leg: I use no dressing; but carbolic oil painted on the wound with a camel hair brush. The patient gets up the same day, or as soon as he feels quite recovered from the effects of the anæsthetic.—*James Norman Vogan, in London Lancet.*

RECENTLY, a head master at one of the local Board schools was charged before the Rotherham magistrates with assaulting one of the scholars, a boy, aged 8. It appeared that, after giving the boy five or six strokes on the palms of his hands with a cane, he fetched the boy again from his seat and gave him one or more boxes on the ear and face. The Bench inflicted the full penalty of 40s. and costs, or one month in default, and the Mayor said that blows on the face or head were unjustifiable as a mode of punishment for a young child, under any circumstances, and that six strokes with a cane for a mere omission to answer promptly to a number was, in such a little child, excessive and improper. Considering the damage to the hearing apparatus, not unfrequently resulting, it is high time teachers learnt that "boxes" on the ear are very objectionable as a mode of punishment.

ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE.—Case 1. Absence of Vagina, Uterus, and Ovaries.—A pale and rather undersized young woman, aged 21, was brought to the infirmary, complaining of pain in the hypogastric and lumbar regions. She stated that she had never menstruated. On examination, heart and lungs were found to be healthy, the breasts were not developed, tonsils were absent, and on searching for a vagina, only one small opening was found, that of the meatus urinarius. The patient was admitted into the infirmary, and under chloroform a more complete examination was made. The opening already referred to as if in the vagina, led only into the bladder. For a short distance below and around it the mucous membrane was rough and granular. No vagina existed. Dr. Oliver passed his finger into the bladder, but nothing was felt save the wall of that viscus. Another finger was passed into the rectum; this came at once into close and immediate contact with that in the bladder, nothing separating them but the walls of bladder and rectum. As far as the fingers could reach no trace of ovary was felt. The amenorrhœa was thus due to complete absence of ovaries, uterus, and vagina.

PAVESI'S COSMETIC.—The formula for this solution—used for discolorations of the skin—is given in the *Monde Phar.*, Nov. 5, 1888, as follows: Borate of sodium, 10 gm.; glycerin, 20 gm.; rose-water, 150 gm.; alcoholic tincture of benzoin, 15 gm.; let the mass rest for several days and then filter. To be applied twice daily.

TEST FOR ARSENIC.—To the suspected liquid is added, in a test tube, a solution of caustic potash or soda, and then a fragment of aluminium. The mouth of the tube is then closed with paper dipped in a solution of nitrate of silver. If arsenic be present the paper turns black. Aluminium is preferable to zinc, for the latter may contain arsenic, while aluminium is always free from it.—*Farm. Ital.; Arch. de Pharm.*, October 5, 1888.

CASE OF TUMOR OF THE STOMACH CAUSED BY HUMAN HAIR.—Dr. J. Berg, of Stockholm, records a case in the *Nordiskt Medicinskt Arkiv* of a married woman, twenty-six years of age, who for three years suffered from anæmic and dyspeptic symptoms, accompanied by glairy vomiting. Two years before coming under observation a tumor began to form in the epigastric region, which had increased very rapidly during the last six months. On examination this tumor was found to be in the epigastric and left hypochondriac regions, between the middle and left nipple lines. It was as large as the hand, and was concave at its upper and convex at its lower border; it was movable, but could not be displaced downwards. The spleen was in its normal position. An exploratory laparotomy having been made, the tumor was found to be in the stomach, which was accordingly opened by an incision eight centimetres long and parallel to the greater curvature. The tumor thus exposed, being too large to remove in its entirety, was cut up and removed in fragments. It weighed 900 grammes, and was composed of hair tightly compressed. The wounds were sutured, union took place by first intention, and the patient left the hospital quite well at the end of three weeks. The patient herself did not remember to have eaten hair, but her mother said that she had that habit when

quite a child. Dr. Berg has not been able to find more than two such cases reported, one by Schonborn and the other by Knowsley Thornton.

ALLEGED IMPROPER EXAMINATION.—It is to be hoped that the accumulating number of failures, on the part of women, to convict medical men of improprieties when in the discharge of ordinary professional duties will lead quickly to the discontinuance of that easy way of aspersing the good name of practitioners. Another case has ended in the complete discomfiture of the patient and vindication of the defendant—that of Alice Ann Adam, who brought an action for £50 against Mr. Robert James Cooke, practising at Chatham in partnership with Mr. Walter Buchanan, for an assault by an improper examination. The counsel for the plaintiff used that dogmatic statement against the defendant which is still the strange monopoly and privilege of lawyers, and than which nothing needs more to be brought under control. He said Mr. Cooke had committed a breach of professional etiquette, a breach of honor, and unquestionably an assault. Dr. Warren, afterwards called in, thought the examination deposed to by the witnesses for the plaintiff quite right, and said the girl was highly nervous. When the various evidence had percolated through the mind of the judge and jury they made short work of the case. The jury said at once that Mr. Cooke had made a perfectly justifiable examination, and the judge said costs would be allowed if applied for. Mr. Cooke generously declined costs, and the judge justly pronounced his conduct very handsome. It was an easy thought to make £50 out of a respected member of the profession, but it has met with merited failure. With all practical precautions, it is next to impossible for medical men to avoid putting themselves into positions in which hysterical women can construct a theory of assault. But fortunately judges and juries are becoming skilled in estimating such cases. It is, however, very much to be desired that the friends of hysterical patients should think for them before sanctioning such ventures.—*London Lancet*.

INOCULATION WITH LEPROSY. — The letter of Archdeacon Wright to *The Times* (Nov. 19th) will have been read with painful interest. This gentleman, it may be remembered, lately called public attention to the spread of leprosy, and the evidence of its contagiousness. He now furnishes a report from the Board of Health, Honolulu, giving information of the condition of a condemned criminal at Oahu gaol who was inoculated with leprosy by Dr. Arning on Nov. 5th, 1885. Dr. Emerson, the President of the Board of Health, and Dr. Kimball examined this man on September 25th of the present year, and reported that he presented marked signs of tubercular leprosy. Archdeacon Wright thinks that this "terrible experiment" goes far to prove the contagiousness of leprosy; and there is no doubt that such an experiment is proof of its inoculability.

OPERATION FOR TORTICOLLIS. — Dr. Levrat has devised a new method of treating torticollis. Instead of operating subcutaneously, he cuts down upon the sternal tendon of the sterno-mastoid muscle, effected by a longitudinal incision two centimetres long. He clears the tendon with the forceps, passes a grooved director under it, and divides it. He then divides any tissue that may bind down the muscle at that spot, sutures the wound, and dresses it antiseptically with iodoform and gauze. Over the dressings he places the following apparatus: The head being enveloped in a cotton wool, a silicated bandage is wound horizontally around it at the level of the forehead and a similar bandage vertically over the crown and under the jaw. Where these bandages meet at the level of the mastoid process on the sound side, a small hook, with the concavity looking upwards, is inserted. Another silicated bandage is wound round the body below the axilla, and through the thickness of the bandage a hook is inserted in the middle line in front, having its concavity looking downwards. When the bandages have dried, the two hooks are connected by a band of india rubber, which assists the sterno-mastoid of the sound side to keep up a continuous traction and so correct the deformity. This apparatus and the dressings are left un-

touched for fifteen days, and the success of the operation is said to be assured.

GONORRHEAL RHEUMATISM OCCURRING AT THE AGE OF NINE YEARS. — The occurrence of acute inflammation in the metatarso-cuneiform joint of a girl so young as this patient was difficult of explanation in the absence of a history of injury; and it was the presence of such unusual tenderness and pain in the fascia mentioned in the report that induced the house surgeon to inquire as to the possibility of the presence of gonorrhœa, no mention of the vaginal complication having been made by the patient. E. P. —, a girl nine years old, was recently brought to the out-patient department of the hospital by her mother. The patient had complained of smarting pain on micturition, and a vaginal discharge of a thick purulent character had been noticed for a week. She then began to complain of aching pains down the back of the neck. This was followed by pain along the bicipital tendon of the right leg, then along the same tendon on the opposite side. These pains became less severe, but then began in the left foot, first on the inner side of the heel, then along the sole, and finally in the first metatarso-cuneiform joint. There was no history of injury and no family history of tubercle. On examination, the joint was intensely painful, red, hot, and swollen; there was extreme tenderness, both superficial and deep, extending along the plantar fascia to the inner side of the heel. No other joint was affected. There were no signs of outrage about the vulva, with the exception of the labia being swollen and the presence of a thick purulent discharge. The mother indignantly denied the possibility of the child having been tampered with. The case was treated as one of gonorrhœal rheumatism, and the foot put up in plaster-of-Paris splints. With rest all pain in the foot disappeared, and the swelling gradually subsided without any complications. During the course of attendance at the hospital the mother acknowledged that the child had been indecently assaulted on three occasions by a youth, who, it appears, had been recently treated for gonorrhœa. — *London Lancet*.

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