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## Original Communications.

### NOTES ON ACUTE TONSILLITIS.

By SOLOMON SOLIS COHEN, M.D.

Professor of Clinical Medicine and Applied Therapeutics in the Philadelphia Polyclinic, etc.

The facts that now and again I meet with references to an article upon "Acute Tonsillitis," contributed by me to *The Medical News* for August 11, 1883, and that further observation has somewhat modified, somewhat enlarged the views there expressed, lead me to make a brief record of later experience.

I still believe that for therapeutic purposes the distinction between rheumatic and non-rheumatic cases is most important, the former requiring constitutional treatment, the latter being often amenable to topical treatment only. Excluding from consideration those cases in which obvious

endocarditis or pericarditis or articular inflammation co-exists with, or precedes, or follows, the manifestations of sore throat there is still a large number of cases that may be considered rheumatic.

The local treatment that I now advise in *rheumatic cases* is the use of a gargle, slightly modified from that of which the formula (not original with me) has been and is still being so widely copied from my communication to *The Medical News* previously referred to.

It consists of four fluid-drams of the ammoniated tincture of guaiac, shaken up with two fluid-drams of compound tincture of cinchona and six fluid-drams of refined honey, to which are slowly added two fluid ounces of the concentrated infusion of coca, and enough water to complete the six ounces, in which are dissolved ninety grains of sodium salicylate. At intervals varying from a half-hour to two hours, a tablespoon-

ful is used in divided portions as a gargle, and a portion of the gargle is swallowed, if deemed advisable. The same method may be employed in non-rheumatic or doubtful cases, concerning which, however, some additional remarks are to be made later. Previously to the gargling, in cases of so-called folliculous tonsillitis, whether rheumatic or not, an application of a 10 per cent. solution of cocaine is made to the tonsil, and the plugs of sebum, disquamated epithelium, and bacteria removed with a scoop, as far as practicable. If the inflammation is severe, or suppuration is evident, or apparently imminent, scarification or incision is practised.

In addition, heat is applied to the neck externally, and in cases attended with much infiltration of the submaxillary tissues, or with glandular involvement, inunctions of a 50 per cent. ointment of ichthyol are made.

In some cases, pieces of ice allowed to melt in the mouth from time to time, and in other cases sips of hot water or hot milk, assist in the relief of pain. A useful expedient to mitigateodynphagia is, at the moment of glutition, to pull downward the lobe of the ear on the affected side; this diminishes the tension of the parts caused by the increase in size of the swollen tonsil.

In rheumatic cases, however, local treatment is of less importance than constitutional treatment, especially if the patient be seen early. In my former communication, the use of sodium salicylate was advised. It constitutes good treatment, and is usually efficacious. Since salol was introduced, however, I have fallen into the habit of prescribing it in preference to the sodium salt, as it is less likely to be objected to or to derange digestion. To an adult, five grains of salol are given in powder every second hour, until tinnitus is produced, or thirty grains (the daily maximum) are taken, unless it should cause suppression of urine or symptoms of vesical or renal irri-

tation, or the urine should become discolored. In the presence of any of these symptoms of carbolic-acid poisoning, the salol is withheld, and sodium salicylate, oil of gaultheria, or cinchonidine salicylate is substituted.

*In the treatment of anæmic patients*, and more especially of those who are subject to frequently-recurring attacks of articular rheumatism or of tonsillitis, the mixture of tincture of iron chlorid and sodium salicylate, to which I have given the name of *mistura ferro-salicylate* (in the House Pharmacopeias of the Philadelphia Polyclinic, Jefferson Medical College Hospital, and Philadelphia Hospital) is employed in preference. Of this, two fluidrams (representing fifteen minims of the iron tincture and fifteen grains of the salicylate) are given in water every second hour until tinnitus is caused, or relief is experienced, or until six doses have been taken, when it is intermitted or discontinued for the day. After one, two or three days of treatment with salol or sodium salicylate or the combination of the latter with iron, cinchonidine salicylate in doses of five grains every second, third or fourth hour is substituted and continued throughout convalescence. Often the last-named drug is given in doses of five grains, night and morning, for two or three weeks after recovery.

Patients not specially anæmic, but subject to frequent recurrences of sore-throat, are treated with cinchonidine salicylate from the outset. In every case a full dose of some saline cathartic, usually Rochelle salts, is given previously to the administration of the specific remedy, and throughout the case the bowels are kept freely open, by drugs if necessary. A milk diet is preferable; indeed, the patient is rarely able to swallow solids.

*In non-rheumatic cases*, whether folliculous or herpetic, I am now accustomed to alternate the guaiac gargle, made with potassium chlorate or sodium salicylate or

sodium borate, rarely sodium bicarbonate, with a spray or a gargle of a five-volume solution of hydrogen dioxid, sometimes rendered alkaline with sodium borate or bicarbonate. When there is much pain, the addition of cocaine (about 2 per cent.) to the spray is often quite grateful. When cocaine is used, however, the sodium salts are omitted, else the insoluble cocaine borate or cocaine carbonate would be formed. In the case of children who cannot gargle (though it is surprising how soon the little ones learn), it is directed that a little of the guaiac-mixture be swallowed slowly at such intervals as are practicable or judicious, and dependence is placed chiefly on sprays of the solution of hydrogen dioxid. As sore-throat of any description predisposes to diphtheritic infection, a sponge on which, from time to time, a few drops of eucalyptol are placed is suspended from a tape loosely tied about the neck of the child.

Unless idiosyncrasy contraindicate, calomel is usually given internally in small or moderate doses, continued for about twelve hours; to a child of three or four years, one-eighth or one-quarter grain every second hour; to an adult two grains every fourth hour. This is of less importance, however, than the local treatment.

In cases of parenchymatous tonsillitis and peritonsillar abscess, scarification and incision are, of course, demanded. I have recently seen a case in which it became necessary to incise tonsillar, peritonsillar, and post-palatine abscesses on four occasions, and the duration of the case extended over four weeks, partly owing to the fact, no doubt, that the patient would not remain at home, but went to her work daily after the first forty-eight hours, when febrile symptoms had subsided.

In the case of a patient with much enlarged tonsils, who had for many years been subject to frequent attacks of tonsil-

litis, invariably proceeding to suppuration, the treatment here outlined was instituted in the first attack to which I was called, but failed to prevent the usual issue. At the inception of the next attack, multiple punctures with the electric cautery-point were made throughout the substance of the affected gland. Reaction was not severe, and recovery from the disease and the treatment was complete in three days, without suppuration.

Special reference should be made to the *tonsillitis of influenza*. It was not uncommon in Philadelphia, even prior to 1889, to see cases of catarrhal fever in which the earliest manifestations were inflammation of the tonsil and neighboring structures. These cases usually did best when treated with cinchonidine salicylate. During the pandemic of 1889, and since, the special form of sore-throat described by Glasgow and by Seiler was quite common. In this the tonsil became swollen and red, sometimes covered with a grayish or pearlsh exudation, often pellicular; and usually the palate and uvula were swollen and œdematous-looking. The apparent œdema, however, was of a peculiar type, puncture giving exit not to serum, but to a viscid, lymph-like fluid, which formed long, coherent threads. Some of these cases are mistaken for diphtheria, and so reported. Constitutional treatment, especially the free use of sodium benzoate, is more useful than topical measures. Of the latter, a spray of the solution of hydrogen dioxid and cocaine, and inunctions of ichthyol seem most efficacious.

*Herpetic tonsillitis* derives a special importance from its liability to be mistaken for diphtheria. It is but rarely seen in the papular or vesicular stage, and when the vesicles have ruptured and the little ulcerations thus formed are covered with exudate, the discrimination is often difficult and sometimes impossible. When the diagnosis has been made, palliative treat-

ment only is necessary, the disease invariably tending to recovery. In cases of doubt, the patient should be isolated and treated as for diphtheria.

In the diagnosis of herpetic tonsillitis, the coincidence of herpes labialis is considered an evidence of some value, though not pathognomonic. I have recently seen, however, a series of cases (two of them in one household: mother, aged forty-five years, and son, aged six years) in which extensive herpes of the lips and face was followed by intense pain in swallowing, referred to a "spot" on one tonsil—not, however, capable of detection by objective sign other than greater sensitiveness to pressure with a probe. There was neither papule nor vesicle, ulcer nor exudate to be seen during the whole duration of the affection, which varied from forty-eight hours to five days. In each of five cases the first "fever blister" appeared at the left angle of the lips; the left tonsil was intensely reddened, though not swollen, while submental glandular enlargement was found just behind the maxillary symphysis. Recovery appeared to be spontaneous. In one case, however, that of a little colored girl, the glandular enlargement showed a tendency to extend, subsiding and disappearing after, if not because of, the application of ichthyol.

—*Med. News.*

## Society Proceedings.

### THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, February 17th, 1893.*

JAMES STEWART, M.D., PRESIDENT, IN  
THE CHAIR.

#### *Case of Bradycardia.*

We must probably in some cases take into account the mechanical factor; where there is valvular disease preventing the filling of the left ventricle, the systole is retarded, and there is a prolonged diastolic pause. The prognosis in these cases is not good. It is said to be worse where there is actual organic disease of the heart. The great danger is in lowering the heart beat to an extreme degree, which is

known to give rise to epileptiform attacks. An important point to make sure of in such cases is that the pulse and the heart beat are synchronous, as the pulse may be retarded through some obstruction or disease of the vessels, while the heart is normal. In this case this fact was repeatedly observed. As regards treatment, moderate degrees of bradycardia require no treatment. In organic disease, especially where there is failure of compensation, it may and commonly does require cardiac tonics. In other cases where the etiology is not clear, we may resort to symptomatic treatment, here nitro-glycerine seems to have succeeded best. In the face of convulsive paroxysm or fainting attacks the hypodermic use of stimulants seems to be the best.

Dr. ADAMI—It is a difficult thing here to determine whether one is dealing with a mere mechanical condition or some condition other than mere stenosis. Sometimes extreme cases of stenosis occur with a normal pulse, and, in a case like this, he would seek the explanation in something else than the condition of the valves. In this very curious case we must have as a cause something further than the condition of the valves; some disturbance of the nerves of the heart; some kind of irritation. But, as Dr. Lafleur has said, the condition is an extremely obscure one. Investigators of cardiac phenomena have ascertained that under certain conditions the perfect sequence of the auricular and ventricular systole may be disturbed; the ventricle may beat at half the normal rate, while the auricle continues its normal rhythm. As an explanation of this, someone recently investigating among the lower animals finds that there is a distinct wave passing from auricle to ventricle, and that the difference in time between these acts is represented by the amount of resistance obstructing the transmission of this wave. So that the reason why the ventricular systole is not simultaneous with that of the auricle is because a certain length of time is required for the impulse to travel from the auricular to the ventricular muscles. Now, in a case of this kind it is conceivable that some kind of a disturbance of the transmitting medium may exist by which the impulse is delayed in its passage, the transmission may be slower than normal, and as a consequence the contractions of the ventricle slower than those of the auricle, hence the bradycardia.

Dr. LAFLEUR said, in reply to a question asked by Dr. Mills, that his instructions were to take the temperature in the morning on arising; then at mid-day (whether this was done before or after the mid-day meal, he was unable to say); and lastly in the evening after his dinner.

With regard to Dr. Adami's remarks about the rarity of finding a subnormal temperature

in connection with bradycardia, this case is by no means in that respect an isolated case. The great majority of the cases summarized by Prentiss also showed subnormal temperatures. With regard to etiology he did not wish in any way to insist upon the mechanical idea as an explanation, but in some cases it seems conceivable that such may be, not the sole cause, but one of the causes.

DR. WESLEY MILLS said that the reason he had asked the question, relative to the conditions under which temperature, etc., were taken, was that there might be no misapprehension by Dr. Lafleur with regard to subnormal temperatures. With the help of some of his present and past students he had recently been conducting some investigations on that subject, and found that if one takes temperatures a good deal, and takes them very frequently during the day, and of a good many different people, he will be surprised how often he gets below  $97^{\circ}$ , and also the number of people who have temperatures in that region at certain hours in the day. We have what are apparently subnormal temperatures existing as the normal condition of certain individuals, and that these individuals are by no means rare.

As regards the pulse, nearly every year someone comes to him and reports, either in himself or some acquaintance, a condition of bradycardia, so that like subnormal temperatures slow pulse is not so rare a phenomena as it was once thought; and that, further, its presence in an individual is compatible and concomitant with apparently good health.

Dr. Lafleur seemed to think that in venturing his suggestion as to a possible explanation in his case, he was announcing a theory in direct opposition to his (Dr. Mills) views. He is not opposed to mechanical explanations as contributing factors. A few years ago mechanical explanations were the only ones; and it was as "sole causes" that he opposed them. In the present case, no doubt, the mechanical explanation is a link in the etiological chain, but it is only a link, and it only extends a certain length. Why should we rest content with the mechanical part of the explanation? A heart is a living thing composed of cells, which, while life is present, are continually subjected to a never ending and ever changing metabolism, and it is preposterous to explain the functioning of such an organ by hydraulics alone. Hydraulics may do for the larger arteries, but they are quite inadequate in the face of the complexity of the heart.

Blood pressure has to be taken into account in explaining the heart beat, as he has distinctly noticed, that in the fishes' heart, blood pressure had a great influence in the character of the beat. He referred to a case of a London physician, in whom the nervous system bore an

important and clear relation to the rapidity of the beat. This man, when working, found his pulse sink as low as forty. Then, of course, we must distinguish between these physiological and pathological cases, so that bradycardia may mean very much, and it may mean but very little. There is a point brought out by the researches of Doctors Adami and Roy relative to the nutrition of the heart through the coronary arteries, and to some newly discovered nerves which regulate this nutrition, which he (Dr. Mills) would like to hear discussed at some future time.

DR. LAFLEUR in replying had only to say that he alluded to the mechanical explanation of the problem, not as any explanation of the work and results of Dr. Adami or his confrère, but solely with reference to those cases that had been reported lately, and which had been already mentioned. With regard to normal bradycardia, it is a phenomenon so well known that he did not think it worth mentioning; for instance, there is the oft spoken of case of Napoleon Bonaparte, the slowness of whose pulse has been a matter of historical comment. In relation to the effects of study on the pulse, from observations on his own pulse, he was inclined to think that close study has a certain effect in reducing the rapidity of the heart beat, and in his student days, at the trying times of approaching examinations, he especially noticed, were potent factors in bringing about such a phenomenon.

*Remarks on a Recent Epidemic of Typhoid Fever in Montreal.*—DR. WYATT JOHNSON said that a good deal of attention has been attracted to the considerable number of cases of typhoid which have arisen during the last three months, among the customers of a well known milk dealer here. This epidemic, if it might be called such, is not very extensive, not very serious as regards the number of deaths, although the proportion of mortality is quite up to the average in typhoid (3 in 20); so that the loss of life has not been sufficient to attract very great attention from the public, and it might pass unnoticed, were it not that it has brought out very strikingly some defects of our present sanitary system and the modus operandi of our local health office. The more you investigate the case, the more it shows a lack of co-operation and a lack of intelligent investigation of these infectious diseases; and, of course, what applies to this particular outbreak would apply to the outbreak of any other infectious disease, more especially to cholera. We are informed by the greatest authorities that there is high probability of cholera this year becoming generally epidemic in America; and it behooves us, therefore, to be on the alert and see that no precaution is neglected which might spare us from the plague. Now, I think we are all agreed that the sanitary methods have

greatly changed within the past few years, and that owing to better methods of research (especially as to infectious diseases) some form of laboratorial investigation is absolutely indispensable in any well equipped modern health office. It is possible, of course, to find out a great deal by examinations as to localities and the run of cases; but, at the same time, there is a certain degree of certainty and permanence furnished by laboratory experiments not found in any other way. The condition of the city is simply this: They never attempt to look for the germs of any infectious disease, they never investigate as to the locality and sanitary surroundings from which the milk is obtained. The milk is analyzed, it is true, but only with a view to detecting gross adulterations and inferior quality, they are not in a position to do any more.

He called the attention of the Society to this matter, in the hope that some of its members who have more experience than himself in health matters will take some steps to bring about a more satisfactory state of affairs. The need of adopting some plan by which, when a case of infectious disease occurs in the city, the health authorities shall properly and scientifically investigate the same, is obvious in the light of our present knowledge of the etiology of these affections. At the present time the health department is much hampered in its work by the conflicting interest of the "powers that be." The city is rich, and they can afford to pay for the detection of contagious diseases. There are three special points in connection with this matter: (I) The health of the city is largely dependent on the health of the surrounding municipalities, and on this account he thought the business had better be done by the provincial board, whose jurisdiction would extend to these places. (II) Practitioners do not report their cases of typhoid as promptly as they should, and some apparently do not report them at all. Now, it is very evident that unless practitioners reform in this respect, the efforts of any board of health, to be thorough, will be of but little avail. They have no other way to find out suspicious cases, except through the doctors. (III) The necessity of something being done in this respect within a reasonable space of time. As on our prompt and efficient organization will depend our prospect of being able to guard against cholera, the early recognition of cases affords the only chance of suppressing small outbreaks, and to recognize the disease early we must resort to bacteriological examination. The results of laboratorial investigation are, as a rule, more satisfactory in the case of cholera than that of typhoid, because it can be done so much more speedily. With practice, cholera cases can be positively diagnosed in the course of from 24 to 36 hours, and of course that is a great advantage. The

Provincial Board of Health have, of late years, been trying to get this matter on a proper basis. The late Dr. R. L. MacDonnell, especially, tried to accomplish this purpose. It is thought that the Society might join its voice to the demands of the Provincial Board of Health, passing resolutions, making suggestions that may seem proper, and in every possible way insisting upon the establishment of a laboratorial apartment at once for the bacteriological examination.

Dr. KIRKPATRICK stated that in the General Hospital in the winter of '90 and '91 an epidemic of typhoid occurred amongst the nurses and the employees. There were in all fourteen cases, five nurses, two cooks, a wardmaid, an orderly and a fireman. At the time of this outbreak the drainage system was found to be in remarkably good order; some slight defects found, however, were remedied. The milk supply was obtained from a man on the Longue Pointe road, who, it seems, was wont to purchase six or eight gallons daily to fill up the quantity required at the hospital, from a man on the same road, but nearer town. This latter milk was put into the kitchen for cooking purposes, a fact which was brought out by the subsequent investigation. An official examination was made of both places. The first place, that of the man who had the contract, was pronounced everything that could be desired, and no suspicion could be attached to it as the source of infection. Such, however, was not the case with the second place, that of the man who supplied the shortage in the required quantity. He was found to keep a dirty stable, cows in poor condition, pens under the same roof as the stable, and it was the custom to set them down on the dirty floor where the dogs were wont to run and gambol amongst them. The well was situated about 60 feet from the barn, and there was a strong suspicion that he obtained a good deal of his water from the river. Everything in the place contributed to fasten suspicion on this man's premises as the source of infection, and this suspicion was further confirmed later on in October by receiving a patient with typhoid who had been taking milk from this same individual. Yet, owing to the imperfections in our methods of investigation, we could do no more than suspect the real state of affairs. No positive proof could be adduced by the department whereby the guilt might be fastened on this man's place, and effort made to have him change his method of carrying on business.

Dr. J. C. CAMERON related a similar experience the profession had 15 or 16 years ago, and how futile were their efforts to get passed any remedial legislation. Although they succeeded in tracing some 30 cases to one milk supply, upon applying to the authorities to interfere in

the matter, they were plainly told they were dealing with a large industry, one that involved a good deal of money, and, unless there was a peremptory public demand behind them, one which was too powerful for them to ignore, they could not as public servants take on themselves to disturb it.

Now, it is possible for us to do more, we have now a provincial board which we had not then ; but as regards the outlying municipalities, the city health authorities might easily do a great deal. They might make it necessary for country people to obtain a license before selling milk for city use, and only grant licenses to those who kept their quarters in good sanitary condition. The city can exclude milk from places that will not submit to periodical inspection, and by these and similar measures they might easily obtain a fair control over the city milk supply.

But we must not expect that we are going to obtain such results by the mere passing of a resolution, we have to fight against a large and influential industry, and, to do so successfully, we must have some system in our mode of attack. We must be prepared to go before the public, and work them up to a good, wholesome, sound feeling in this matter, and, especially with the cholera scare as a lever, we may get them to decide whether their lives or the vested interests of the milkmen are of the most importance. (1) Insist upon the refusal of licences to all milkmen who are not ready and willing at all times to have their places inspected ; (2) to have the provincial authorities take the matter up and appoint a specialist for the bacteriological examination of milk, etc., so as to ensure the early detection of contagious disease. This, roughly speaking, is the programme we should set before ourselves to obtain, and it would be well to appoint a special committee to undertake the executive of the steps required in this direction.

Dr. F. W. CAMPBELL agreed with Dr. Cameron as to the difficulty of getting our legislators to move in such matters, unless a strong public opinion is first roused in that direction. At the epidemic referred to by Dr. Cameron our investigation was very satisfactory, we discovered the source of the epidemic. He saw a difficulty in approaching the council on this matter, for he did not think we would get them to attach another hand to the Health Committee. Our only hope lies in the Provincial Board of Health. At the present time this is a very intelligent board.

The President then nominated the following committee to draw up resolutions embodying the views of the society : Drs. J. C. Cameron, F. W. Campbell, J. G. Adams, Wesley Mills and D. McEachran.

## Progress of Medicine.

### THE CARE AND TREATMENT OF DIP-SOMANIA.

At a recent meeting of the American Association for the Study and Cure of Inebriety, Dr. Edward C. Mann, of Brooklyn, N. Y., Superintendent of Sunnyside Hospital for diseases of the nervous system, alcoholism, and the opium habit, which is one of the most successful institutions for the treatment of these diseases, read a paper on "Science vs. Folly in the treatment of disease caused by the abuse of stimulants and narcotics : A plea for the suppression of the nostrum, patent medicine, and specific in rational therapeutics." It should be the aim of the scientific physician, said Dr. Mann (*Medical Age*), to see that the conditions of life are in the air his patients breathe and the food they eat. He must see to the conditions of primary assimilation—which consists of the changes which proximate principles undergo previous to their conversion into the blood—and likewise those of secondary assimilation, by which portions of the blood are converted into organic tissue and are again removed from the system by retrograde metamorphosis. The use of stimulants and narcotics operates to the derangement of the conditions of life, by interfering with primary and secondary assimilation. Alcohol produces irritation, and irritation of a part causes an excess of action in that part, producing morbid affections. Irritation perverts nutrition and arrests the vital powers. Dr. Mann recommended the following in the treatment of dipsomania ; it acts as a tonic and sedative, and antagonizes the effects of alcohol in the various structures of the body, including degenerative changes in the brain :

℞ Quinia sulph., gr. ij.  
Zinc oxide, gr. ij.  
Strychnia sulph., gr. 1-40.  
Arsenic, gr. 1-100.  
Capsicum, gr. ij.

M. et fi. pil. No. j. Sig. : One pill three times a day.

Together with this pill, Dr. Mann uses in his private hospital for sixteen days the following hypodermatic dosimetry :

℞ Strychnia nitrat., gr. j.  
Aquæ dest., ʒss.

M. Sig. : Eight minims daily for eight days : four minims daily for another eight days.

To quiet the morning nausea of alcoholics, two or three drops of wine of ipecac on the tongue, fasting.

The patient is kept in bed for the first few days, and nourished with milk and meat-juice.



Hydrotherapy and electrotherapy are employed. To induce sleep, the following sedative is administered at night for a few days :

℞ Tr. opii deod.,  
Fl. ext. hyoscy.,  
Chloral hydrat.,  
Pot. bromid.,  
Tr. capsici, ʒss.  
Tr. aconit. rad., Mv.  
Aqua menth. pip., ad ʒiv.

M. Sig.: Two tablespoonfuls at bedtime for a few days only, freely diluted with water.

If the patient is very much excited and is bordering on delirium tremens, the following is useful for two or three nights :

℞ Hyoscin. hydrobromat., gr. j.  
Aquæ dest., ʒix.  
Spt vini rect., ʒj.

M. et. ft. hypodermatic solution. Sig.: Dose from 5 to 10 minims *pro re nata*.

The Diet Table in Dr. Mann's hospital consists of milk, eggs, oysters, meats, fish of all kinds, buttermilk, and koumiss *plus* a minimum amount of the cereals. Vegetables and starchy foods allowed only very sparingly, the idea being to rely on a diet which requires the least vital force and oxygen to digest, assimilate, and appropriate it, and to have ingested into the body such material as will, when brought under the influence of oxidation, yield energy, which is the expression of vital activity, and give the largest working power for the amount of food taken.

By such a plan of treatment, patients are sent out with restored health, the craving for alcohol gone, the lost will power restored, the shattered nervous system built up, and with a concentration of energy, physical ability, and mental activity obtainable by no other plan of treatment.

#### A SEVENTH CASE OF TRAUMATIC TETANUS TREATED BY THE TIZZONI-CATTANI ANTITOXIN.

Another case of pronounced tetanus, to which the treatment by the tetanus antitoxin was successfully applied, is reported by G. Casali (*Rif. Med.*, June 1st, 1892). The details are as follows: The patient, a woman, aged 22, developed symptoms of the disease eight days after receiving an injury to her foot. The wound had quickly become inflamed, and the inguinal glands enlarged and painful; it had been in consequence washed with carbolic lotion and dressed antiseptically. The progress of the symptoms was fairly rapid, and when received into hospital, on the fourteenth day after the injury, the jaws were tightly closed, speech was indistinct, slow, and painful, there

was marked "risus sardonius," the muscles of the neck and back were stiff, and there was also some spasm of the injured limb. Tizzoni, on being summoned, confirmed the diagnosis, and cauterized the wound with silver nitrate, recommending the daily application thereto of the caustic in a 1 per cent. solution. He also arranged that the patient should receive two injections daily of 25 centigrammes of antitoxin (prepared from the serum of an immunized dog), and ordered her to be kept well covered, so as to favor sweating. After the first injection sweating was very profuse—as it was, indeed, after each of the first five injections—and by the evening the stiffness of the neck and tongue was markedly diminished. Five injections were given in like manner with similar results, the spasms gradually yielding, and the condition becoming steadily better. At this time there appeared a rise of temperature, with a temporary recurrence of the facial pain, but the tetanus proper had practically disappeared. Quinine and stimulants were then administered, and a sixth and last injection of only 15 centigrammes of antitoxin was made. This produced no sweating, and the patient, though cured of the tetanus, showed great restlessness, a slight vesicular rash also appearing on the chest and back (sudamina). These untoward symptoms, due, it was thought, to septic absorption from the wound, cleared up under ordinary treatment, and the patient was shortly discharged with the injured limb quite healed, and no signs remaining of her illness save great weakness of her limbs. Bacteriological examination of the wound had revealed the presence in it of the tetanus bacillus, of streptococcus septicus, and of a spore-bearing earth bacillus. It was to these latter organisms that the slight septic symptoms were attributed.—*Brit. Med. Journal*.

#### IODIDE OF POTASSIUM IN EXOPHTHALMIC GOITRE.

S. A. Lentovsky (*Meditsinskia Pribavlenia K' Morskomu Sborniku*, No. 4, 1892) relates a case of typical Graves's disease in a girl, aged 16, cured by the internal use of iodide of potassium (ʒij to ʒvj aq., in tablespoonful doses, with addition to each from 10 to 20 of tinct. ferri acetici ætherea). Simultaneously inunctions of an iodine ointment were made, and a liberal diet ordered. Considerable improvement was observable in two months, while two months later the goitre, the exophthalmos, the accelerations of the pulse, etc., disappeared altogether. No relapse had occurred up to the time of the report, four years later.—*Brit. Med. Jour.*

## Progress of Surgery.

### THE TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES.

BY L. M. SWEETNAM, M.B.,

Lecturer on Therapeutics in the Woman's Medical College; Surgeon to the Outdoor Clinic, Toronto General Hospital; Surgeon to St. Michael's Hospital.

Although my subject is as given, "The Treatment of Varicose Veins of the Lower Extremities," I do not propose, in this short paper, to attempt to treat the subject exhaustively, still less to criticize published opinions upon the advantages and disadvantages of the different forms of treatment recommended for this condition; but to give a general, brief account of the whole subject, and to enlarge, perhaps, upon some points possessing special interest and importance.

I think that you will allow me the statement that no disability, certainly no surgical disability, is more frequently met with; that it is a condition to which we, as practitioners, give too little attention in its early stages, when it is frequently amenable to the milder forms of treatment, until pathological changes have taken place, rendering the individual's life miserable and all but useless by reason of pain and weakness. The causes of this condition are so intimately associated with its treatment that I feel justified in enumerating them here. It may be said to result from undue pressure within the veins, or from impaired resistance of their walls. The former condition will be met with in (1) cardiac disease, especially those forms affecting the right chambers; (2) obliteration of a large vein; (3) hepatic disease; (4) pregnancy and amenorrhœa; (5) local pressure by fecal accumulations or tumors; (6) pressure of a long column of blood, as in the case of the internal saphenous, which is placed too superficially to receive any muscular or fascial support; (7) occupations like those of carry-ports and truck-drivers, which involve constant and severe strain upon the crural muscles, with the sudden driving of a large amount of blood from the muscular and intra-muscular veins into the superficial ones; (8) walking heavily upon the heel. Here we have the centrifugal impetus acquired by the blood during the early portion of the step, when the heel is brought abruptly to the ground, thrown upon the valves—if present—and from them upon the vein walls. This force is very considerable, especially in the saphenous; and frequently repeated, in the presence of any lack in tone of vessel walls, is very apt to be followed by dilatation. Any cause, then, which throws upon the muscular wall of the vein an unnatural

strain for an unnatural time leads to hypertrophy, or, if the nutrition be at fault, to thinning at some points and hypertrophy at others.

The second condition, that of impaired resistance of the vein walls, is met with in enfeebled constitutions, often apparently hereditary, and seen in a large proportion of the cases applying for treatment, and less frequently in the degeneracy of tissue incident to advancing age.

Dr. W. H. Bennett, in his admirable monograph upon this subject, says: "Personally, the more I see of this affection the more I incline to the belief that a large proportion of these varicosities originate in defects in the venous apparatus, which, in some patients, are distinctly hereditary."

*Symptoms.*—Varicose, permanently dilated veins, of moderate size, commonly give rise to but little discomfort, provided the nutrition be good and the circulation active; but, in the presence of age, ill health, or even fatigue, the great weight of this high column of blood, unbroken by valves, brings about serious changes, chronic congestion, with consequent thickening and hypertrophy of the connective tissue; pigmentation, from escape of red corpuscles from the veins, and failure of nutrition of the tissues generally, in which condition abrasions and wounds heal slowly, ulcers form, which persistently resist ordinary treatment unless absolute rest be enjoined, and, finally, the skin becomes eczematous and boggy, not, it is true, the direct result of the varicose veins, but of the impaired circulation which they have brought about.

*Treatment.*—When the dilatation is traceable to a pathological change in any of the viscera, the offending organ should, if possible, be set right, with the hope that the vein may recover itself. Constipation should be corrected, a torpid or congested liver should be relieved, a flabby or dilated heart should be toned up, and peritoneal dropsy may require the use of diuretics, purgatives, or the trocar. In the presence of pregnancy an abdominal belt should be worn and the day broken by a noonday sleep. Suppressed or deficient menstruation will call for special treatment. In those early cases where pain is severe, with or without œdema, rest in the recumbent position, with perhaps elevation of the limb, is a source of great comfort. This, in some cases, may be repeated for, say, half an hour three or four times during the day.

The form of treatment adopted in a severe case will depend upon the object in view. If this be the relief of symptoms, then palliative measures will be adopted; on the other hand, if permanent relief be sought for, one or other of the radical cures will be done.

*Bandages.*—For the purpose of general support to a varicose limb, nothing surpasses a cotton net or flannel bandage cut upon the bias. An elastic stocking is the most deceiv-

ing of all deceivers. These two pieces of flannel, each one yard long, were cut from the same web, yet when placed upon the stretch one becomes eight inches longer than the other. This represents the difference in elasticity between that cut upon the straight and that cut upon the bias. In using a bandage of any kind, it should not be applied too tightly at first; it may require readjusting several times during the day, and should always exert most pressure upon the foot and ankle. The difficulty of adapting a bandage or stocking that can be worn with comfort and satisfaction is much greater when the vessel is situated above the knee than when it is situated below that joint; but, fortunately, cases of this kind, if not occurring in persons of too advanced an age, may usually be absolutely relieved by one of several operations to be referred to.

*Stockings.*—Another, and a serviceable support for those who are of the working class, and who prefer to wear a support rather than submit to operative treatment, is a stocking made of stout linen, laced down the front; the two edges are provided with eyelets, and one edge with a loose flap which, passing behind the lacing, protects the skin from what might be a source of considerable irritation. If the varicosity extend above the knee, a small piece of the linen is cut out of that portion of the stocking which would correspond to the anterior portion of that joint. The thigh piece of this stocking may take its support from an abdominal belt or a waist worn for the purpose. The front should be closed with three or four different pairs of laces, so that the pressure at any given point may be altered without interfering with the remainder of the stocking.

A thigh support of real value is made of stout merino, in the form of tightly-fitting drawers, attached above to an abdominal belt.

*Strapping.*—Where varicosity is confined to a small portion of a single vein, or to a circumscribed bunch, strips of plaster applied across the vein, or at right angles to the greater diameter of the bunch, removed at night and reapplied each morning, prevent distention and relieve pain.

*Exercise.*—In the absence of eczema, ulcers, extreme dilatation with threatened rupture, moderate exercise, if varied in character, is helpful. To vary the exercise, I should alternate walking with riding, walking upon the level with walking up and down hill.

*Massage.*—Upward massage to practise each night upon retiring is to be encouraged and persisted in. Many cases exhibiting œdema are much relieved by it, as are those in which pain is so severe as to preclude even moderate exercise.

Where extreme tenderness or a recent thrombus exist, it is needless to say that massage is contra-indicated.

The radical treatment aims at the obliteration, or removal, of the altered vein or veins. For this purpose caustics, injections, the ligature, and, lastly, extirpation or excision have been resorted to.

Before the days of Listerism, Vienna paste was applied over the dilated vein at points three or four inches distant, and at the end of fifteen minutes washed off with vinegar. In this way it was sought to render the opposite sides of the vein adherent and secure obliteration.

The injection of minim doses of pure carbolic acid into the vein, its upper end having been secured by a moderately tight bandage, and of solutions of iron or of alcohol and ergot, alongside the vein, have had their advocates.

The treatment by ligature has been one of the most popular. It is usually employed in one of three ways. By some it is introduced through an open wound, carried round the vessel by means of an aneurism needle, tied, the ends cut short and dropped, a single stitch closing the opening. The operation becomes more secure if the vein be tied at two points in each incision and divided between. In bad cases, upwards of thirty such incisions have been called for in a single leg. Others, again, in using the ligature, pass a flat needle beneath the vein while it is pinched up between the finger and thumb, then twist a figure-of-eight stitch over the ends of the needle, protecting the skin beneath by means of a little absorbent cotton or surgeon's lint. The needles should not remain in position longer than one week, and if inflammation result, they are withdrawn earlier. Failure is not infrequent, and there is always the danger of transfixing a vein.

The third method of applying the ligatures is credited to Dr. Charles Phelps, of New York. The ligature material used is cat-gut. The needle commonly used, the Keyes straight varicocele needle, is so constructed that the eye, situated near the puncturing end, is opened and closed by means of a slide. The catgut should be small enough to allow the knot to pass through the opening in the skin made by the needle, although there is no objection to leaving the knot outside.

The ligatures are introduced as follows: The selected vein with its surrounding skin is picked up between the thumb and forefinger, and the needle (armed with a ligature) introduced through the skin on one side. The eye of the needle is then opened and the ligature detached; the eye is closed again and the needle withdrawn. We have now a ligature passing from the point of entrance to the point of exit under the vein. The needle is now reintroduced (unarmed) into the same opening produced by the former puncture, and made to pass above the vein, that is, between the vein and integument, making exit at the point of

exit produced by the first puncture. The eye is now opened, the ligature introduced into it, the eye closed, the needle withdrawn. We now have the ligature around the vein, and both ends making exit from the same opening. All that remains to be done is to tie with a friction knot—one made by passing the end twice round the loop instead of once, and not liable to slip.

Trendelenburg of Bonn, has recently urged ligature of the trunk of the saphenous vein for the purpose of reducing varices of the leg and healing varicose ulcers; but past experiences have made us skeptical of the permanent value of limited excision and partial operations generally.

*Excision.*—Bennett, speaking of excision, says: "All the ends obtainable by the two previous operations (the application at one or more points of a single ligature, and the division of a vein or veins between two ligatures) are better and more completely effected by this proceeding, which is, of course, also especially adapted for the complete cure of local varix of any kind, single or multiple cysts, solid tumors, the results of ancient thrombi, phleboliths, etc. At the Congress of German Surgeons in 1884, Schede, in discussing Boennicken's paper upon this subject, strongly favored this operation; in 1886 König reported that he had given up ligature and limited excision, as better results were obtained by more extensive operation; and since these dates the operation has continued to increase in popularity both in England and America. I, therefore, make no apology in urging excision as the best treatment in well-selected cases calling for so-called radical treatment.

*The operation.*—The day before the operation, the patient, placed in a sunlit room, is asked to stand upon a chair or table, and the saphenous vein, with all its enlarged branches, is traced throughout its entire course with a camel-hair brush, moistened with a 20-gr. solution of nitrate of silver in spts. eth. nit. A few minutes' exposure to the sun will so fix it that any washing that is done preparatory to the operation will not render it much less distinct. Only those who have removed large pieces of dilated vein will appreciate the amount of comfort and the saving of time which comes through the adoption of this simple precaution. The vessel may in this way be exposed throughout its entire course in less than five minutes with a degree of accuracy and ease not possible in any other way.

That the strictest precautions as to surgical cleanliness must be observed goes without saying.

The limb is cleansed with ether and soap, and for some time before the operation packed in a wet carbolic dressing. The patient being etherized, the limb is rendered bloodless, and a tourniquet applied above the upper limit of

the incision; the limb is again washed, a short incision is made some little distance above the length to be removed, and the vein divided here between two ligatures. In this way I have protected the proximal end of the vein against any possible infection which might find its way into the larger wound. So far, this precaution has never been necessary, none of the cases having been infected. A rapid incision is now carried over the entire length of the vein to be excised and down to it.

The skin flaps, being well turned back to enable one to follow the altered branches through the fascia and into the muscle, if needs be, are fastened with a few stitches, and the piece of vein to be removed is divided at its upper end. The dissection proper is then commenced, and this is the tedious part of the operation. The major portion of the work may be done with the back of the knife, or a fine periosteal elevator, the branches encountered traced out beyond all appearance of disease, and tied off with strings or catgut (preferably that boiled in alcohol under pressure). Unless considerable care be exercised, many of the smaller branches will be torn, and troublesome bleeding may result. That I might feel satisfied that my catgut was absolutely safe, I had Tiemanns make me this metallic box with screw cap. The catgut is placed in the box, covered with absolute alcohol, and boiled for half an hour on each of three successive days; the method is safe, and, after sterilization in this way, we need have no misgivings as to the cleanliness, at all events, of his gut. The dissection having been completed and the vein removed, the tourniquet is slightly and cautiously relaxed and the bleeding points secured. This is best done by torsion with fine pressure forceps which include little more than the vessel in their bite, and are therefore less likely to produce destruction of the already somewhat devitalized tissue than one of a coarser pattern. After flushing out the wound with sterilized water, I have usually dropped into it a few drops of pure chloroform for the purpose of sterilizing, but mainly to control any general oozing, for chloroform, applied in this way, has a decidedly styptic action.

Before withdrawing the tourniquet, I have put in a number of deep sutures, which pass under the wound and do not appear in it. These are not tied until the wound is being closed, but would effectively control hemorrhage from any branches which might have escaped the catgut ligature, and, drawn moderately tight, give the wound good support while healing. The superficial sutures are of stearin, sterilized silk, interrupted, and placed at the greatest distance compatible with perfect coaptation. The wound having been covered with a moist boracic-acid dressing, protected

gutta-percha tissue, is placed upon a pillow, the sutures removed upon the seventh day, and the patient kept in bed for two weeks longer, and compelled to wear a flannel bandage for at least six months, to be removed upon the slightest indication of varicosity in any of the remaining vessels.—*Canadian Practitioner*.

### OPERATIONS ON AGED SUBJECTS.

Blum (*Arch. Gén. de Méd.*, July, 1892) asserts that as a result of recent improvements in surgical treatment, subjects of advanced age may be submitted to operation without any special risk. Whilst regarding as aged subjects those over 70, he points out that they are theoretically old whose anatomical elements and tissues have lost much of their physical, chemical, and organic properties. The chief physiological characteristic of old age, he states, is atrophy of the structures of the body, and especially of adipose tissue. Reference is made to several instances reported by British surgeons of successful operations on old people, and records are given of fourteen cases in which equally satisfactory results have been obtained by himself. In one of these a woman, aged 84, recovered after removal of a cancerous mamma; one woman, aged 81, was operated on with good results for strangulated umbilical hernia, and another, ten years older, for femoral hernia. The list includes several instances of removal of malignant growths. The author concludes from these cases that the surgeon, in dealing with aged patients, ought not to rest content with intervening in those instances only in which life is directly threatened, as, for example, in strangulated hernia, but that he should be prepared to act also in instances of chronic disease advancing slowly, yet inevitably, towards a fatal issue. He should endeavor to dispense with general anæsthesia; beyond its direct danger, the anæsthetic agent is liable to cause a prolonged state of prostration, against which the aged subject struggles with much difficulty. The author usually trusts to the injection of cocaine, or to the previous internal administration of chloroform in small doses with the object of benumbing the patient. Old people, he states, are much less sensitive to pain than adults. During the operation, much care should be taken to keep the patient warm. Although the surgeon should prevent loss of blood as far as possible, he ought not to practise the so-called bloodless method, as paralysis of the vasomotor nerves results in an oozing of blood from the seat of operation, which may be found very difficult to arrest, particularly in subjects of atheroma. Every effort should be made to bring about immediate healing of the wound by careful attention to asepsis, so that

the necessity for prolonged rest in bed may be avoided. The patient should be well nourished after the operation, and allowed to get up as soon as he can do this without running any risk.—*British Med. Journal*.

### TREPHINING FOR MENINGITIS.

McArdle (*The Dublin Journ. of Med. Science*, July, 1892) reports a case the good results of which favor the view that trephining may do good in some forms, at least, of meningeal inflammation. In other regions than the head, when inflammatory tension is evidently leading to a fatal termination, relief is often afforded by incision and free drainage. The time has now arrived, the author thinks, when this principle may be applied in brain surgery. The patient was a coal porter, aged 40, who fell into the hold of a vessel, and struck the left side of his head. He remained unconscious for some hours, but on the third day was able to resume his work. There was no trace of injury to the right side of the scalp. The patient continued at his laborious occupation for sixteen days, but after this interval suffered from nausea and pain in the head; soon afterwards he lost the use of both limbs on the left side. Four days later he suffered from severe convulsive attacks, each beginning with firm flexion of the fingers of the left hand; as death was imminent from laryngeal spasm, a small disc of bone was removed from the skull on the right side over the upper end of the fissure of Rolando. Serum, not blood, was found to be the immediate cause of the pressure symptoms. After removal of the piece of bone, the dura mater projected into the wound. On incising this, a greenish serous fluid gushed out. The membranes were thickened, and showed that meningitis had been set up. The man made an uninterrupted recovery, and went back to his work one month after the operation.—*British Med. Journal*.

### REMOVAL OF TUBERCULOUS MESENTERIC AND RETROPERITONEAL GLANDS.

A. Bier (*Deutsche Med. Woch.*, No. 23, 1892) reports the following case. A young man, aged 15, was admitted to hospital on September 1st, 1890, and gave the following history. He had had good health, and had no family taint. In the autumn of 1889 he suffered from attacks of pain in the region of the umbilicus. These disappeared in the winter but came on again in the spring of 1890, and were then accompanied by nausea, vomiting, and giddiness; they had become worse, and continued at intervals till admission. He had lost flesh for

six months. On admission he was seen to be a strong, muscular young man. He complained of attacks of abdominal pains which caused him to roll on the floor during an attack. These attacks were accompanied with nausea, vomiting, and giddiness. Deep in the abdomen and on the left side of the umbilicus there could be felt two tumors, each the size of a walnut, very sensitive to "pressure, and only slightly movable. The stools were regular, normal in color, amount, and consistency; the urine also was normal; the diagnosis was retroperitoneal tumor. Laparotomy was performed on Sept. 10th, an incision being made 15 centimetres long in the linea alba. The tumors were then found to be masses of lymph glands, each about the size of half the fist, one being situated on the left side of the root of the mesentery, and the other in the mesentery close to the small intestine. The one at the root of the mesentery easily shelled out, and was found to consist of caseating gland. The other tumor was removed with greater difficulty; it was adherent to the peritoneum, covering it, and had to be scraped away, some parts being nothing more than pus-containing cavities. After complete removal of the tumors, the cavities left were filled with a solution of iodoform in alcohol and ether, and the peritoneum united with catgut sutures over them. The peritoneal cavity was now cleansed, and the parietal wound closed with silk sutures. After the operation no further attacks of pain, nausea, vomiting, or giddiness took place. A few days after the operation an abscess formed in the abdominal wall at the seat of the wound, but this was relieved by removing the suture, and the patient soon recovered. On October 8th he was discharged quite well, and remained so till October, 1891, when he was last heard of.—*British Med. Journal.*

## THE RADICAL CURE OF HYDROCELE BY INCISION.

By DR. W. JOSEPH HEARN.

For many years the treatment suggested for the radical cure of hydrocele of the cord was so unsatisfactory that I was led to adopt the mode of treatment suggested by the title of this article. The first case was a boy ten years old, in the wards of the Jefferson College Hospital. The cyst was almost behind the cord. There was great danger of wounding some of the vessels should I attempt to puncture the cyst. I incised the tissues overlying the cyst-wall, and treated the case in the manner detailed below. The boy was out of bed on the second day. From the satisfactory results following the operation on encysted hydrocele, I was led to adopt the same treatment for the

tunica vaginalis. I usually employ the following method: After the parts are shaved and thoroughly cleansed with soap and washed with a hot bichloride solution, I freeze the line of incision at the most dependent part of the sac. For freezing I use the chloride of ethyl, which, by the way, is the most reliable and satisfactory agent of which I know.

I then, through the frozen line, make a free incision into the sac. Catching the edges of the sac with forceps, or needles armed with ligatures, that I may hold the sac up and open, I empty and thoroughly dry it out with sterilized cotton or gauze. Then with cotton or gauze saturated with pure carbolic acid (the crystals liquefied with heat) I mop the entire cavity of the sac. A small tent of iodoform gauze is inserted at the lower angle of the incision for capillary drainage. The tent is removed in from twenty-four to forty-eight hours. But the sac and overlying skin are closed with catgut sutures, within one-half inch of the lower angle. An incision one inch long gives every facility for drying out the cavity. The line of incision is covered with aristol or iodoform, and then covered with antiseptic dressings and rubber dam. Purulent inflammation never occurs if strict antiseptics has been observed.

Where the patient is timid or prefers it, ether can be used with great satisfaction, but it is not necessary. There is no more pain, and the recovery is just as rapid as in the carbolic acid injections, which I have always used and preferred previous to this mode of treatment. It is not claimed that this mode of procedure can take the place of partial excision or Volkmann's operation in those cases where the sac is covered with calcarous plates or so thickened that the walls cannot collapse. It is adapted only to sacs with thin walls, whether they be translucent or not.—*Therap. Gazette.*

## SYPHILIS AND PREGNANCY.

Fournier (*Gazette des Hopitaux*) believes that two of the most important factors in the diagnosis of hereditary syphilis in a family are great frequency of abortion and high infantile mortality. Abortion is least frequent when the father alone is syphilitic, more frequent when the mother alone is syphilitic, and most constant when both parents are infected. In the latter cases as many as nineteen abortions have been known to occur. Fournier attended a family in which the first three children were all born at term and all robust. Then the father contracted syphilis, and his wife became infected; she aborted three times in succession. Fournier found that at the Lourcine Hospital 145 out of 167 of the children born of syphilitic mothers died in the institution. Collecting

trustworthy statistics of 441 cases reported elsewhere, 100 children whose mothers were syphilitic survived infancy, while 341 died. It is noteworthy that out of the 341 that died, 335 perished within their first year; only six died later. Out of nine children in a syphilitic family, only two are likely to survive their first year.

### COCAINE IN SURGERY.

By R. H. COWAN, M.D.

While ether and chloroform are in daily use as anæsthetics, and reports of death from either of these agents are rare, yet in the hands of the most careful and experienced fatal narcosis does occasionally occur. In a larger proportion of cases alarming symptoms are present, sometimes followed by permanent bad results. Of course, in common with other surgeons, I recognize in these anæsthetics a wonderful boon both to patient and operator; indeed, I can hardly understand how the surgeons of the past got along without them, and I think the feeling must be shared by others. I can but look forward with impatient anxiety to the discovery of some agent, which, while equally efficacious in allaying pain, can claim the superior merit of absolute safety.

When cocaine was first introduced to the profession, and exaggerated reports of its wonderful properties were published, I looked with much interest for reports of its use, and availed myself of the first opportunity to employ it in operations on the eye and later in minor operations.

Within the last twelve months I have ventured farther and performed several more serious operations with cocaine as my anæsthetic, and in every instance its action has been all I could desire. Anæsthesia has been perfect, no bad symptoms have occurred, and union by first intention has been the rule.

The operations have been as follows: A large and deeply imbedded tumor (adipose) removed from the popliteal region, and seven amputations—four of the leg, and one each of the thigh, forearm and arm.

Cocaine was, I believe, first advised in amputations by Dr. Corning, and his advice was strengthened by an actual experience. Why he has not had more followers I do not know; it is, however, for this very reason that I am induced to contribute my meagre experience. I am well aware that we have reports of disastrous results from cocaine, nor would I countenance the reckless administration of a drug with whose properties we are as yet but little acquainted.

Whether or not cocaine will supersede ether and chloroform in the near future I cannot say; but believing it is only by reports from actual experience that we can arrive at any de-

finite knowledge of its virtues, I desire to contribute my mite.

Before concluding, I may mention some of the advantages which, it seems to me, are secured by the use of cocaine:

1. Absence of depressing effects in cases of severe shock, or of constitutional weakness.
2. Freedom from nausea and vomiting after operations.
3. Limitation of anæsthesia (of course constriction with an Esmarch above point of operation is made) to the field of operation, and consequent comparative security from fatal narcosis.

In the above-mentioned operations (with the exception of the two first amputations) I have, at the suggestion of Dr. Wyeth, employed a two per cent. solution. This strength, while proving equally or perhaps more efficient in producing anæsthesia, possesses the additional advantage of reducing to a minimum the danger of any toxic effect.—*Inter. Jour. of Surgery.*

### PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

℞ Acid chrysophanic, gr. x  
Liv. carbonis deterg. M x  
Hydr. amm. chlorid, gr. x  
Adip. benzoat ʒ i  
Misce fiat unguent.

At night the patient should wash the diseased surfaces free from all scales; then standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation.

### RINGWORM.

℞ Ammoniated mercury  
Flowers sulphur aa ʒ i  
Lanoline ʒ i  
M. Sig. Apply to parts affected once or twice a day.

### FLATULENT COLIC.

℞ Aqua camph, ʒ i  
Spts. ether. co., ʒ ii  
Tr. card co., ʒ iv  
Spts. anise ℥ vi  
Syr. Zinzib., ʒ ii  
Aqua menth. pip., ad ʒ vi  
M. Sig. One ounce when flatulence is troublesome.

Dr. J. M. Duff says that strychnine administered during pregnancy is a valuable aid to labor. It is especially valuable as a remedy preparatory to labor where there is general debility and want of muscular tone. Give 1-60 gr. of strychnine three times a day, beginning from six weeks to two months prior to the anticipated time of delivery, and keep it up until a week or ten days before delivery, when, if it is well borne, it may be increased to gr. 1-40.

Chloride of calcium in five to fifteen grain doses every four hours is highly recommended in pneumonia.

Dr. David Cerna says that belladonna does not antagonize the action of opium upon the respiration or the circulation, and he believes that the ingestion of atropine in the case of a human being poisoned by opium is as unwarrantable and disastrous as the administration of alcohol in excessive doses in accidents under chloroform or ether.

#### TREATMENT OF DIPHTHERIA WITH CHLORIDE OF IRON.

Dr. E. Hubner and Dr. N. Rosenthal (*Therapeutische Monatshefte*, December, 1892), write in separate articles of the use of chloride of iron for diphtheria, as recommended by Rehn. Dr. Hubner treated fifty-two cases with it, losing only two, although six other patients had the disease with such severity that he could not have hoped to save them with any of the remedies formerly used. He had the throat painted twice daily, and in very severe cases three times, with a solution of 1 part in 5. He also made use of frequent sprinkling of the throat with weakened lime-water, of ice pellets, and an ice bandage about the throat.

Dr. Rosenthal tabulates seventy-nine cases of undoubted genuine diphtheria treated by him. The patients came under his treatment early, and remained until the disease was over. Only seven, or less than nine per cent., died, and the good results must be ascribed to the remedy.

#### SOOTHING SYRUP WITHOUT OPIUM.

R Oil anise.....mxxv.  
Alcohol..... ʒij.  
Fl. ext. valerian..... ʒi.  
Oil peppermint.....mxv.  
Tinc. camphor..... ʒij.  
Fl. ext. liquorice..... ʒi.

M. Sig.: Shake the bottle. Dose—One-fourth or one-half teaspoonful in water. Repeat as needed.—*Cin. Lan. Clinic.*

#### QUININE.

Not long ago I was called (Dr. E. C. Hill, Denver) to attend a lady in confinement who had been suffering severely for about twenty-four hours. Physical examination between and during pains showed that they were inefficient, and that barely any progress had been accomplished in the labor; the maternal organs

and the foetal presentation and position were normal. Believing the delay to be due to uterine inertia, I gave the patient a five-grain capsule of quinine sulphate, to be followed with a similar dose in two hours. The pains almost immediately began to increase in frequency, duration, regularity and force, and in three hours from the time I entered the house the baby had arrived safe and sound. I have used quinine for this purpose some twenty or thirty times, and have never had occasion to regret its administration.

#### PRESCRIPTION FOR DIARRHŒA.

According to *L'Union Medicale* Mencke employs the following prescription.

R Powdered resorcin, gr. xv.  
Paregoric, M xv.  
Distilled water, ʒiii  
Syrup, ʒii.

A desertspspoonful of this may be taken every two hours.

In the case of children it is well to diminish the quantity of resorcin and of the paregoric, or a coffeespoonful of this mixture may be given every two hours.—*Ther. Gazette.*

#### EARACHE.

Dr. Alex. Randall of Philadelphia (*American Journal of Med. Science*), sums up the treatment of earache as follows:

In conclusion, then, it may be repeated that earache is often due to acute tympanic inflammation arising from a naso-pharyngeal condition which demands treatment. Cleansing and detergent sprays and post-pharyngeal painting with astringents can control this and relieve any referred pain from this location. The hot syringing will give any needed cleansing, allay the local pain, and, by reducing the inflammatory congestion, help on the resolution. Protection, local and general, with medicinal treatment of general symptoms, will generally give such prompt and real relief that the host of other remedies may remain as an unemployed reserve. The physician summoned to a case of earache can generally leave his morphine and cocaine at home, if he will take his brow-mirror, a syringe and an atomizer.—*Memphis Med. Monthly.*

We call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.



## Progress of Gynaecology.

### RESULTS OF VAGINAL HYSTERECTOMY IN CASES OF UTERINE CANCER.

Terrier and Hartmann (*Rev. de Chir.*, April, 1892) publish a series of 18 cases of vaginal hysterectomy performed for the removal of cancer of the uterus, and also give the results of recent inquiries concerning 18 other cases of a like kind, which were tabulated and published in 1888. In each series the immediate mortality from the operation was 23.5 per cent. In the second and later series death was due in one case to shock, and in two cases to peritonitis. In one case the patient died on the fourteenth day in consequence of phlebitis of the main venous trunk of the lower limb. Of the patients referred to in the first series of cases who recovered from the direct effects of hysterectomy, two were living and in good health after long intervals—one after six years and four months, the other after five years and four months from the date of operation. In eight cases included in the earlier list recurrence occurred after intervals varying from six weeks to two years. In five of the second series of cases the patients when last seen were living after intervals varying from three years and five months to eight months. Of these five patients, however, two presented indications of return of the disease in the vaginal cicatrix. The authors point out that vaginal hysterectomy is a serious measure, as these tables show a death-rate from the operation itself of about 23 per cent. The results of this treatment are, it is held, not more serious when it is performed as a palliative step than when it has for its object complete removal of the diseased structures. It is indicated, therefore, whenever the cancerous uterus is mobile, although the vaginal *cul-de-sac* may be involved in the disease. Recurrence, which has been noted in about 70 per cent. of the cases, although usually speedy, may in some cases be postponed for a long interval (from seventeen months to two years, or even longer). These tables show that 30 per cent. of the patients who had undergone vaginal hysterectomy are apparently cured by this operation, even in cases in which the malignant nature of the disease has been proved by both clinical and histological observation.—*Brit. Med. Journal*.

### CATHETERISM OF THE FALLOPIAN TUBE.

Boursier (*Archives Clin. de Bordeaux*, May, 1892) succeeded in catheterizing the left tube in a case where the patient, a 2-para, aged 31, was under treatment for endometritis. She

had been delivered, normally, about four months previously, and Boursier had applied sulphate of copper points to the uterine cavity. In the act of passing the sound he found that without the least force, violence, or pain its point slipped upwards and to the left for over four and a-half inches. Six days later it could be passed five and two-fifths inches, in the same direction. When the sound was carefully directed upwards, the uterus being steadily so that the fundus was touched in the middle line, the uterine cavity was found to measure a little over two and a-half inches. The sound could not be passed into the right tube. About a month later, when the sound was passed to the left, as before, its point was felt under the abdominal wall three inches to the left and below the umbilicus. The least attempt to move the point of the sound to the middle line caused severe pain, and the instrument was evidently held by some resisting structure. The patient was thin, and hence the appendages could plainly be distinguished in place before the sound was introduced. After its introduction in the manner just described the left appendages could no more be detected in the pelvis, though the right were clearly in their natural position. In fact the left appendages were drawn upwards by the sound. When the patient was last seen, within three months and a-half after the first introduction of the sound into the left tube, it was found that that manoeuvre was no longer possible.—*Brit. Med. Journal*.

### "SHOW" OR VAGINAL HEMORRHAGE IN NEWBORN CHILDREN.

Eross, of Buda-Pesth (*Centralbl. f. Gynak.*, No. 24, 1892) observed, within two years, 6 cases of hæmorrhage from the genitals in newborn female children. In 2 cases the "show" began on the third, and in 4 on the fourth day. In two cases it lasted two days; in 3, four days; and in 1, five days. One case died. The infant was premature, and sank, it seemed, from pure debility. The endometrium was dark colored and loosened from its connections. On its surface were two hæmorrhagic foci, of the size of lentils. The serous coat was very vascular at the fundus. The cervical mucosa was pale, the vaginal mucous membrane swollen and deeply injected. Clots, mixed with mucus, lay in the vagina and uterine cavity. Eross attributed the hæmorrhage to acute catarrh of the mucous membrane of the genital tract. All the five children were born well developed, and there was in no case any history of septicæmia, syphilis, hæmophilia, or Winckel's disease. As the five survivors were discharged on the eighth day, there was no opportunity of judging if the "show" represented menstruation.—*Brit. Med. Journal*.

## INDUCTION OF ABORTION IN CARDIAC DISEASE.

Dolérís (*Nouv. Arch. d'Obstét. et de Gynéc.* May, 1892) performed this operation, recently, on a woman, aged 25, who had aortic insufficiency and dilatation of the aorta. She was advised never to become pregnant, but did not regard this advice. Her last period ended on November 9th, 1891. The cardiac symptoms grew worse, and uncontrollable vomiting set in. Pregnancy was evident, and on December 31st it was determined to induce abortion. For four days antiseptic sublimate injections were thrown up and iodoform tampons applied. On January 4th a laminaria stem was placed in the cervix. On the 5th a second and larger stem was introduced. On the 6th the ovum was extracted; the amniotic pouch was opened by the curette. The embryo was extracted in two pieces. The uterine wall was carefully scraped in order to detach the decidua vera. After an intra-uterine injection a tampon was applied to the vagina. Small pieces of already detached chorion were expelled on the evening of, and the day after the operation. After about a fortnight's rest, the patient felt quite free from all the bad symptoms caused by the pregnancy. The catamenia reappeared on January 28th. The advantages claimed by Dolérís for his method are: limitation of flooding (in this case hardly a drop of blood was lost), strict antiseptis, and rapid evacuation of the uterine contents:—*British Med. Jour.*

## Progress of Therapeutics.

### THERAPEUTICAL STUDY.

By G. B. KUYKENDALL, M.D., Pomeroy, Washington.

For some time past the advances made in Therapeutics have been more in the line of laboratory products than in that of those medicaments directly from the forest and field.

We better understand the action and uses of antipyrine, phenacetine, sulfonal and many other recent additions to our armamentarium than we do of such drugs as belladonna, digitalis, cimicifuga, phytolacca and a host of older remedies.

Those medicines that act speedily, whose therapeutic effects are rapidly manifested, very soon find their proper place and field of usefulness, while those whose action is slower require more time for their study.

This very need of time and a long series of observations must always be an obstacle in the way of rapid advancement in the study of this class of remedies.

We may, therefore, reasonably expect that improvements in the treatment of acute diseases will progress faster than in that of those more chronic in nature.

Before we can determine the value of reports on the action of medicines, it is needful to inquire into the circumstances attending experiments in their use, otherwise we are liable to be led into the grossest error.

Hitherto, much of the study of therapeutics, and many of the reports on the action of medicines, have had no practical value.

There are a multitude of contingencies tending to invalidate results, and a pretty large number of experimentors seem to disregard these in their observations. In order to make sure of the action of a remedy, we must be able to clearly recognize the exact condition of the system of the patient at the time of administering the medicament. How many times a remedy is administered for a supposed condition when another exists.

Who has not seen the "diphtheria curer" having remarkable success "curing diphtheria" and "not losing a single case," while other physicians, practising in the same vicinity, were not meeting the disease at all; or has not heard of some doctor "curing pneumonia" cases by the dozen, while other physicians around were meeting only cases of severe cold or simple bronchial attacks? And these very "doctors" (?) are the ones who rush into print, vaunting this or that remedy as a "specific" for certain diseases, when, perhaps, they may not have met a single case of the kind. These so-called reports on the action of certain medicines are vitiated from their very fountain head, and, instead of being a guide and help, are a snare and a delusion. Instead of assisting those who depend on them, they lead to disappointment, and, what is worse, may cost a life. This loose, unreliable mode of study, observation and reporting has greatly hindered therapeutical advancement.

Another fruitful source of error in the study of the therapy of medicines is the use of remedies in combination with something else, and then attributing the effects of the combination to one single remedy. One can scarcely take up a medical journal without seeing some such caption as "Salol in Diarrhoea," "Ergot in Pneumonia," "Phenacetine in Typhoid Fever," "Manaca in Rheumatism," etc. When the article is read, it is found that the medicine in discussion was given in combination with from two to four other of the most reliable remedies known for that particular disease. Whatever good was done by the prescription was the result of the combination, and could not be attributed to any one alone. If one alone did the work, then the others should have been left out.

Before me there is a late medical journal

with an article headed "Iodide of Starch in Diarrhœa." This article shows that the iodide of starch was given in combination and with full medical doses of oil of peppermint and powdered opium.

Another journal has a note on "Salicylate of Soda in Rheumatism," and gives a formula containing, in addition to the salicylate, full doses of colchicum and poke, while the whole credit of the prescription is given to the salicylate. Of what practical value are the deductions made when the results of such a compound are all attributed to one single remedy? The same prescriptions would just as easily prove wonderful virtues in the other four articles used. These, as every reader of the RECORD can testify, are not isolated cases nor exaggerations. Diseases are weights to be lifted, or obstacles to be moved; medicines are forces. The action of very few medicines, if any, is in the same exact line. Two medicines together form a resultant force that moves or acts in a line different from either medicine alone. To determine the action of any remedy it must be given alone.

Such methods of therapeutical study as have been mentioned can lead to no definite result, and we need no longer wonder that, of a dozen or score of persons using the same medicament, there are often scarcely any that agree, and often results almost diametrically opposite are reported. Progress can only be made by a thorough appreciation of the disease and condition for which the remedy is to be administered. The age, temperament and other conditions and peculiarities of the patient must be carefully considered; the size of the dose, quality and strength of the drug, and all attending circumstances should be carefully noted. What is of most importance is, the drug must be given alone. When all these things are taken into proper account, then we may expect practical results, particularly if the observations are extended over a sufficient number of cases and during different seasons and epidemics.

Another thing that stands in the way of therapeutical progress is the inconsiderate zeal and enthusiasm which often warps the judgment of the experimenter. Too often he is trying to make facts and results agree with a preconceived theory. If so, then every fact or phase that could possibly be twisted to fit this pet idea is set down to its credit. Such an investigator is blind to the real facts and merits of the case, and can see nothing without bias. It is evident that his conclusions must be destitute of value, and the greater his name or influence the worse the effect of the delusion on those who listen to his teachings. Many times the sanction of a great name has temporarily bolstered up a therapeutical humbug.

The young practitioner is often very enthu-

siastic, and, if a certain remedy seems to produce good results as often as two or three times, it is forthwith vaunted as a "specific" for that particular disease or condition. Perhaps, after he has written an article sounding the praises of the "specific," he encounters a half dozen or dozen other cases that blast his beautiful dreams and demolish forever his castles in the air. And yet, perhaps he will go on and do the same thing with some other new remedy the first chance that falls in his way. Not all do this, but too many do. It is these reports by enthusiastic, unthinking people that fill the pseudo-medical journals with stuff that is seized upon by the makers and venders of proprietary compounds, as advertisements to puff worthless nostrums, or to recommend an article of value in some diseases, for a use it never was adapted. All these things tend to create doubt and distrust, and sometimes to hinder a really good medicament from receiving due appreciation. Over-zeal and confidence and undue haste in reporting the effects of medicines are prolific sources of error. We sometimes meet a young doctor, of from six months to two or three years' practice, who has more "specifics" and dead cures than almost any physician of forty years' experience would dare to own.

Some of the journals just now are devoting special numbers to the discussion of certain diseases. Would it not be a good innovation to devote in the same way special attention to the use of particular articles of our materia medica? A good many physicians have, undoubtedly, discovered new peculiar uses for certain remedies. By a comparison of ideas, the knowledge possessed by a few might be made a benefit to many. The science of medicine is not narrow and sectional, but is broad and cosmopolitan.—*Pacific Medical Record.*

#### THE USE OF DIGITALIS IN LARGE DOSES.

At a meeting of the Belgian Académie de Médecine on April 30th (*Sem. Méd.*, May 11th, 1892), Masius said digitalis was generally given in heart disease as an infusion in daily doses of 0.75 g. to 1 g. to reduce the rapidity of the pulse and increase and regulate its strength and tension. Used in the same doses in febrile disorders, it fulfilled the same indications, and in addition lowered the temperature, these effects usually manifesting themselves on the third day after the commencement of administration. As the result of numerous experiments, Masius has convinced himself that not only can digitalis be taken without any ill effect in doses (4 grammes in the twenty-four hours) which are generally looked upon as "hypertoxic," but that in these massive doses it obviates "surely and

rapidly" the dangers arising from cardiac weakness and pyrexia. On the other hand, even in large doses, digitalis neither checks nor shortens the evolution of pneumonia. Digitalis used as an infusion in daily doses of 4 grammes often produces good effects in forty-eight, sometimes within thirty-six hours; the effects show themselves less quickly in febrile conditions than in diseases of the heart. The drug causes gastric disturbance more frequently in healthy persons than in those suffering from the affections in which its use is indicated. Masius says he has employed digitalis with success, in the form and dosage already mentioned for nearly a year in a large number of cases of cardiac diseases and infectious febrile disorders, especially pneumonia, to strengthen and regulate the action of the heart. Of course, the drug has no effect if the heart muscle is too much altered in structure, or if its nervous apparatus is too exhausted to respond to stimulation. Masius sums up his conclusions in the statement that the toxic dose of digitalis has been in the case of man fixed too low both in health and in disease.—At a more recent meeting of the same Society (*Sem. Méd.*, June 29th, 1892), Masius's assertions were severely criticised by Miot, who said those who might be bold enough to act on his teaching would be likely to repent it. He pointed out that different samples of digitalis varied considerably in therapeutic activity. The parenchyma of the leaf was the most active part of the plant. The leaves gathered at the end of the second year were dried and kept in a closed vessel; they should not, however, be kept longer than twelve months, at after that time they lost much of their activity. As regards the infusion, Miot said it must not be forgotten that boiling water robbed digitalis of a good deal of its activity; the water should, therefore, never be at a higher temperature than 70° C. By the use of digitalis prepared in this manner, and in a daily dose of 2 g., Miot recently induced resolution in a case of chronic pleuritic effusion in five days, and in another case effected complete and rapid cure of congestion of the left lung, with œdema of the legs. In a third case, the same treatment (with the addition of 2 g. of tincture of nuxvomica to the 2 g. of digitalis) caused the disappearance of serious symptoms of cerebral and pulmonary congestion in an alcoholic patient. In discussing Miot's communication, Moeller said that in two cases (one of mitral insufficiency and one of cardiac weakness without valvular lesion) digitalis given in ordinary doses did good at first, but seemed to lose its effect after a time without gastric intolerance being induced. After becoming acquainted with Masius's views, he tried digitalis in progressively increasing doses of 2, 3, and 4 grammes. The effect on the circula-

tory apparatus was *nil*, while the gastric intolerance was such that the treatment had to be discontinued.—*Brit. Med. Journal*.

#### CLASS-ROOM NOTES.

Prof. Hare says that for *Diseases of the Skin or Mucous Membranes*, glycerine as an external application should never be used pure, but always largely diluted.

Prof. Hare says that the *Sulphate of Copper* should never be used as an emetic except in cases of phosphorus poisoning, in which condition it acts as a chemical antidote.

In order to cover the *Taste of Cod Liver Oil* partly, Prof. Hare recommends the placing of a pinch of salt on the tongue immediately before and after taking the oil.

In cases of *Sore Relaxed Throats*, Prof. Hare recommends a gargle consisting of the sulphate of copper in the strength of four grains to the ounce of water as very serviceable at times.

Prof. Da Costa states that the *Intestinal Lesions* in cases of relapse of typhoid fever are not so profound as in the original attack, and that they terminate much sooner than in a regular attack.

Prof. Hare says that powdered cubeb berries snuffed up the nostrils in case of *Cold in the Head* will often prove very beneficial; but the stage of secretion must be well established before they are used.

In order to examine a scapula for supposed *Fracture*, Prof. Brinton recommends the following procedure for making the scapula prominent: Flex the forearm on the arm, and carry backward and upward.

Prof. Hare says that cases of *Acute Rectal Catarrh*, with mucous diarrhœa and tenesmus, will often be cured after one or two injections of the chlorate of potassium in water in the strength of 20 grains to the ounce.

Prof. Da Costa says that experience has taught him that in order to obtain the best diuretic effects from *Pilocarpine* it should be administered in small, repeated doses, say one-twentieth of a grain every hour or two.

Prof. Da Costa is of the opinion that in the early stages of *Acute Catarrhal Jaundice* the mercurials should not be administered, but that the salines should be employed instead, the phosphate of sodium being, in his opinion, about the best.

In cases of *Empyema*, in which the attack is recent and of a moderate type, and a sample of the fluid withdrawn from the chest is but slight opaque, Prof. Graham strongly advocates a medicinal treatment without surgical interference.

Prof. Hare advises the placing of from one-half to one ounce of a one to one thousand

solution of bichloride of mercury in the spitcup of *Consumptives*, in order to destroy the bacilli and thereby render the attendants less liable to infection.

In the treatment of *Vesicular and Suppurative Tonsillitis*, Prof. Wilson does not recommend the application of hot fomentations and poultices to the outside of the neck in the region of the tonsils. He says it is not only inconvenient, but useless.

Prof. Hare says that in treating children suffering from *Gastro-Intestinal Catarrh* it is important to see that the abdomen of the child is properly covered. Often good results will not be obtained from medicinal treatment unless this is attended to.

Prof. Da Costa says a *Relapse of Typhoid Fever* is not as dangerous to the life of the patient as the original attack. He has treated two cases, in each of which five relapses occurred, and in both cases the patients successfully combated the relapse, and are now well.

### NEWS ITEMS.

#### AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The following is the preliminary programme of the American Electro-Therapeutic Association, which will hold its third annual meeting in Chicago, September 12th, 13th and 14th.

#### DISCUSSIONS.

(1) "What are the Possibilities of Electricity in the Treatment of Fibroid Growths."

Discussion will be opened by Dr. J. H. Kellogg, of Battle Creek, Mich.

The following among others have been asked to take part:

- M. le Docteur Georges Apostoli, of Paris.
- M. le Docteur Georges Gauthier, of Paris.
- Dr. La Torre, of Rome.
- Dr. Augustin H. Goelet, of New York.
- Dr. A. Laphorn Smith, of Montreal.
- Dr. Franklin H. Martin, of Chicago.
- Dr. Margaret A. Cleaves, of New York.
- Dr. G. Belton Massey, of Philadelphia.
- Dr. George F. Hulbert, of St Louis.
- Dr. E. L. H. McGinnis, of New York.

(2) "The Influence of Frequency of Interruptions and Character of Induced Current Waves upon Physiological Effect."

Discussion will be opened by Professor J. W. Morton, of New York.

The following among others have been asked to take part:

- M. le Prof. d'Arsonval, of Paris.
- Prof. Du Bois-Reymond, of Berlin.
- Mr. Newman Lawrence, of London.
- M. le Docteur Larat, of Paris.
- Prof. Edwin J. Houston, of Philadelphia.
- M. le Docteur Apostoli, of Paris.
- M. G. Weisse, of Paris.
- Dr. W. J. Herdman, of Ann Arbor, Mich.
- Mr. J. J. Carty, of New York.
- Dr. J. H. Kellogg, of Battle Creek, Mich.
- Dr. A. H. Goelet, of New York.

- Dr. Weir Mitchell, of Philadelphia.
- Dr. A. D. Rockwell, of New York.
- Dr. Frederick Peterson, of New York.
- Dr. W. F. Hutchinson, of Providence, R.I.
- Dr. Georges Gautier, of Paris.
- Dr. Franklin Martin, of Chicago.

#### PAPERS.

1. "The Nutritional Effects of Statical Electricity." By Prof. W. J. Morton, M.D., New York.
2. "Electro-Medical Eccentricities." By Newman Lawrence, M.I.E.E., London, England.
3. "The Graphic Study of Electrical Currents in Relation to Therapeutics." By J. H. Kellogg, M.D., Battle Creek, Mich.
4. "The Action of the Continuous Current within the living Tissues as distinguished from the local Polar Action." By Prof. W. J. Herdman, M.D., Ann Arbor, Mich.
5. "The Therapeutic Application and the Theory of Alternating Currents." By Dr. Georges Gautier, Paris, France.
6. "The Treatment of Fibroid Tumors with Electricity." By Dr. Georges Gautier, Paris, France.
7. "Induction Coils." By Mr. A. E. Kennelly, of the Edison Laboratory.
8. "Electrolysis in Tumors of the Bladder." By Robt. Newman, M.D., New York.
9. "The Present Position of Electricity in the Treatment of Ectopic Gestation." By A. Brothers, M.D., New York.
10. "Electro Therapie in Salpingitis." By W. B. Sprague, M.D., Detroit, Mich.
11. "Report of a Case of Ascites cured by Galvanism." By Holford Walker, M.D., Toronto, Canada.
12. "The Primary Action of the Galvanic Current on the Blood. It increases the amount of Ozone it contains, as shown by Chemical Tests of the Blood in the Arteries." By J. Mount Bleyer, M.D., and M. M. Weil, M.D., New York.
13. "The Conservation of Energy as a Successful Factor in Electrotherapy." By Horatio R. Bigelow, M.D., Philadelphia.
14. "Synovitis treated by Cataphoresis." By F. H. Wallace, M.D., Boston, Mass.
15. "The Use of Static Electricity in the Treatment of Incipient Insanity." By W. F. Robinson, M.D., Albany, N. Y.
16. "Further Study of Electrical Anaesthesia and Frequency of Induction Vibration." By W. F. Hutchinson, M.D., Providence, R.I.
17. "The Absorption of Fibroid Tumors by Mild Electric Currents." By R. J. Nunn, M.D., Savannah, Ga.
18. "Some observations on the Fine Wire Coil or Current or Tension." By H. E. Hayd, M.D., Buffalo, N. Y.
19. "The Treatment of Subinvolution by Electricity." By C. G. Cannaday, M.D., Roanoke, Va.
20. "Successful Treatment by Electrolysis of four additional Cases of Oesophageal Stricture with Exhibition of Two Cases." By D. S. Campbell, M.D., Detroit, Mich.
21. "The Treatment of Dysmenorrhoea by the Galvanic Current." By A. Laphorn Smith, M.D., Montreal, Canada.
22. "Notes upon some Uses of Galvanism in Surgery." By W. B. D. Beaver, M.D., Reading, Pa.

Several other papers of equal interest have been promised, but the titles have not yet been received.

MARGARET A. CLEAVES,

Secretary.

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**MONTREAL, AUGUST, 1893.**

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**HAVE YOU HAD A HOLIDAY?**

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Having as we have a direct interest in the good health and long life of our subscribers, we hope they will not think that our asking the above question is impertinent. There can hardly be any but the one opinion on the question as to the advisability of the medical man laying aside for a few weeks out of every year the worries and anxieties which are inseparable from his lot. There are some classes of workers who not only do not need holidays but who may even be better without them. Such, for instance, are those engaged in steady manual or other muscular labor which can generally be performed automatically and without the slightest mental effort. Provided that muscular effort is regularly followed by repose and sleep, steady work for six days out of every week all the year round and year after year is probably the healthiest condition for the human body. But it is different with the brain worker, and especially the physician. His muscular effort is not always followed by Nature's sweet restorer Sleep, and during his waking hours his brain hardly ever for a moment rests, while even during sleep in many cases his brain does not rest. The brain work of the doctor, involving as it does so many matters of life and death, is peculiarly wearing, and unless relieved from time to time by a complete rest must sooner or later wear him out. Nearly all observers are

agreed that every living thing requires intervals of repose from its work; the busy practitioner has no Sunday and seldom an unbroken slumber. But one of the greatest evils of his mode of life is the want of sufficient exercise, which probably kills more victims than does overwork. Eating generally in a hurry, he often eats too heartily, without having a corresponding opportunity for using up the material taken in excess, which being, therefore, only partially oxydized, floods the system with effete material which taxes the excretory organs to their fullest capacity to throw them off. In order, therefore, to save his kidneys, liver and his skin, as well as to restore his weary brain and at the same time to tone up his heart and other muscles and to expand his lungs, he should take a holiday every year, preferably to be spent in tramping through some mountainous region where the roads are good and where there is a plentiful supply of pure mineral or other spring water. With the plainest of food, the purest of air and water, and plenty of exercise, the holiday seeker can hardly fail to obtain a new lease of life. If, on the contrary, he spends his holidays at a fashionable and crowded summer resort, or in attending the meetings of medical societies where more intellectual food is dished up in three days than one can digest in a year, he will derive much less benefit from the change. There are many suitable places within easy reach, but among them we might suggest Saratoga, or the Adirondacks, or the White Mountains, while for those who prefer the sea air there is the beautiful Atlantic coast and the lower St. Lawrence. We firmly believe that the time and money spent on such a trip will prove to be a profitable investment.

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**ELEVATION OF THE LIMB IN THE  
TREATMENT OF CHRONIC ULCER  
OF THE LEG.**

Anyone who has had much experience in the treatment of this condition will probably admit that it is one which is very tedious, and likely to exhaust all the resources of the surgeon's art. While some cases are only cured when skin grafting has been resorted to, others have demanded nothing less than the amputation of the limb. Anything, therefore, which

will render chronic ulcers of the leg more amenable to treatment will surely be welcomed by those who have to deal with them. Such a measure is the elevation of the limb: not merely on a chair while the patient sits bolt upright on another one, nor even with the patient lying down in bed with the body half raised on pillows. To be of any use, the foot must be raised and the head lowered until the lowest part of the ulcer is higher than the highest part of the head. In order to attain this object, the simplest and most comfortable way is to raise the foot of the bed on two chairs or on a low table, so as to favor the constant emptying of the veins of the limb by gravity. But once the ulcer has healed the patient must never again assume the vertical position without first bandaging the limb. We have on several occasions completely cured in a few weeks, without the aid of skin grafting, ulcers of the leg which had dated back several years. The explanation is easy: the ulcer in the first place was due to a local necrosis of the skin, due as a rule to venous stasis or engorgement and a relaxed condition of the vessels. In the vertical position the weakened vein walls have to support a pressure of several pounds to the inch, while in the horizontal position with the limb elevated, there is not only no pressure on the vein walls but an actual suction or syphonage which completely removes all venous blood from the limb. The result is that not only all pressure is removed from the vein walls but also the parts are better nourished, owing to the great increase in the rapidity of the circulation, and the process of healing rapidly sets in. In addition to elevation of the limb, linseed poultices may be added with advantage for the purpose of maceration and removing the devitalized or partially necrosed tissue and for favoring granulations, but they must be left off as soon as the granulations have reached the surrounding skin, when they may be replaced by zinc ointment. Great care is necessary to see that the ointment is made from fresh lard, as if prepared from rancid lard, instead of soothing as it should always do, it will probably increase the smarting and pain. As a rule, it is better to have the ointment made from vaseline instead of lard.

We would be glad to hear from any of our readers who may try this plan, as we have no seen it mentioned much in the most recent works.

## THE PAN-AMERICAN CONGRESS, THE CHICAGO EXHIBITION AND THE CANADA MEDICAL ASSOCIATION.

For those of our readers—and we hope they are the majority—who can afford a two weeks absence from home, a splendid opportunity will present itself for combining business with pleasure during the month of September. On the 5th, 6th, 7th and 8th of that month there will be held at Washington one of the most remarkable and interesting medical congresses that has ever assembled on this continent. There will be representatives not only from the various provinces of the Dominion of Canada and from every one of the United States, but there will also gather there our brethren from the great South American continent, about which we so little know. The federal government of the United States, with its proverbial generosity, has voted a handsome sum to defray the cost of entertaining the visitors from whom the Congress will not accept any contribution other than a literary one. A great number of interesting papers have been announced, so that those who attend will not only be handsomely entertained physically but they will also be sure of a rich intellectual treat.

After the close of this Congress a number of special trains will convey those who wish to visit the World's Fair to Chicago, at a moderate rate. Those who are interested in electro-therapeutics are invited to attend a meeting of the Electro Therapeutic Association on the 12th, 13th and 14th at Chicago, after which a week may be devoted to the Exhibition. On the evening of the 19th a start should be made for the meeting of the Canada Medical Association at London, Ontario, which opens on the 20th of September and lasts two days. They may thus reach home by the 22nd or 23rd, just seventeen days from their having left it. For those who cannot be absent so long, the Canada Medical Association and the World's Fair could well be taken in together.

## SANITARY IMPROVEMENTS IN THE CITY OF QUEBEC.

We have much pleasure in calling attention to the excellent report of the Medical Health Officer of the City of Quebec, Dr. Catellier, for the year 1892, now before us. The sanitary

condition of the city is being rapidly brought up to the standard required by recent advances of science, with the result already that in one year the death rate has been reduced to the extent of 7 per 1000. As rapidly as the money at the disposal of the Board will allow, cess pits are being abolished, wooden drains are being replaced with tile ones, the civic hospital is being enlarged so as to accommodate all the cases of contagious diseases that can be induced to come there, tin and iron water closets are being replaced with porcelain ones, and a host of other reforms are being carried out, which will soon render Quebec with its magnificent site and pure water supply one of the most salubrious cities in the world. It remains to be seen whether the corporation of the city will be wise enough to provide the necessary money and men without which the most energetic health officer would be heavily handicapped. With a splendid hotel erected for the express purpose of making the stay of tourists in the historical city comfortable, it would be a very short-sighted policy indeed to drive these wealthy sojourners away by means of a high and preventable death rate. No one knows better than Dr. Catellier what to do, and it is to be hoped that there will be no stinting of the wherewithal to do it.

The American Medical Editors will have a Meeting and Banquet in Washington on the evening of Monday, September 4th, the day preceding the assembling of the Pan-American Medical Congress.

Dr. I. N. Love, of the *Medical Mirror*, 3642 Lindell Avenue, St. Louis, has been appointed Chairman of the Committee of Arrangements for Banquet, which fact gives ample assurance of the success of the latter.

It is earnestly hoped that every medical editor of all of the Americas will endeavor to be present on the interesting occasion. Please address the Chairman of Committee of Arrangements promptly.

## BOOK NOTICES.

L'ART, revue bi-mensuelle illustrée, 8 Boulevard des Capucines, Paris.

Sommaire du No. 695 (1er Mai 1893).

TEXTE.—*La Comédie d'aujourd'hui*, par F. Lhomme. — *La Hollande des Ostade*, par Marguerite Van de Wiele. — *Onzième Exposition annuelle de la "Royal Society*

*of Painter-Etchers*," par Félix Buhot. — *Notre Bibliothèque*. — *Le cent-onzième Salon de Paris et le cent-vingt-cinquième Salon de Londres*, par Paul Leroi. — *Courrier musical*, par Adolphe Jullien. — *Courrier de l'Art*. — *Bulletin bibliographique*, par P. L., en tête de la troisième page de la couverture de cette livraison.

GRAVURES HORS TEXTE. — *Portrait de Mlle Juana Romani*, eau-forte d'Adrien Didier, d'après F. Roybert. — *On aime à les relire*, dessin d'Edouard Gelhay, d'après son tableau du Salon de 1893. (Le placement de ces gravures sera ultérieurement indiqué.)

GRAVURES DANS LE TEXTE. — *La Danse au cabaret*, eau-forte; — *Gueux enveloppé d'un manteau*, eau-forte; — *Homme et Femme marchant ensemble*, eau-forte; — *La Caricature*, tableau; — *Le jubilé*, tableau; — *Le Goûter*, eau-forte; — *Intérieur de cabaret*, aquarelle; — *Paysan jouant au galet*, tableau; — *Paysan avec une petite toque noire*, eau-forte; d'Adriaan Van Ostade. — *Le Baptême du Christ*; — *Ecran en tapisserie*. — *La Richesse de la France; ceux qui ne se mettent pas en grève*, dessin d'Eugène Buland, d'après un fragment de son tableau; — *Chez ma fruitière*, dessin d'Eugène Claude, d'après son tableau. — *Etude de Lucien Laurent-Gsell pour son tableau: le Concours des Bébés à la mairie de Passy*; — *L'Yvette à Dampierre*, dessin de Gustave Garaud, d'après son tableau; — *Au mouillage. Derniers reflets du couchant (baie de Cancale)*, dessin de G. E. Le Sénéchal de Kerdréoret, d'après son tableau; — *De Chioggia a Santa Marina*, dessin de Gaston Roulet, d'après son tableau. (Salon de 1893.)

## PAMPHLETS RECEIVED.

Unless the edition of these valuable monographs has already been exhausted, the authors are generally quite pleased to send a copy free to any of our readers applying for them who mention the CANADA MEDICAL RECORD.

UMBILICAL HERNIA IN THE FEMALE. With a Report of Five Cases. By A. Palmer Dudley, M.D., New York City. Reprint from Vol. XVII. Gynæcological Transactions. 1892.

ON THE RELATION OF ECZEMA TO DISTURBANCES OF THE NERVOUS SYSTEM. By L. Duncan Bulkley, A.M., M.D., attending physician to the New York Skin and Cancer Hospital. From *The Medical News*, Jan. 31 and Feb. 7, 1891.



THE INTERNAL TREATMENT OF LUPUS ERYTHEMATOSUS WITH PHOSPHORUS. By L. Duncan Bulkley, A.M., M.D., from *The American Journal of the Medical Sciences*, April, 1893.

CLINICAL STUDY AND ANALYSIS OF 1,000 CASES OF PSORIASIS. By L. Duncan Bulkley, A.M., M.D., physician to the New York Skin and Cancer Hospital, etc. Reprinted from the *Maryland Medical Journal* of Sept. 26 and Oct. 4, 1891. Baltimore, Journal Publishing Co., print., 209 Park Avenue. 1891.

SURGICAL THERAPY OF RECTAL CANCER. By Thomas H. Manley, M.D. Reprint from *Merck's Bulletin*, February, 1893.

MODERN HOMEOPATHY: ITS ABSURDITIES AND INCONSISTENCIES. By William W. Browning, A.B., LL.B., M.D., Brooklyn, N.Y., Lecturer upon, and Demonstrator of, Anatomy, Long Island College Hospital; Member of the Kings County Medical Society and of the American Academy of Medicine. Philadelphia: printed by Wm. J. Dornan. 1893.

This essay was awarded the prize of \$100, offered by DR. GEO. M. GOULD of Philadelphia, and is designed for distribution by physicians, in order to disseminate more enlightened views upon the subject of which it treats.

Copies of the pamphlet may be ordered of DR. GEO. M. GOULD, 119 South Seventeenth St., Philadelphia, at the rate of seventy-five cents a dozen.

SOMETHING MORE on the Pathology and Treatment of Hemorrhoids, Fissures, Fistulas and Ulcers in the Ano-Rectal Region, with a few Notes on Prolapsus-ani and Neoplasm. By Thomas H. Manley, M.D., New York City. Reprint from *Medical Brief*, St. Louis, Mo., December, 1892.

A NEW AND SAFE METHOD OF CUTTING OESOPHAGEAL STRICTURES. by Robert Abbe, M.D., New York. Reprinted from the *Medical Record*, February 25, 1893 New York, Trow Directory Printing & Book-binding Co., 201-213 East Twelfth Street. 1893.

THE SURGERY OF GALL-STONE OBSTRUCTION. By Robert Abbe, M.D., Surgeon to St. Luke's Hospital, New York; Professor of Surgery at the Post-Graduate Medical School, etc. Reprinted from the *Medical Record*, May 6, 1893. New York, Trow Directory Printing & Bookbinding Co. 201-213 East Twelfth Street. 1893.

DEFORMITIES OF THE NASAL SEPTUM AND THEIR INFLUENCE IN DISEASES OF THE EAR AND THROAT. By Wm. Scheppegegrell, A.M., M.D., Assistant Surgeon of eye, ear, nose and throat hospital, New Orleans, La. Reprinted from the June, 1893, number of the New Orleans Medical and Surgical Journal.

CLINICAL NOTES ON CHANCER OF THE TONSIL, WITH ANALYSIS OF FIFTEEN CASES. By L. Duncan Bulkley, A.M., M.D., Professor of Dermatology, New York Post-Graduate Medical School, etc. Reprinted from Transactions of the Medical Society of the State of New York, 1893.

THE CURE OF COMPLETE PROLAPSE OF THE RECTUM BY POSTERIOR PROCTECTOMY. By John B. Roberts, M.D., Philadelphia, Pa. From the American Journal of the Medical Sciences, May, 1893.

THE OPERATIVE TREATMENT FOR MYO-FIBROMA OF THE UTERUS. By H. J. Boldt, M.D., Professor of Diseases of Women in the New York Post-Graduate Medical School and Hospital; Gynæcologist to the German Poliklinik and to St. Mark's Hospital; Consulting Gynæcologist to Beth-Israel Hospital, etc., New York. Printed from the American Journal of Obstetrics, Vol. XXVII., No. 6, 1893. New York, William Wood & Company, Publishers, 1893.

THE CLINICAL VALUE OF REPEATED CAREFUL CORRECTION OF MANIFEST REFRACTIVE ERROR IN PLASTIC IRITIS. By Charles A. Oliver, M.D., Philadelphia, Pa. Reprinted from American Ophthalmological Society Transactions, 1892.

COLLEGE OF PHYSICIANS AND SURGEONS, RICHMOND, VA. Announcement Session of 1893-4.

THE STÆCHIOLOGICAL CURE OF CONSUMPTION AND DISEASES OF THE RESPIRATORY ORGANS. From Letters to a Patient. By John Francis Churchill, M.D. Second Edition. London, David Stott, 370 Oxford Street, W., 1893. All rights reserved. Price one shilling.

MOVABLE KIDNEY. With a report of twelve cases treated by Nephrorrhaphy. By George M. Edebohls, A.M., M.D., New York.

POINTS OF SIMILARITY BETWEEN US AND HOMŒOPATHIC PHYSICIANS. The annual address of the President of the Philadelphia County Medical Society for 1892. By John B. Roberts, A.M., M.D. [Read May 24, 1893.] Reprinted from the transactions of the Philadelphia County Medical Society, 1893.

#### AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, September 12, 13 and 14, at Appollo Hall, Central Music Hall Block.

Members of the Medical Profession interested in Electro-Therapeutics are cordially invited to attend.

AUGUSTIN H. GOELET, M.D.,  
*President.*

MARGARET A. CLEAVES, M.D.,  
*Secretary.*