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# CANADA LANCET

A MONTHLY JOURNAL

— OF —

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

EDITED BY

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A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
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## Original Communications.

### THE DIAGNOSIS AND LOCAL TREATMENT OF TUBERCLE OR SO-CALLED PHTHISIS OF THE LARYNX.

BY DR. C. TROW, TORONTO.

*Mr. President and Gentlemen,*—I do not intend to go fully into the diagnosis of tubercular laryngitis, as that may be found in any of the works on the throat; but allow me to make some remarks on its character, on primary tuberculosis of the larynx, and on the early recognition of tuberculous laryngitis.

In diagnosis the microscope is of great value; but I believe there are some cases, where even perhaps before this would declare anything, the throat may show signs, which would lead us to place the patient under the most favorable circumstances in order that he might be able to resist the inroads or growth of the tubercle bacillus, such as some cases of obstinate laryngeal catarrhs, waxy anæmia of fauces and larynx, anomalies of sensation (paræsthesia), paresis and paralysis of the laryngeal muscles (especially the adductors).

Mr. Lennox Browne says: "That evidence of the tubercular diathesis influences a local laryngeal inflammation in a manner eminently characteristic, and at a period long prior to the discovery of equally well-marked symptoms in the lungs, is a fact which the daily observation of those engaged in laryngeal practice establishes as incontrovertible."

Whether or not there be tubercle actually developed in the larynx, or what indeed is the nature of tubercle wherever developed, the author does not presume, and indeed does not care to decide. Seeing, however, that tuberculosis is a disease primarily manifesting itself more especially in the

respiratory organs, seeing that catarrh is one of the most frequent excitations to that disease, and that many catarrhal inflammations of the lungs commence in the larynx; it is at least fair to infer that in those cases in which the eye reveals what has come to be recognized as tuberculous laryngitis before the ear detects the presence of tubercle in the lungs, the disease has primarily attacked the former organ."

Although I believe that primary tuberculosis of that organ is rare, there is no doubt that the larynx in many instances is affected, when the pulmonary lesion is slight, or even before physical examination will give any clue to its existence, as cheesy or consolidated nodules, when situated deep in the substance of the lung may long escape diagnosis.

Tubercular growths in the larynx are not rare, and they may be symptoms of primary laryngeal tuberculosis, as in syphilis, typhus, etc.; stenosis may result from tubercular disease.

We sometimes see cases with a combination of syphilis and tuberculosis of the larynx. Schmitzler considers these forms even relatively frequent. He is of opinion that syphilitic ulcers form a very suitable ground for Koch's bacilli, and pass into tubercular. Frenkel coincides in this belief.

Heinze, Guttmann and Brown each estimate that tuberculous manifestations of the larynx occur in from 25 to 30 per cent. of all cases; and that those exposed to catarrhal influences are more liable to have the larynx primarily attacked.

The curability of laryngeal tuberculosis has hitherto been looked upon with scepticism; but we know that this disease affecting other parts, such as the lymph glands of the neck, individual bones or joints, the skin, the ear, and even the lung, may run a chronic and rather harmless course, and that recovery frequently follows.

I hold that we can alleviate the symptoms in all, and in some cases cure, at least for a time.

Cases have been cited in which spontaneous recovery has taken place. Dr. Sockolowski mentions six from his own private practice. In two of these the cicatrization of ulcers had lasted four years with no change.

Heryng described eleven cured cases in ten years. Still spontaneous recovery is rare.

The disease may become chronic and lie dormant. Solis Cohen reports several such cases. Under treatment very many recoveries are recorded.

\*Read before the Ontario Med. Association, July 1890.



Heryng reports that in 35 cases he obtained cicatrization, lasting a longer or shorter time in 27. In three of these the duration was respectively 9, 2 and 1 years; and in five cases  $\frac{1}{2}$  to 3 years. He says the larynx cured, the lung is improved, the voice becomes better, and general improvement results.

In the Hospital of the Holy Ghost at Warsaw 21 out of 50 cases cicatrized.

The best prognosis is in those cases in which there is a good general condition, with little or no interstitial changes in the lungs, and the patient living in good social conditions.

Roughly the indications for treatment are :

- (1) To counteract the general phthisical process.
- (2) To give as much as possible, functional rest.
- (3) To relieve the pain in swallowing.
- (4) To administer suitable nourishment.
- (5) To heal the ulcerations, and reduce the infiltrations.

As a rule solutions should be applied by brush under the guidance of the laryngeal mirror, and the application be made to the part affected, and to that only.

Now, as to the most important of the remedies employed.

*Class (a).*—Medicines principally anodyne or anæsthetic in their action. *(b)* Antiseptics. *(c)* The surgical treatment.

In the first class, the most useful is cocaine. It is an excellent analgesic remedy in painful, difficult swallowing, and as a local anæsthetic, it facilitates laryngeal examination, applications, and surgical operations. Solutions are used in strengths from 5 to 25 per cent., the stronger for operating purposes, absolute anæsthesia lasting probably from 10 to 20 minutes, relative anæsthesia up to 2 or 3 hours. Some surgeons combine morphia or carbolic acid, and a few use it in powder or hypodermically.

Menthol.—I place it amongst the first-class, but it also belongs to the second, as it is not only anæsthetic and analgesic, but also antiseptic. It can be employed in spray, inhaler, syringe, or by the brush. Ulcers submit much better to its treatment than infiltrations. While I was working in London, I noticed the throat surgeons there as a rule, gave this drug the highest preference. Lennox Browne says it is decidedly of greater value than lactic acid. He has seen cases in which after a few days treatment, emaciation has been arrested, deglutition im-

proved, cough and amount of local secretion diminished, and lastly an actual regain of lost weight. He also employed in these cases, the oronasal inhaler with menthol. or eucalyptus, oleo pini Sylvestris, carbolic acid, or creasote.

Brum recommends it in delicate, nervous persons, and in robust cases, lactic acid. Chloral hydrate is sometimes used.

Morphia, either in glycerine solution, or powder with a vehicle as starch or magnesia or sugar, or combined with other medicines, and applied to the part affected, generally acts well in relieving pain.

*(Class b).*—Drugs, especially antiseptic, locally applied.

Many laryngologists now give priority to lactic acid. Krause regards it as a specific for tubercular ulcers. It is used in watery solutions, beginning with the weaker, 10 per cent., and increasing the strength quickly up to 80 per cent. or even the pure acid. It acts energetically upon pathological tissues, but has very little or no effect on sound tissues. It is an advantage to use friction, and rub the acid well into the ulcer, or even to thoroughly scrape it with a curette before its application; and in hard infiltrations to scarify or introduce the acid by hypodermic needle. It seems to be more useful in ulcerative than infiltrative processes.

Iodoform has many advocates. Prof. Schmitzler, of Vienna, believes it is better than lactic acid. While working in his clinic I used it in several cases daily for some time, the patients always saying they were relieved or improving; but we know how hopeful the phthisical patient is and I must say that I never noticed much improvement in the objective symptoms. He uses insufflations in quantities of one to three grains for each application.

Iodol used in the same way, seems to me to be a better drug. It has the antiseptic qualities of iodoform without its disagreeable smell or taste, and further, it does not act as an irritant, and is less obnoxious to the stomach.

Creasote.—Cadier, of Paris, applied it by brush, in the proportions of creasote 1, spirits vini 4, glycerine 60. Scmidth, of Heidelberg, thinks creasote when brushed on, irritates ulcers, and gave Cadier's solution (10-20 drops) on the base of the tongue, advising the patient not to swallow, but to breathe freely during phonation. It is a strong

antiseptic, and has lately been brought forward again for pulmonary phthisis.

Creolin, as a general antiseptic remedy, is in great favor with many. I watched experiments with it in Prof. Schmitzler's clinic, in this disease, for several months, and cannot regard it with much favor.

Boric acid.—Bresgen, Schech, Schæffer and Binnermann, recommend it in powder insufflations, 2 to 7 grains, or inhalations of 1 to 5 per cent.

Carbolic acid in inhalations of 1 to 2 per cent., two or three times daily for 10 minutes.

Hydrarg. bichloride.—John McKenzie, and Massei use it in the form of inhalations, 1 in 1,000 or 2,000.

Iodine, nitrate of silver, ferrum sesquichloratum and zincum chloratum are still employed by a few.

(Class c.)—The surgical treatment of laryngeal tuberculosis, endo-laryngeal incisions, or scarifications.

For this treatment, Schmidt and Sockolowski considered those forms of laryngeal tuberculosis as most suitable, in which, besides relatively small changes in the lungs, and the absence of fever, the changes in the posterior region of the larynx were of œdematous character, in which the epiglottis was thickened and swollen, and there was great dysphagia, which diminished very much, or disappeared entirely after making incisions.

Curetting or scraping of the larynx.—Heryng advises it in primary laryngeal tuberculosis, or in cases of tubercular growths of the posterior part of the larynx, and in cases of ulcers with sclerotic ground and hypertrophic edges. Rosenburg also obtained good results from this method.

Cauterization by galvano cautery or chromic acid, is useful in some cases.

Lately, Memod has published an article on the use of endo-laryngeal electrolysis with long laryngeal needles bent to the angle of the ordinary curve of laryngeal instrument, and covered with protective varnish.

In treatment of infiltrations he says, there is no pain or hæmorrhage during the application of the current, and after two or three sittings the infiltration diminishes and the general condition improves.

Tracheotomy.—Some advocate it as a therapeutic measure, operating early in the disease, on the two-fold plea—

(1st) That the disease may be primary, and that by tracheotomy the lungs will be less liable to be infected.

(2nd) That functional rest is thereby afforded to the larynx, and a better chance given of success by topical medication.

Others wait until there is dyspnoea before operating, and there is a third class who decline entirely to do a tracheotomy on patients suffering from this disease.

I would expect the best results from a combined treatment, using one or more of each class, as the indications called for. In the anæmic stage, and when the thickening is only commencing, inhalations (with a proper inhaler) of stimulating volatile ingredients, as creasote, oil of pine or eucalyptus in water, are to be recommended. For the ulcers, brushing with lactic acid or menthol each second day, with iodol alone, or combined with coaine in form of insufflations in the intervals. Where the lactic acid does not act energetically, curetting is to be employed, and for the infiltrations incisions, or perhaps electrolysis.

#### TREATMENT OF ABDOMINAL WOUNDS FIFTY-FIVE YEARS AGO.

The following account of the treatment of an abdominal wound in 1835, by the late Dr. Isaac B. Aylsworth, of Bath, Ont., will, we are sure, be interesting to our readers. The manuscript was found among the unpublished writings of Dr. Aylsworth, whose name was a household word on the Bay of Quinté, fifty years ago.—Ed.

On the 2nd of November, 1835, about four o'clock p.m., I was called to see Johnston and to assist Dr. Stewart who was already present. Having arrived at the spot, about half a mile from Bath, I found Johnston on his back, by the side of the road, with a transverse wound, two inches and a half in length through the parietes of the abdomen, two inches above the symphysis, the extremity of the cut towards the right side of the body not extending quite to the median line.

A portion, ten or twelve inches in length, of intestine was protruded through the wound in the abdomen, which from its size, the appearance of its contents and the absence of longitudinal bands, etc., we concluded must be a part of the ileum.

A portion of the mesentery, also protruded, was attached to the intestine in which, at the most convex and projecting part, there was a wound about three-fourths of an inch in length, with everted lips. We proceeded without delay to reduce the protruded intestine. This was accomplished without much difficulty, after having emptied it of its contents through the wound. Beginning on either side with those portions nearest the wound in the abdomen, we reduced them gently and alternately, so that the wounded part of the intestine was returned last. However, before its complete reduction, we closed up the wound in it, after the manner of an interrupted suture, with two ligatures, cutting off one end of each, close to the knot and leaving the other of some length and coming out at the wound in the abdomen. After the reduction of the intestine, finding it impracticable, from the thickness of the parietes of the abdomen, the retraction of the divided muscles and tendons and the violence with which the intestine was forced outward, to pass a needle through the whole thickness of the parietes, we closed up the external wound with an interrupted suture of three stitches, passing the needle through the integuments and what appeared to be the tendons of the oblique muscles. Johntson was then carried to his dwelling in Bath, where the wound was dressed with adhesive plaster, graduated compress and bandages. Soon after this our fears concerning the bladder were allayed by a free passage of urine.

As he complained of much pain, an anodyne was administered and repeated through the night. On the next day, the 3rd of Nov., we endeavoured to procure a passage from the bowels by enemas and by administering two ounces and a half of castor oil in divided doses, without success. During this and the following day he was excessively thirsty, and swallowed large quantities of fluid, mostly cold water, which, as soon as the stomach became surcharged, was invariably returned by vomiting. He was much annoyed during this and the three or four following days with severe hiccoughs and frequent eructations of wind. Some time in the afternoon, peritoneal inflammation came on. This was promptly met. Sixteen ounces of blood were taken from his arm by Dr. Stewart. This operation was repeated thrice more before noon the next day. In all seventy or seventy-five

ounces of blood were abstracted. During this time his pulse ranged from eighty to one hundred and twenty-five a minute, his abdomen became very hot, tense and painful, his tongue loaded, his breath fetid and his thirst insatiable.

Having failed in our efforts with the enemas and oil, we employed, on the evening of the 3rd of Nov., Cooper's flexible tube and pump, throwing into the intestines a solution of Epsom salts, etc. This came away loaded with fæcal matter, but nothing, as we supposed, from above the wound. On the following day, Nov. 4th, his pulse being still more variable, his skin dry and his tongue foul, hoping yet to obtain a passage from above the wound in the intestine, we gave him calomel and Dover's powder in small but repeated doses. This afternoon he several times complained of rigors, accompanied with ghastliness of countenance and restlessness of body. As the pain and tension of the abdomen still continued and we had already abstracted blood until the buffy coat no longer appeared, the last taken being quite thin and mostly serum, we applied a large plaster of cantharides to the abdomen above the wound. This acted timely and with good effect. A third physician was called. He preferred sulphate of magnesia, in divided doses, to the calomel, and recommended the removal of the ligatures.

The sulphate of magnesia was given as preferred but was quickly returned by vomit. It was repeated again and again with the same result. It was now the 4th of Nov., in the evening, and we had as yet failed in all our attempts to procure a passage from above the wound in the intestine. Our patient had evidently been growing worse for the last twelve hours. About ten o'clock this evening, remembering the old maxim, "*Citius est anceps, experiri auxilium quam nullum,*" we determined on administering the croton oil. Accordingly we gave one drop immediately, and after three hours another.

Those who have felt the solitudes of incipient practice can easily imagine what were our feelings, when, on our return after having been absent but a short time, we found that after some severe pains and a sensible gurgling about the wound, there had been quite a copious and natural stool, that his pulses which before were hard, small and frequent, had now become softer, fuller and about eighty to the minute; that his thirst had abated,

his vomiting ceased and his general appearance much improved.

On the following day, Nov. 5th, he had another passage, took some gruel and seemed much revived. We removed the dressing and ligatures from the external wound, which we found partially united by the first intention, a portion of the wound toward the median line still remaining open. The two following days, Nov. 6th and 7th, he continued to improve, the lower parts of the intestines being kept open by enemas. But as the parts above the wound seemed to be unmoved by this means, on Sunday the 8th, we administered four drachms of sulphate of magnesia, in divided doses by the mouth. These not having produced the desired effect, towards evening he incautiously took at once on his own accord, about four drachms more. About seven o'clock this evening, having been called, we found him in great distress, the abdomen much distended, apparently with fluid, the adhesions of the lips of the external wound entirely destroyed, the wound itself widely gaping and leaving a portion of the intestine exposed to view, the peritoneal coat of which had a dark and sloughy appearance, an opening at the upper and inner corner of the wound in the abdomen, from which were flowing the watery and less consistent parts of the contents of the intestines. The fluid had all the appearance of coming from the cavity of the abdomen, as it was perceptible to the touch through the parietes, and came away abundantly by pressure. Having pressed out what we could of the fluid, brought down the opening in the intestine to that in the abdomen, removed the stitches from the intestine, drawn the lips of the external wound nearer together with adhesive plaster, applied a compress and bandages and employed the pump and tube as before, we left him for a short time, fearing that the fluid and fæces had escaped into the cavity of the abdomen, before bursting out at the external wound, and that our toil and his suffering were soon to end. However our fears were not realized.

Adhesions or that constant pressure made by the parietes of the abdomen upon its contents, must have prevented the escape of the fæces into the cavity of the abdomen. Before morning he had a passage by stool. The discharge of fæces from the wound gradually diminished, and after continuing about a fortnight wetting the cloths and bed and

producing much inconvenience, entirely ceased. The wound itself, although irritated by the fæcal discharge, soon began to granulate kindly and continuing to improve, is now completely healed, leaving a cicatrix two inches and a quarter in length. For some timestools were daily procured by enemas. Afterwards small doses of Epsom salts or castor oil were employed, aided by enemas occasionally. Once or twice the stools were tinged with blood, After one of these stools, there came away a membranous substance four or five inches in length, and supposed by Dr. Stewart who saw it to be a portion of mucous membrane.

At first before a stool, he had considerable pain, with a gurgling noise about the wound. These pains gradually diminished in intensity. They have now together with the noise, entirely left him. He now keeps his bowels free from constipation, by taking occasionally (sometimes a week or more intervening) a small portion of castor oil, takes the same quantity and quality of food, to which he was formerly accustomed, labours some, but feels weak after exercise too severe or long continued, wears a truss, and seems to have the prospect, if not of long life, at least of enjoying a tolerable degree of health and comfort, and of remaining for some time, a living, walking witness of the utility and efficacy of the healing art.

ISAAC B. AYLESWORTH.

Bath, Jan. 15th, 1836.

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## Correspondence.

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### OUR PARIS LETTER.

To the Editor of the CANADA LANCET.

SIR,—Thinking some of your readers might be interested in a hospital, which has, especially of late become celebrated from the discoveries in the nervous system which have emanated therefrom, I send the following notes on the Salpêtrière. This large hospital lying in the south-east of Paris was built during the reign of Louis XIV. Its construction was to a large extent due to the efforts of the Duchesse d'Aiguillon, the first instance we find in France of a lady's aid in the building of a hospital, as previous to this time they were all built by the King or the Church. Originally intended as a general hospital (to which a prison was attached), its character has gradually changed, so

that at present its occupants consist almost entirely of aged women and patients suffering from nervous and mental diseases.

The buildings are irregular in form and cover with the grounds in connection an area of about 80 acres.

The wards as in many of the older hospitals in Europe are very irregular in form and size, but as a rule the light and ventilation are fairly good. There are in connection with the hospital more than 5000 persons. The number of beds is 3864, and of these 2865 are for aged women, the remainder being devoted to mental and nervous cases.

A large Electrical service which is attended by patients from all the hospitals of Paris is thoroughly fitted up. The number who are treated often exceeds 300 each day. Dr. Vigouroux who is in charge of it has invented an apparatus for measuring the electromotor force. He finds that in Basedow's disease there is a marked diminution of electrical resistance (about  $\frac{1}{2}$ ). As this is found in the earliest stages and is pathognomonic in pure cases, its value, from a diagnostic point of view, in undeveloped cases, is often great. Static electricity is employed here with excellent results in cases of lowered nutrition, such as neurasthenia.

The Bath service is excellent and contains conveniences for baths of all sorts, plunge, douche, vapour, sudation, etc.

In the Photography service is to be found all the necessary appliances for the practice of the art.

The Museum, though not large contains many interesting specimens of all kinds, a portion of which consists of mouldings of rare cases made in the service of the hospital devoted to this purpose.

As to the physicians, the present generation are by no means the only ones whose names are known to medicine. Here it was in the beginning of this century that Pinel introduced his humane reform in the treatment of the insane, which has borne such bountiful fruits. In this he was ably followed by his disciple Esquirol, whose work was in turn supported and enlarged by such widely known men as J. P. Falret, Baillarger, and Felix Voisin. Foremost among the physicians of to-day stands Professor Charcot, on whom his 64 years of life sits lightly, notwithstanding the vast amount of original work done in the past 28 years which he has devoted to the service of the hospital. His

writings both on general medicine and the nervous system are too numerous and too well known to need comment. The number of beds in Dr. Charcot's wards is 212, of which 160 are reserved for affections of the nervous system.

The amphitheatre in which he delivers his weekly lectures will seat about 400 and it is often crowded by doctors from every quarter of the globe. Of course any number of interesting cases are presented at his clinics, and the experiments which he has here lately made in hypnotism have been very interesting. Among others let me mention a case of "Œdème Bleu" occurring in the hand of a hysterical girl of 20. Within ten minutes after being hypnotized, the œdema had entirely disappeared, the contracture given place to perfect mobility, the skin had returned to its normal color, and during a certain time the patient recovered complete use of the hand. He also produced in the hand of another hysterical girl by means of hypnotism an affection which was precisely the counterpart of that above mentioned. This of course he could make disappear permanently without any difficulty.

Perhaps one of the most marked effects of hypnotism is seen in hysterical joint affections, in which often after months of treatment in surgical wards the patient is *permanently* cured in five or six sittings.

Dr. Joffroy, whose researches, alone or in collaboration with Drs. Charcot or Duchenne, in pachymeningitis, infantile paralysis, neuritis, progressive bulbar paralysis, chorea, *myelite cavitaire* (syringomyelia), etc., have made widely known, has 250 beds, of which the larger, number are reserved for nervous patients. In his wards are many rare cases. Among others was one of Morvan's disease, which has recently died from lung complications. The autopsy which Dr. Joffroy has just made shows the typical lesion of syringomyelia in the cervical cord, a most interesting addition to the much discussed pathology of this disease.

Dr. Falret, following in the footsteps of his father, has written on insanity and asylums, the soundness of which is well demonstrated by a visit to his private asylum at Vanves.

I much regret that lack of space forbids me to mention others whose labors have contributed to the brilliancy of the school of the Salpêtrière of to-day, or to speak of the consultation service where large numbers of nervous and mental cases are treated daily. I am, etc.,

D. CAMPBELL MEYERS.

Paris, June 26th, 1890.

### Selected Articles.

#### CASES OF INTUSSUSCEPTION TREATED WITH THE AID OF BARNES' BAG ; WITH REMARKS.

Of the two cases which I propose to relate, for the purpose of showing that Barnes' bag may sometimes be usefully employed for reducing and preventing return of an intussusception, the first occurred in 1877. The patient, a man of fifty-seven, was in the London Hospital under my colleague, Dr. Stephen Mackenzie. Six months before admission he had noticed that there seemed to be a constriction in his rectum. He passed his feces in small lumps streaked with blood. The bleeding increased, until it amounted, according to his estimate (which was probably excessive) to as much as a teacupful three or four times daily. These symptoms subsided under treatment, but were followed by loose motions and by two attacks of bleeding and pain. During the later attack he felt the gut protrude externally for two inches and then return. This happened three times in half an hour, and the pain was excruciating. The pain and bleeding continued up to admission, seven days from the outset of the attack, and a slimy discharge took place from the rectum. On admission the patient was a pale, cachectic, wasted man. The abdomen was distended, tympanitic, and tender, especially the hypogastric region. No tumor could be felt in the abdomen. On rectal examination a rounded firm swelling about the size of a hen's egg, with a velvety surface, was detected. The finger could be passed all round it, and at its apex was an orifice into which the finger could be readily passed. Examination with the speculum showed that the mucus membrane was deeply congested. There could be no doubt that an intussusception existed, and Dr. Mackenzie, whose description I have followed, asked me to see the case and treat it. As the intussusception was within reach, and, from the absence of abdominal tumour, appeared likely to be of limited extent, I thought that it would very probably yield to the equable pressure which could be exercised on it by distending a Barnes' bag with fluid after introducing it into the rectum empty, and so it proved. The intussusception gradually receded, and finally disappeared altogether. "With reposition of the bowel the patient passed a quantity of flatus and liquid feces, and obtained great relief. A swelling was noticed in the left inguinal region, but this disappeared in a few days. He remained in the hospital a couple of months; the hæmorrhage and slimy discharge disappeared, but his motions were nearly always liquid or semi-solid, and he suffered from flatulence and crampy pains." He

continued under Dr. Mackenzie's observation until his death, about a year and a half later. The diagnosis which Dr. Mackenzie formed at the time when the patient was in the hospital was "anular stricture of the descending colon, leading to prolapse of the bowel through the straining efforts necessary to overcome the obstruction"; and at the post-mortem which Dr. Mackenzie obtained at the Leytonstone Workhouse he found primary cancer of the sigmoid flexure and secondary cancer of the peritoneum and liver.

The second case occurred recently Alfred B., seven months old, was brought to the receiving-room at the London Hospital by his mother on Sunday, Nov. 17th, 1889. She said that the bowel had come down, and on examination by my house surgeon, Mr. Hicks, the child was found to be suffering from intussusception, and was at once admitted into the wards. The mother stated that about a fortnight ago she had noticed one morning that the child seemed to be in great pain, very restless, crying incessantly, and vomiting. About four o'clock in the afternoon of that day the child passed a quantity of blood. The mother at once took him to the local doctor, who treated him up to his admission into the hospital. Blood continued to flow from the rectum for three days, and then stopped, excessive diarrhœa taking its place. Diarrhœa and vomiting continued till the child was brought to the hospital. On the previous day the bowel had descended, and the mother had pushed it back; but as it would not remain up she thought it best to apply to the hospital for relief. After admission Mr. Hicks saw the child and reduced the intussusception by injecting two pints of water with a Higginson's syringe. The injection was effectual for a time, but the next morning the bowel was down again. It was noticed that the ileo-cæcal valve formed the apex of the intussuscepted portion of bowel which projected considerably beyond the anns. Reduction of the intussusception was easy as far as the upper part of the rectum; but all attempts to reduce it further by means of injections of fluid and insufflation aided by position failed, as shown, on examination of the abdomen, by the persistence of a characteristic tumour in the position of the descending colon and sigmoid flexure. As often as the bowel descended it was replaced and retained by strapping the buttocks together. In spite, however, of all that could be done, it constantly recurred, and on Nov. 22nd, I made an ineffectual attempt to reduce it by injections and insufflation, aided by suspension of the child by his legs. Finding that I could not succeed in this way, I reduced the intussusception as far as it would go, and retained it by the introduction into the rectum of an empty Barnes' bag, which was then distended with air. Instructions were given that the bag should be removed twice a day to allow the

escape of liquid motions; my primary object was to prevent the bowel from descending, with a view to favoring further efforts at reduction, and I hoped that the peristaltic action of the intestine, exerted fruitlessly for the expulsion of the bag, might act in the opposite direction, and assist the devolution of the involved intestine. During the first day little impression was made, for the bowel descended when the bag was removed, and I then had the bag replaced and retained for twenty-four hours. At the end of that time the tumor had disappeared, and on taking away the bag a large quantity of flatus escaped. On Dec. 4th the notes stated that "the patient has from day to day been gradually getting better from the intussusception, passing fairly good motions." On only one occasion subsequently to the reduction was any blood passed; and as the abdomen was flaccid, and no tumor could be felt on the most careful examination, this escape was attributed either to some remaining congestion of the previously engaged bowel or to ulceration. The child continued regularly to pass motions, was free from sickness, and took the breast as usual, but he began to emaciate. A large abscess formed in the neck and was opened by Mr. Gedge. An extensive purpuric patch appeared on the left side of the abdomen, reaching from the ribs to the crest of the ilium, with small spots and petechiæ around it, and another large patch occupied the left side of the neck. The abdomen was retracted; there was no trace of any tumor on either side; the protrusion of gut did not return, and the bowels were regularly relieved. Nevertheless the child became thinner and weaker, and died on Dec. 13th, twenty-six days after admission, and nearly three weeks after the reduction of the intussusception.

The mother refused to allow any inspection, even of the abdomen only, notwithstanding all persuasion, and thus the conclusive demonstration of the efficacy of the treatment and the explanation of the cause of death are necessarily wanting. I cannot doubt, however, that the intussusception was reduced, because no tumor could be detected, natural motions free from blood were passed, there was no sickness, and the child was free from pain. Granting this, the question arises, what was the *modus operandi* of the distended bag in the reduction of the intussusception? Two explanations present themselves. The first is that the reduction was due to the peristaltic or antiperistaltic action of the bowel which contained the intussusception, and this appears to me to be exceedingly probable. A second idea which occurred to us was that the reduction might be due to the accumulation of gas above the bag. The bowel not being sufficiently nipped to prevent flatus from passing, it would escape through the apex of the intussusception, and then collect between the intussusceptant and

intussuscepted portion, and so exert the same influence as artificial insufflation. If this view be tenable the method of reduction may be described as the method of natural insufflation through the agency of Barnes' bag. Whichever may be the correct explanation, it is apparent that the use of the bag was very different in the second case from its use in the first. The bag in the first case was simply a convenient method of applying pressure. It acted in the same way as injections or insufflation, but more expeditiously, with less risk to the bowel, and with greater accuracy and precision. In the second case it acted indirectly by blocking the canal, forming a *point d'appui* for the peristaltic contraction of the muscular fibres of the intestine, and preventing the exit of flatus. It also prevented the protrusion of the bowel from the rectum, and, if it had done nothing else, would have enabled us to renew our efforts at a reduction by injections, insufflation, manipulation, and position, with improved prospects of success. The cases in which this adjunct to our methods of treating intussusception may be found serviceable are clearly not the cases of acute strangulation, in which nothing can pass through the engaged intestine, or cases where adhesions have formed, but those which are also open to treatment by injections and insufflation, but which readily recur on replacement or do not disappear entirely under injections of air or fluid. In these subacute or chronic cases a trial of the method would not prejudice any other measures to which, in the result of failure, it might seem advisable to resort. It may also be useful in keeping up troublesome prolapse of the mucous membrane of the rectum.—Walter Rivington, M. D., in *The Lancet*.

#### FEVER IN CHILDBED.

A meeting of the Obstetrical Society of London was held on Wednesday, July 2nd, Dr. A. L. Galabin, President, in the chair.

Dr. Robert Boxall read the remainder of his paper on the subject of Fever in Childbed. Among other conclusions, he submitted that the gradual decline in the number of fatal cases observed in the early months of 1884 was brought about in part by systematic attention to points of general hygiene, more particularly by the midwives and nurses, and in part by the progressive elaboration of details concerning the use of the antiseptics employed. That the marked improvement which took place in May of the same year was effected partly by the substitution of sublimate for carbolic and Condy, as the general antiseptics in use, and partly by the continuance of the same beneficial influences. Attention was also drawn to the fact that, as no change had been made in the method of administering the douche, its mechanical and

ebolic effects had remained unimpaired. That as the strength and character of the antiseptic agent employed in the douche solution had been the only variable factor, corresponding variations in the conditions of the hospital afforded evidence of their comparative value. Such variations were shown to have taken place; for when the sublimate douche solution was reduced in strength, and again, when the sublimate douche solution was replaced by salufer, the death-rate rose and septicæmia re-asserted its influence. It was remarkable that the only three deaths which had occurred from septic poisoning during the last five years should have taken place in the two short intervals, amounting together to less than twelve weeks, during which these solutions were used. It was pointed out that unless such an antiseptic solution was used as was capable of effectually and rapidly destroying septic material, and unless the external genitals were carefully washed beforehand with a similar solution, the routine employment of the douche during puerperity was liable, from the danger of unavoidably introducing septic material, to be attended with positive danger to the patient, and that under such circumstances its mechanical and ebolic advantages might be more than counterbalanced by its want of sepsis-destroying power. Unless and until the manifold sources of septic infection could be traced, and with certainty dealt with outside the body, the routine employment of the douche required no defence.

Dr. Braxton Hicks said that he had read a paper at the Dublin meeting of the British Medical Association many years ago on the Use of Antiseptic Uterine Injections. On that occasion he was opposed by the late Sir James Simpson. He considered that care should be used in injections, especially if the patient was restless, as the thoracic movements caused a tendency to the indrawing of fluids.

Dr. Hayes regretted that Dr. Boxall had not included in his report the period when he and Dr. F. Barnes were physicians to the hospital. In 1879, upon the re-opening of the hospital under an entirely new *regime*, the antiseptic rules adopted were those drawn up by Sir Joseph Lister. Absolute phenol 1 in 20 was the antiseptic used for hands and instruments, and 1 in 40 for vaginal injections. The results were highly satisfactory. He had had only one case of serious illness, and that was one of *sapræmia* induced by unquestionable disregard of the antiseptic rules. The patient recovered. He had adopted vaginal injections, with 1 in 40 or 1 in 80 carbolic acid in every case for the first week after labor.

Dr. F. Barnes used no vaginal injections, and his cases had done equally well. He was struck with this at the time, and he now thought that vaginal douching after labor as a general rule was unnecessary—indeed, with the ordinary run of nurses,

was dangerous. They were careless about the cleanliness of the tubes, etc. He had, therefore, given it up unless the lochia became offensive, or the patient showed symptoms of illness. In suitable cases he advocated intra-uterine injections. He recommended antiseptic absorbent wool in place of diapers.

Dr. Walter Griffith thought there was greater risk in lying-in hospitals than when a patient was confined in her own home. If doctor, nurse, and instruments were clean, all routine douching could be done away with. On the other hand, most people accustomed to habits of cleanliness preferred the douche night and morning for the first few days after labor.

Dr. Leith Napier did not think, with Dr. Grigg, that a single intra-uterine injection of one-sixteenth of a grain of perchloride of mercury would prevent or check the development of septicæmia. He asked whether the risk of routine douching was not greater than that of waiting until indications for douching arose. In inflammatory puerperal cases he thought that frequent douching was hurtful and that vaginal suppositories of iodoform were preferable. Mercuric perchloride was, on the whole, the best antiseptic for the purpose. At present creolin answered well and was non-poisonous.

Dr. Cullingworth said he was responsible for having introduced salufer in the General Lying-in Hospital as a non-poisonous substitute for perchloride of mercury. At present he considered routine douching essential in lying-in hospitals, but not in private practice, and he mentioned that in the lying-in hospitals of Boston and New York the best results were not obtained until the douche had been deliberately abandoned. He thought possibly the salufer had failed through the clogging of the valves and apertures of the apparatus by the salufer which was thrown down from the solution in considerable quantity. He highly recommended wood-wool pads.

Dr. Boxall, in reply, said that the intra-uterine douche was reserved for cases in which the hand or some instrument had been introduced into the uterus, or in which the fetus was macerated or decomposed, or, again, in which clots or pieces of membrane were retained. In hospital and private practice he did it in such cases immediately after labor, but only exceptionally during puerperity, and in these he usually employed a soft rubber catheter or piece of elastic tubing. He thought much harm might be done by douching whenever the discharges were foul. The parts should be examined, beginning at the vulva and washing any part where decomposition was taking place. He thought 1 in 1000 sublimate solution far less irritating to the hands than 1 in 20 carbolic acid solution. He employed a 1 in 2000 sublimate solution during labor and immediately after delivery,



but gave as a rule, no douche during puerpery. No advantage had been gained by using iodoform suppositories in addition to intra-uterine irrigation, nor did he think they were efficient substitutes for irrigation. He recommended absorbent cotton in place of napkins, and preferred it to wood-wool. He advocated the use of strong antiseptics in all cases, because weaker solutions were not so certain in preventing sepsis when the tissues were bruised or otherwise weak.—*Lancet*.

### PYROSIS OR WATERBRASH.

Few symptomatic conditions are of more common occurrence than *pyrosis* or *waterbrash*, and yet there is little or no agreement amongst authorities as to its nature and the circumstances of its occurrence. Several cases having come under my notice, I purpose to enquire whether it is not possible to obtain rather a clearer notion of what the condition really is, and what is its probable explanation. As I regard it, *pyrosis* is a paroxysmal condition rarely occurring before puberty, generally beginning with pain in the epigastrium of variable severity, which is increased by movement, especially in the erect posture, but often relieved temporarily by complete rest, and relaxation of the abdominal wall. This is followed after an uncertain interval by the discharge of fluid from the mouth, by an act which is quite distinct from true vomiting. There is no nausea, and no effort. At most, the fluid is merely regurgitated from the throat, and often quite passively ejected. It may, and often does, lead on to actual vomiting; but when this happens, the transition is always obvious, if it is looked for, both as regards the manner of discharge and the character of the fluid. The fluid in true *waterbrash* is thin and watery, clear or nearly so, mawkish in taste, alkaline in reaction, varying in amount from a spoonful to a pint or more, and (so far as I have seen) it contains no formed elements beyond a few granular cells and some squamous epithelium. When supplemented by true gastric eructations or vomiting, there is generally some mucous and grumous deposit, of whatever the stomach may happen to contain at the time; so that in order to get a specimen for examination it should always be collected in the early part of a paroxysm. The fluid generally darkens on the addition of a few drops of ferric perchloride, and (in the cases which I have tested) there has always been some trace of an amyolytic action, sometimes very marked. These are obviously the characters of ordinary saliva. I think that cases may be conveniently arranged in three groups.

In the *first*, there is no obvious indication of gastric disorder, nor are the attacks clearly related to any particular article of food. The sufferers in

this group are generally women of highly nervous temperament; and as a rule the symptom is either associated with pregnancy, or pelvic disorder. It may be added that initial gastric pain is sometimes absent in *waterbrash* of this type. The *second* group comprises cases in which stomach disorder may or may not be present, in which the attacks are clearly due to some offending article of food, such as oatmeal, rye-bread, smoked fish, and so forth. A medical practitioner told me that he always suffered from *pyrosis* badly whenever he went to Scotland; although he was perfectly free from anything of the kind when at home, at work. Thinking it might be due to the porridge, which he always took regularly when away, he tried it at home, and immediately *pyrosis* recurred. Similar cases are alluded to by Cullen. In the *third* group of cases, there are always clear indications of gastric disease, often of a serious nature; and while in these cases *pyrosis* is sometimes worse after particular kinds of food, it often occurs indiscriminately after all ordinary food. Chronic gastric catarrh is the most frequent concurrent disorder. In quite a large proportion of cases, the stomach is relaxed and dilated, sufficiently to admit of splashing sounds being heard on succussion, and in some there is organic stricture of the pylorus.

The following case, taken almost at random from my hospital case-book, belongs to the third group, and affords a typical, illustration of *pyrosis*. J. B., male, 38, iron-worker, Oct. 19, 1888, complaining of vomiting, obstinate constipation, and pain in the stomach. No history of intemperance or serious previous disease. Present illness began with "bloating feelings" in the stomach after meals. He appears to have been a large eater, and to have eaten hurriedly. The trouble increased, and often obliged him to give up work for two or three weeks at a time. Has lost weight rapidly of late. *On admission*; general unhealthy and emaciated appearance. Tongue moist, thick fur on dorsum, red tip and edges. General uneasiness in stomach after food, and subject to paroxysms of burning pain, particularly towards evening, followed by vomiting. Flatulent; bowels costive. The large bowels can be traced on palpation above the umbilicus, and down into left iliac region: no abdominal tumor apart from this. The stomach is distended and obviously dilated. Nothing of importance detected elsewhere. After free enemata the fecal tumor disappeared; but the uneasiness after food, together with occasional attacks of pain followed by vomiting, continued. Put on an alkalized milk diet, which agreed better than any other food. The paroxysms of pain develop quickly, and occur for the most part towards evening or at night. Soon after the pain begins, there is a gush of clear, tasteless fluid from his mouth. If he lies on his back, he involuntarily

swallows the fluid. The fluid has all the characters previously described. On one night the flow continued for about four hours, and more than three-quarters of a pint was collected. Generally the flow ended with nausea, and true vomiting, with the discharge of a large quantity of highly acid frothy sarcinous vomit, which gave complete temporary relief. Sometimes the pyrosis would cease without vomiting. The vomit was tested for free hydrochloric acid, but with negative results. Later on, it was thought that some obscure induration could be felt in the neighborhood of the pylorus, but no distinct tumor could be made out. Ultimately the man was discharged much relieved by treatment.

From what I have said, it seems perfectly clear that, wherever the fluid comes from, it certainly does not come from the stomach or any part below this. In the case I have quoted, the stomach was full of an acid sarcinous fluid, while clear alkaline amyolytic fluid was being discharged from the mouth. There seems to be little doubt that pyrosis is a paroxysmal secretion of saliva. Admitting this to be correct, its mechanism must be that of a nervous reflex and in my opinion, the facts support this view. Such a mechanism implies the existence of peripheral irritation acting upon the salivary glands through intervening nervous structures, the centre of which is in the medulla. Now there is not a particle of evidence pointing to any disorder of the salivary glands in pyrosis; and, since the part which they play in the process is probably purely physiological, they may be dismissed from consideration. With regard to the nervous structures involved, there is reason to suppose, from the greater frequency of pyrosis in women, and from the frequency of its association with a highly nervous temperament, that (at least in many cases) we have to do with a specially and morbidly irritable condition of the nervous centres. Such a condition would obviously be an important and fundamental predisposing cause of pyrosis. It would be a state of things almost exactly parallel with what we see in asthma; in fact the analogy between the pathology of asthma and pyrosis would appear to be extremely close. Thus an indigestible meal, or an inhalation of dust, etc., which is quite inadequate to produce any respiratory disturbance in a healthy subject, is frequently, as we well know, the exciting cause of a serious asthmatic seizure in a subject possessing special nervous susceptibility. So in pyrosis, we ought not to ignore the importance of morbid nervous excitability as a factor in its causation. To sum up, I regard pyrosis or waterbrash as a neurotic affection of reflex origin, characterized by paroxysmal salivation, and due to peripheral irritation generally proceeding from the stomach, but not infrequently from other parts, especially the pelvic generative organs of the female. Opiates

(in some form or other) have long been recommended as especially useful in pyrosis; and we can easily understand, after what has been said, how this remedy acts. Opium is not in any way curative, but gives relief by temporarily deadening the sensibility of the gastric mucous membrane and the nervous centres. The chief objection to it is that it depraves the appetite, and increases the constipation which is generally troublesome. When opiates are employed at all (and they are occasionally of much service in the purely neurotic forms of pyrosis) they should be given only in minimal doses, and combined with a fair dose of belladonna. The latter drug prevents the constipating effect of the opium, and reduces still further the sensibility of the sensory nerve-endings in the stomach. Obviously the etiological indication ranks first in importance, when it is practicable. All likely causes of peripheral irritation must be searched for carefully, and treatment should be directed to their removal. So far as gastric irritants are concerned, much may be done by periodic cleansing of the stomach—from above downwards, by means of washing out the stomach (lavage). In cases of moderate severity, the former plan alone often answers admirably. Thus, I advise an aperient dose of Carlsbad Sprudel salts, freely diluted, every second or third morning; and as a regular medicine—*Sodii phosphatis*, ℥ j; *Sodii bicarbonatis*, gr. x, dissolved in some aromatic water or mild vegetable bitter, thrice daily, one hour before meals.

In all severe cases of pyrosis associated with confirmed chronic gastric catarrh, or gastric dilatation, there is no remedy equal to a daily washing out of the stomach with water (in which a little borax may be dissolved with advantage), until the fluid returns quite clear. Under this treatment, if skillfully carried out, the dyspepsia disappears, and constipation ceases—provided, of course, that there is no incurable organic disease of the stomach. Properly performed with a rubber tube made for the purpose (moistened with milk in preference to glycerin), it is not nearly so formidable or unpleasant a method of treatment as is commonly supposed, and patients soon learn and like to perform it for themselves. The diet requires careful regulation, and when there is much gastric catarrh, an exclusive diet of alkalized milk is desirable for a time. The addition of *Sodii bicarbonatis*, gr. xx, *Sodii chloridi*, gr. xx, and *Magnesiæ levis*, gr. x, to each pint of milk, diluted with half its bulk of hot water at the time of administration, answers the purpose very well.—Alfred H. Carter, M.D., in *Practitioner*.

#### A SIMPLE METHOD OF CONTROLLING OBSTINATE EPISTAXIS.

Not very long ago a man walked into my office bleeding profusely from the right nasal cavity.

He had had similar attacks on previous occasions, which were always very difficult to manage, and during one of them he had nearly bled to death, despite the efforts of the two physicians in attendance. He had finally to be transported to the hospital, where the hemorrhage was checked with the assistance of Bellocq's cannula. The present attack had lasted three or four hours, had resisted the usual means of treatment, and the patient declared he had lost a pint of blood. During the ten minutes or so that he had been awaiting his turn in the waiting-room, he had filled the bottom of a cuspadore to the depth of two inches with blood coagula. Despite his powerful physique—he was tall and weighed about two hundred and fifty pounds—he showed signs of great weakness, was pale and exsanguinated, and breathed with difficulty through the mouth, the nose, from which blood rapidly dripped, being stopped up with clots. I seated him and packed his nasal cavity with absorbent-cotton pledgets, squeezed dry of carbolized solution, but without avail. The blood oozed through the firm packing. I removed the cotton, made him blow out the blood-clots, and introduced Goodwillie's nasal speculum, but failed to recognize the source of the hemorrhage, owing to the impossibility of wiping away the blood as rapidly as it welled up from the deeper recesses. What I did recognize, however, was the fact, that the man was rapidly growing weaker, and that he was in imminent danger of falling from the chair in a swoon. There was but one thing to do and that was to cork up his nasal passages, anteriorly and posteriorly, without loss of time. I had no Bellocq's cannula, however, and there was no time to procure one. In this predicament I bethought me of a simple substitute for the Bellocq, which served me so well that the hope that it may render the same service to others, under the same embarrassing circumstances, must be my excuse for presenting this account of an otherwise very uninteresting experience. I had some rubber drainage-tubing, of assorted sizes, on hand, from which I selected a piece of small calibre, but of sufficient resiliency, about the thickness of a parlor match, and about ten inches in length. One end of this I introduced into the right nasal cavity, and pushed it along the floor of the inferior meatus, through the clots, until it reached the pharynx, whence it curled forward within easy reach of forceps, by which it was drawn out at the mouth, meeting the other end projecting from the nose. The subsequent steps were similar to those employed after the passing of the Bellocq cannula. To the mouth end of the tubing I attached a small, compact wad of elastic lamb's-wool, rolled in iodoform gauze, and, drawing upon the nasal end, I slipped the wad into the post-pharyngeal space and stretched the tubing until the cessation of all trickling of blood down

the post-pharyngeal wall showed that the post-nasal aperture was occluded. Still keeping the tubing tightly drawn to its fullest extent, I rapidly packed the interior nasal recesses with long strips of iodoform gauze to just within the nostril, all around the tubing. I now tied a knot in the rubber, close to its exit at the nostril, and through it passed a cross-piece of tubing of somewhat larger calibre, just long enough to fit easily inside the nostril. Finally, releasing the end of the rubber, its elasticity caused it to fly back, so that the knot and cross-piece rested upon and firmly held in place the anterior gauze-packing. The nasal cavities were thus firmly occluded at both outlets, without any external evidence of the tampon, or any unsightly bulging of the soft parts of the nose. The elastic tubing was at just a sufficient tension to support the packing without the least discomfort to the patient. After forty-eight hours it was easily removed, without recurrence of the hemorrhage, by slightly drawing the knot out of the nostril and cutting the tubing just behind it.—*Med. Rec.*

#### PHYSICAL EDUCATION IN RELATION TO MENTAL DEVELOPMENT IN SCHOOL-LIFE.

BY THOMAS MORE MADDEN, M.D., F.R.C.S. ED.\*

The respective claims of physical and mental training, and the evils arising from neglect or abuse of either are obviously questions of the highest medical as well as social interest. This neglect now presents itself in two different aspects. On the one hand, the children of the poor in England are compulsorily subjected at an absurdly early age, to a forcing and injurious system of mental cultivation. Whilst on the other hand, in the case of those of a better social position, the physical powers are not uncommonly overstrained, at the expense of the mental faculties. Of these errors, the former is the most important, and to its operation is, I believe, largely ascribable the apparent diminution of physical stamina observable in too many of the youth of the present day as compared with the physically more robust, if intellectually less cultured generation of the pre-educational period. Looking at the over-tasked and anæmic little children now chained to the desk by the School Boards, we might be tempted to believe

“Twas not the sires of such as these  
Who dared the elements and pathless seas;  
But beings of another mould—  
Rough, hardy, vigorous, manly, bold!”

At the present time, a large part of the first ten

\* Abstract of a paper for Section Diseases of Children  
—British Medical Association, Birmingham, July, 1890.

years of life, which should be primarily devoted to physical and moral training, is given up to the development of the mental powers: the child, when a mere infant, being compelled to attend some school, where the immature brain is forced into abnormal and disastrous activity. On its return home, jaded in mind and body, to prepare for next day's task, such a child is necessarily unfit for the enjoyment of the physical exercise which is essential for its bodily development and health, or for its still more important elementary training of the affections and moral faculties and instilment of religious principles, which are better acquirable from home teachings than from any School Board system. We are all, of course, agreed as to the duty of properly educating children so as to fit them mentally and bodily for the increasing requirements and competition of modern life. But as to the extent to which the former should be carried and the latter neglected in early childhood, there is unfortunately a great discrepancy between the rulers of the Educational Department and the views of those who have to deal in disease with the consequences of the violation of the laws of nature. And hence, whilst little children are thereby over-worked into disease or death, the physician must still raise his protesting voice, albeit it would apparently seem unheeded.

During the first eight or ten years of child life, the amount of mental cultivation which its brain is capable of receiving with permanent advantage is much less than is commonly believed. No greater physiological mistake is possible than that of attempting any considerable degree of such culture until the sufficient development of the physical stamina and moral faculties is accomplished. The organ of the mind is as much a part of the body as the hand, and ere either can function properly, its vital force must be fostered and maintained by nutrition and developed by physical exercise. A large proportion of those who come within the provisions of the Elementary Education code are semi-starved children of the poorest class, who, when thus debilitated by privation, are necessarily as much incapacitated for any mental strain as for the accomplishment of any herculean feat of physical strength; it being not less inhuman, injudicious, and impolitic to expect the former than it would be the latter from those so circumstanced.

If the State, for reasons of public policy, determines that all children shall be compulsorily educated from their earliest years, it should certainly afford the means by which this may be least injuriously and most effectually carried out, by providing food and physical training as well as mental education for every pauper child attending an Elementary school.

Among the results of over-pressure in such schools under the Boards referred to, are brain

diseases in all forms—viz., cephalitis, cerebritis and meningitis, as well as headache, sleeplessness, neuroses of every kind, and other evidences of cerebro-nervous disorders. On no other ground can the increasing prevalence of these affections amongst the little victims of the Educational Department be accounted for or explained, than by ascribing them to the new factors "brain excitement" and "over-pressure," which, in the case of young children, are now too commonly disastrously associated with the process of misdirected education and neglected physical training.

In connection with the physical management of childhood, I may add a few words on the abuse of alcoholic stimulants. The evils resulting from the abuse of alcohol were never so prevalent as at present, and are traceable in the diseases of youth as well as in those of adult existence. The results of this acquired or inherited alcoholism are brought under clinical observation in the form of cerebral, gastric and hepatic disorders, and especially cirrhosis of the liver, which as well as the protean forms of cerebro-spinal disease, and the various neuroses so frequently noticed in hospitals for children, and to which I have elsewhere directed attention. In the majority of these cases of juvenile alcoholism that have come under my care in the Children's Hospital, Dublin, this tendency appears inherited and most marked in those whose mothers were inebriates—intemperance in women also bearing in other ways on the diseases treated in hospitals for children, where its effects are strikingly evinced by the moral and physical deterioration of the offspring of the drunken and by their special predisposition to strumous, tubercular and other constitutional taints.

Under no circumstances should alcoholic stimulants be given to children, save in the guise and defined doses of other remedial agents—my experience in hospital and private practice, at home and abroad, having amply confirmed the view expressed in a work of mine published many years since, viz., that it is physiologically wrong, as well as morally unjustifiable, ever to allow a healthy child to taste alcohol in any form.—*Southern Med. Rec.*

#### —♦♦♦— DENTITION.

Though a physiological process, dentition is often attended with so much pressure and hyperemia as to cause both local and general symptoms. Some infants, indeed, get their teeth so easily that there are no signals of discomfort to herald their coming, but this is not the rule. The earliest local token of teething is a marked increase in the salivary and mucous secretions of the mouth. Until after the third or fourth month the salivary glands are almost inactive, but as soon as, or even before, dental activity begins, the mouth becomes full of

fluid, which, as the infant has not yet wit enough either to swallow or eject, slavers over the chin and front of the chest. When the tooth has come through, the drooling becomes less, but increases again with a renewal of active dentition.

Fever is a frequent attendant on teething. It may be slight and of little account, but not seldom it is so high as to cause apprehension of danger. Perhaps its most distinguishing feature is its erratic course. It comes and goes regardless of the rules that ordinarily govern febrile movement. It may last but for a day; it may continue for many days; it may come and go several times before the teeth that caused it have erupted. The morning temperature may be as high as, or higher than, that at the close of the day.

Prominent among the phenomena of dentition are those that indicate an irritable and highly impressionable state of the nervous system. Unusual fretfulness; fits of screaming; eyes half opened and rolled upwards in sleep; night-terrors; obstinate wakefulness; jerkings of muscles; squinting; carpo-pedal spasms;—these and other like phenomena show that the “nerves are set on edge,” and are not infrequently the forerunners of general and alarming convulsions. In the hot months the most common and troublesome concomitant of teething is an intestinal flux. It is doubtless, so far as the teeth have to do with it, a result of reflected irritation. In summer it is the constant menace of the whole infant population, especially of bottle-fed babies in cities. Very often there is gastric as well as intestinal irritation, and the vomiting may be as annoying as the diarrhoea. Occasionally the onset of the disorder is so abrupt and the symptoms so violent and unrelenting, that it is properly called cholera infantum. In these, and even in cases that are less severe, there is extreme thirst and restlessness and rapid wasting. In cold weather the air tubes are much more likely than the bowels to receive the brunt of the reflected irritation. During dentition many infants are extremely sensitive to drafts and temperature changes. Another cause of taking cold is in the wetting of the clothing over the chest by the copious drooling. For these reasons, a “tooth cough” is extremely common in damp and wintry weather.

Less frequently than diarrhoea or bronchial catarrh is a disordered urination due to dentition. It may show itself under different forms. There may be a constant desire and effort to empty the bladder when there is nothing in it, or a spasmodic retention, or an annoying dribbling from incontinence. These symptoms will not often continue for more than a day or two at a time, but they may recur again and again before the teeth that caused them have erupted.

Now and then there is a troublesome otalgia, apparently the result of a reflected irritation, or

an acute coryza, as shown by snuffling, sneezing, and red and watery eyes. In other cases the irritation expends itself in a surface eruption of eczema, or erythema, or urticaria, especially about the face and scalp—the “tooth rash” of nursery talk.

In regard to treatment Dr. Plant says: Having local and general symptoms, there must also be local and general treatment. When the drooling is copious, saturation of the clothing over the bosom should be prevented by a slaving-bib covered with rubber cloth or other impervious material. An over-secretion of saliva may be restrained by belladonna. As little as a drop, or even a half drop, of the tincture once in four hours may do as well as more. A teething child likes to press its gums against hard substances. The rubber ring now made for the purpose answers it better than the bit of wood or the coin of my infant days. The pretzel does very well also.

Until recently it was thought to be the most important part of the local treatment to cut the gums. It is now known to be needless and useless in nearly all cases, and possibly because of that it has fallen into an unmerited desuetude. Though it is rather the fashion now to condemn the use of the gum-lancet altogether, Dr. Plant is of the opinion that when a tooth is nearly through and the gum is seen to be tense over it, a free cross incision may liberate the crown and give quick relief to a suffering child. I would advise you not to use the lancet for a simple elevation of the gum, for that is no sure indication that the crown is near the surface. Such an appearance may come and go several times before the tooth has erupted; in fact, we may never safely predict the speedy cutting of a tooth unless its sharp edge can be felt beneath the gum. If there is gingivitis, scarifying the gum by light touches of the lancet will lessen the hyperemia and afford some relief.

For feverishness, nervous erethism, and fretfulness the bromides will render good service. From two to five grains in solution with syrup flavored with peppermint or winter-green, may be given and repeated as may seem necessary. If the infant is overwakeful an equal quantity of chloral may be given in similar solution. Aconite he recommends in *small* doses, repeated often. He puts from five to twelve drops of the tincture in a full goblet of water, and gives a teaspoonful every fifteen minutes for two hours; then every hour.

It must not be forgotten that a profuse diarrhoea with dentition is as exhausting and as certainly fatal, if not checked, as though due to any other cause. So, if the movements should exceed three or four in the day, they must be controlled.

In convulsions, if there is a tense gum over a crown that can be plainly felt or seen, there can be no harm in making a crossed incision through it. Very generally, however, other treatment will be needed, as the hot bath and the bromides,

with or without chloral. When there are threatenings of convulsions Dr. Plant treats them with a light dose—one to three grains—of calomel, or hydrargyrum cum creta—two to five grains—with about the same quantity of powdered rhubarb, or followed after some hours by a dose of castor oil or castoria. Besides that, he gives one of the bromides in such doses and at such intervals as may be necessary to control the convulsive tendencies.—Dr. Wm. T. Platt in *Arch. of Ped.*

### ARTIFICIAL INOCULATION AND PULMONARY CONSUMPTION.

In an address delivered before the Pennsylvania State Medical Society, at Pittsburgh, Dr. Thomas J. Mays discusses the relation between artificial inoculation and pulmonary consumption. The substance of his contention is that the transmissibility of tuberculosis by inoculation, which, since Villemin's experiments in 1865 is incontestable, does not afford any sure ground for regarding the disease as contagious, and that the clinical evidence is against the theory of contagion. We agree with Dr. Mays that if the doctrine of the contagiousness of tuberculosis be false, then those who drive it to extremes "perpetrate a terrible wrong on those who are afflicted with this disease, and also waste the time and energies of the people by misleading them in regard to the true nature, cause and prevention of consumption." No doubt those who maintain the contagionist view take upon themselves a heavy responsibility; but it would be idle to deny that this view has received an immense impetus since Koch's discoveries and that over a large part of the world it is coming to be regarded as axiomatic. Perhaps the very facility with which this doctrine is accepted and carried to its legitimate issues by many who cannot profess to have subjected it to any adequate testing is a good reason for hearing an advocate of the opposite school, like Dr. Mays, who does not hesitate to declare that "he who takes a calm and impartial retrospect of the whole situation must own that never was an *ignis fatuus* pursued which left more promises broken and greater anticipations unfulfilled than this bacillus theory, so far as it stands related to the prevention and treatment of pulmonary consumption." We have ourselves often taken occasion to point out that it is one thing to admit—what we regard as certain—that the bacillus is the essential factor in tubercle, but quite another thing to acknowledge the efficacy of the so-called germicide remedies. These remedies have certainly had a fair trial and have had the patronage of many distinguished men, but we fear the ultimate fruit from them has been mainly disappointment and disaster.

Dr. Mays is very emphatic in his contention

that this question of the contagiousness of phthisis must be determined by clinical evidence, and not by laboratory experiments. He asks confidently, What are the facts? and any clinical evidence on the subject will be very welcome. Some of his points are as follows: That physicians, though constantly associated with phthisis, are not prone to it, and suffer less than butchers, coopers, locksmiths, and others, who only come in contact with the disease by accident; that the Brompton Hospital did not afford a single well-authenticated case of contagion in thirty-six years; that Dr. Furbringer's statistics of the Friedrichshain Hospital at Berlin show that during sixteen years out of 459 nurses only 4 became phthisical (two of whom were tuberculous on entering), while of 339 female nurses only 2 became affected. Dr. Mays does not seem to be aware of Cornet's statistics, which are diametrically opposed to his. He gives the statistics of Dr. Brehmer, to the effect that at Görbersdorf since the establishment there of the well-known sanatorium for phthisis the mortality from phthisis has not increased, but has actually notably diminished in the village, in spite of the continual presence of large numbers of phthisical patients.

Perhaps the most interesting and valuable of Dr. Mays' statistics are those which relate to the contagiousness of phthisis between husband and wife. These are given on the authority of Dr. Schnyder of Switzerland, who records 844 cases of phthisis occurring among married people. In 445 of these the husband only, and in 367 the wife only was phthisical, while in 32 both husband and wife were affected, showing that in 812 cases there was no proof of contagion. As regards the remaining 32 cases, Dr. Schnyder denies that there was any proof of transmission, some of them having been affected at the time of marriage. The late Dr. Flint gives the history of 670 cases of phthisis which affected husbands and wives, among whom there were only five cases in which there was a reasonable suspicion of transmission. M. Leudet gives the cases of 112 widows and widowers whose consorts died of phthisis, and of these only 7 became subsequently phthisical. Dr. Mays also gives the well-known results of the collective inquiries organised by the British Medical Association some years ago. Of 1078 answers to the query whether the observer had noted any probable cases of the transmission of phthisis there were 778 answers in the negative, 39 doubtful, and 261 affirmative.

These figures are worthy of every attention, and are encouraging as tending to prove that if phthisis be contagious it is only very feebly so, and that any panic on the subject, or any language likely to excite the public mind unduly, must be steadily depreciated. But we know the fallacy that often lurks in an apparently imposing array

of figures, and the practitioner who believes he has seen a few cases of the transmission of phthisis will hardly be shaken in his conviction by any amount of negative evidence.

Dr. Mays dreads the effects that might follow if the belief in the contagiousness of phthisis were to prevail widely. He informs us that in the city of Naples for a period of sixty-six years (from 1782 to 1848), owing to the prevalence of this belief, the most rigorous measures were introduced for the suppression of the disease; that the ceilings, walls, floors, and windows of rooms were consumptives had died were torn out, the bedding and furniture destroyed, and the houses rendered uninhabitable, that the families of the patients were shunned and driven to want, and the patients themselves regarded as public pests. The result of all these rigorous measures was that the disease remained as prevalent as before.

At the present time when old ideas have been roughly shaken, and new ideas are hardly established on a very secure foundation, it is no easy matter for the thoughtful practitioner of medicine to say what attitude he ought to assume towards the question of the contagiousness of phthisis. He feels that he is not free to ignore the new light that has been shed upon the pathology of the disease, and that, on the other hand, while the clinical evidence of contagion remains so inconclusive, it is a very serious thing to teach his patients a doctrine so distressing to themselves and to their friends—a doctrine, further, that has proved of little or no value with regard either to prevention or cure. A dogmatic attitude is hardly yet possible; but we are at least safe in discountenancing panic while approving of reasonable precaution, and we must heartily welcome any evidence tending to throw light on a subject which is of such vast practical importance.—*Lancet*.

#### A SUCCESSFUL CANDIDATE FOR THE L. R. C. P. LOND. DIPLOMA INTER- VIEWED.

In an article headed "Whoo-oo! A Medical Student Passes an Examination at the Pavilion," the *Star* gives the following report of an interview with a student who is said to have been successful at the recent examination held by the London College of Physicians. It may be that the writer has drawn slightly on his imagination in filling up the details, but any one who has passed through the ordeal at the "Hall by the Sea" will admit that the chief outlines of the story must have been communicated to the *Star* man by one who has been there. The observations about the clinical part of the examination are worthy of particular attention as they refer to a weak point in the examination, and one of which we are constantly

hearing complaints from provincial students. A student, say of St. Bartholomew's, who happens to have a friend studying at Guy's and the London or University College hospitals, may easily make himself acquainted with particulars of all the cases he is likely to meet with in the clinical part of the examination. It is a great joke when a student is asked to diagnose and give his views generally as to treatment, etc., of a case which he has seen again and again. He approaches the suffering individual with well-affected and curious interest, examines the abnormality in the most professional manner and with the greatest care and patience. After considerable reflection he diffidently ventures to give his diagnosis, which the examiner (who evidently expected a different answer, for the case is one of considerable difficulty, and an experienced physician might well have been excused for making a mistake) cheerily pronounces to be "Quite right." And now for the story of the "Whoo-oo!":—

It was at the Pavilion Music Hall the other night that a *Star* man came across a young man with a checked suit of striking pattern, a ruddy face beaming with delight, a big stick, and spirits at boiling point. After each item of the performance he knocked his big stick vigorously on the floor and shrieked "whoo-oo!" with all the force of his big broad chest. "Whoo-oo!" seemed to be the one expression that relieved the bubbling feelings within him, and after a little time he began to discharge himself of it with increased vigour, and without any reference to or occasion of anything that was going on upon the stage. Then he asked half-a-dozen strangers about him to drink, paid for a cigar for a waiter, shouted "Whoo-oo!" again with extra fervor just as Jenny Hill was coming on, brought down his big stick with a thundering smack on a marble counter, and was touched on the shoulder by a six-foot commissioner; "You see that door?" said the chucker out. "Oh, I can see it all right, old chap," said the young man. "I can see two of them. What about 'em?" "Well, that's the door you're going out of if you don't knock off with that stick." It did not affect the young man's humor. He beamed all over his face, and asked, "Are you the chucker out?" "I am, sir." "And do you want to chuck me out?" "No, sir; not if you behave yourself." "Well, do you see that glass?" "Yes." "What will you have in it?" The six-foot commissioner turned away with a grin, and the other remarked confidentially to the total strangers around him, "It's all one to me whether they fire me out or whether they don't. They can't alter my getting through, and I don't care. I've just wired home to tell them that I've passed in the first division in all subjects, my "stifcats" coming on in the week after next, after the council meeting.

"What is it you have got through?" asked the *Star* man. "What is it I've got through? Why, my little L.R.C.P., of course. I circumvented the beggars this time. They tried all they knew on me, but I'd got 'em clean beat. They knew they were done as soon as I'd tackled my written."

"What's that?"

"Why, my written paper. I did that the day before yesterday down at the Examination Hall, on the Thames Embankment, you know. As soon as I looked through the questions I knew I'd circumvented 'em sure. I did a champion record on my little written. I answered all the questions, handed in my paper, and was outside talking to the porter an hour and seventeen minutes and eighteen seconds before the next man came out. I timed it with my little watch, and waited to see. I asked the porter if he didn't reckon it was a champion performance, and he said it was the quickest he ever heard of. I gave him half a crown. I knew I'd circumvented 'em this time. You should just have seen the look on the examiner's face when I handed my paper in. He pulled his gold watch out and looked at the time, and couldn't believe his eyes. He looked as savage as a mad dog, but I didn't care how he looked. I knew I circumvented him, and that was good enough for me."

"Do you think he didn't want you to pass, then?"

"Of course he didn't. Examiners, they're the savagest lot you could possibly name. I've always had my knife into examiners ever since my preliminary. They're a moderate lot, take 'em all round. They don't know a lot themselves. Half of 'em couldn't tell a case of cirrhosis of the liver from a crick in the neck, and they're that savage to think you know a lot more than they do that they try all they can to fog you. But I've circumvented 'em this time."

"Have they circumvented you many times?"

"Cruel. This makes three times I've been up for my little L. R. C. P. First time referred for three months; second time when I made sure I'd done all right, I'm blessed if they didn't go and refer me for another six months. But, besides that I've been referred before on all the subjects you can mention. I know every station on the road up to London, through coming up so many times to be examined."

"You come from one of the provincial schools, then?"

"Yes. You see the London students have a big pull over us, especially in the clinical."

"How's that?"

"Well I'll tell you. You see, when you go up for your clinical they get a lot of cases out of the hospitals—the hardest cases they can think of, and they get 'em there lying in bed, and try all they can to fog you over there. Well suppose a chap's

at Guy's; he is very likely seen one or two of the cases he's examined about every day in the hospital. Or very likely he's heard about 'em. Why, one chap was being taken in his clinical by old Duckworth—Sir Dyce Duckworth—you know him; and the first case he's taken to he looks at the chap's face and he knows him in a minute. He'd seen the case every day for weeks, and knew a dashed sight about than him than old Duckworth did. So he just reels it off like a book, and every question Sir Dyce puts to him he answers. So Sir Dyce takes him on to another case in another bed. And as soon as he saw the case he recognized this one just the same. He'd got it all off by heart, and old Duckworth couldn't fog him any road. So they go on to another bed, and when the chap looked he thought he was done sure for it was some strange case they'd got in, and he couldn't make head nor tail of it anyhow. He could see old Duckworth mean't doing him this time, so he tries a game on. When Sir Dyce says, 'Well, what's the matter with him?' the chap don't cave in. Not he! He says as bold as a lion, 'I feel bound to tell you, Sir Dyce.' 'Well?' says Sir Dyce. 'I feel bound to tell you that I've seen that case in hospital!' When he said that it fairly knocked old Sir Dyce off his perch. He says, 'that's very honest, very honest, very honest;' and goes and signs him through the first division. We can't circumvent 'em that way, because they never bring any cases up from Birmingham or Leicester (? Manchester) and the London chaps have all the pull of us."

"You managed your clinical all right?"

"Circumvented 'em completely. First case I had was a hob-nailed liver, and I knew it all backwards, and other cases just as well. I went a bit rocky, though, on my little *viva voce*, but I managed to dodge 'em. When I went in there was a chap sitting at one end of the table with a lot of sections of brain before him, and another at the other end with liver. I'm weak on brain, but I'm particularly strong on liver, especially hob-nailed ones. So I went to the liver end of the table like a knife. You have to be artful with those chaps you know, and I was artful with mine, I pinned him on liver. Whenever he showed any signs of getting onto any other subject I kept saying something that made him want to ask another liver question. So I circumvented him that way. I've done with the old Examination Hall now. I'll bet my case of instruments to nothing that they never see me down there any more. See that gum lance. That's a nice bit of workmanship that is. Real tortoiseshell the handle is, and you just feel the edge with your thumb and see how sharp it is. You haven't got a gum-boul or anything I could lance for you? Let me put my hand between your shoulders. Now draw a full breath, and say 'Ninety-nine.' Now lean forward and say 'Ninety-nine' again. Now say



'One, two, three!' You've got a very curious vibration, very curious. I should like to sound you if I'd got my little steteoscope with me."

"You're fully licensed to kill now?"

"Oh, yes. I'd got my College of Surgeons, be-hore, you know."

"Was this a difficult examination?"

"The hardest on record. In the written they put one very artful question. It was to describe the post-mortem signs in a case of drowning as distinguished from a case of ordinary suffocation. I tumbled to that. Of course, in a case of drowning the body would be wet. I had 'em there."—*Hosp. Gaz.*

### TOBACCO AND WHISKY AMBLYOPIA.

The long-continued use of either tobacco or whisky so saturates the system with poisonous materials as to blunt the parts concerned in the act of vision, so that they fail to perform their proper functions. The result is that vision fails in proportion to the obtunding of the seeing parts of the eye. Light in such cases ceases to excite the normal stimulation; consequently, all objects appear to be enveloped in a more or less dense fog or mist. It is a functional failure to see because the seeing parts, blunted by nicotine or alcohol, or both, fail to receive sufficient stimulation to complete the act of vision. It is strange that nicotine and alcohol, when used to excess separately, should produce exactly the same blunted condition of the visual organs. When used jointly of course the result is the same. Each one must be used excessively for a long time before the vision begins to fail. Then the failure is always quite gradual—never sudden. In such cases no organic disease of the interior of the eyes can be discovered. That is as it should be since the trouble is essentially functional. Occasionally the optic nerves look a little redder than normal; than again a little whiter than they should be.

A case I examined last week forcibly reminded me of the deleterious effects of tobacco and whisky on the vision.

A gentleman, about 60 years old, in perfect health, and had been so all his life, stated that he could barely see to get about; could not read nor write, and could not find any glasses that would improve his vision to any extent. He was naturally anxious to know what was the matter. His vision began to fail several months ago and gradually got worse. The past six weeks he has been unable to read or write.

The examination revealed nothing abnormal either outside or inside of the eyes. Possibly the optic nerves were a little redder than normal, still that may be natural with him. His only complaint was: "I cannot see. What is the matter with my eyes?" I told him that there was noth-

ing in or about the eyes that would account for the dimness of vision, and asked him about his habits. He answered about in these words: "My habits are regular. I eat and sleep regularly. I smoke the best cigars from the time I get up till I go to bed, except when I am eating. My smoking costs me much more than my eating. During the day I light a fresh cigar with the stump of the old one. I smoke about fifteen cigars every day, and I have been doing this for more than thirty years! I drink from three to four good horns of the best whisky every day and have been doing so for many years." "Hold up; that is enough!" said I. "You have tobacco and whisky amblyopia. These are the cause of your dimness of vision. The tobacco is the chief cause but the whisky no doubt has something to do in making you nearly blind. Your body is saturated with nicotine and alcohol. These have so blunted your visual organs that they fail to do their work. It is a functional failure. There is no organic disease. You have got to give up your tobacco and whisky entirely and your eyes will slowly come to and your vision will get good again. I advise you to quit gradually so it will not make you sick, but in the course of ten days to two weeks you must have both stopped. If you get too nervous, particularly at night, you had better take for a few nights some nervine, as hydro-chloral, or some similar remedy."

"I will follow directions," said the resolute man, "and will see you later."

I like to hear a man with such confirmed habits talk this way instead of the sickly whining we usually hear in such cases. This man will give up his habits and his lost vision will gradually return to him. Fortunately he has not lost any of his naturally strong will power.

### CHAUCER'S DESCRIPTION OF A PHYSICIAN.

The "father of English poetry" thus refers to the medical man of the fourteenth century:—

With us there was a doctur of phisike;  
In all this world, na was there none like him.  
To speake of phisike and of surgerie,  
For he was groundit in astronomie.  
He kepte his patient a full great dell  
In houses: by his magike naturell  
Well couth he fortune the ascendent  
Of his image for his pacient.  
He knew the cause of every malady,  
Whether it were of cold, heate, moist, or dry.  
And where of engendered was each humour.  
He was a very parfit practisour;  
The cause I knew, and of his haim the roote,  
Anon he gave to the rich man his boot.  
Full ready had he his apoticaries  
To send him drugs and his lectuaries;  
For each of them made other for to winne,  
Their friendship was not new to beginne.  
Well he knew the old Esculapius,  
And Dioscorides, and eke Ruffus,

And Hippocrates, and Galen,  
Serapion, Rasis, and Avicen,  
Aberrois, Damascene, and Constantin,  
Bernard, Galisden, and Gilbertin.  
Of his diet measurable was he,  
For it was of no superfluitie ;  
But of great nourishing and digestible.  
His study was but lytyl in the Bible.  
In sanguyn and in perse he clad was al,  
Lined with taffata an with sendall ;  
And yit he was but easy of dispence.  
He kepte that he won in time of pestelence :  
For gold in phisike is a cordial,  
Therefore he lovede gold speciall.

It appears from this quaint and satirical picture, that, in Chaucer's days, astrology formed part of a physician's study. It also plainly proves that a disgraceful collusion prevailed between medical practitioners and their apothecaries, mutually to enrich each other at the expense of the patient's purse and constitution. The poet, moreover, seems to tax the faculty with irreligion: that accusation was not uncommon; hence the old adage, *Ubi tres medici, duo athei*. Taffeta and silk, of crimson and sky-blue color, must have given an imposing appearance to this worthy gentleman, who, resembling many later doctors in his disuse of the Bible, resembled them also in his love of fees.—C. E. D., in *Hosp. Gaz.*

ENURESIS IN CHILDREN.

In the section on the Diseases of Children at the recent meeting of the American Medical Association at Nashville, in a very interesting discussion upon enuresis in children, Dr. J. P. Thomas, of Pembroke, Ky., said:

"Of course neither Dr. Gaines nor Dr. Perry Watson intend to claim any priority in the use of belladonna or its alkaloid, atropia, in enuresis or incontinence of urine. I have used them alternately for ten years, and the tincture of belladonna has been a stereotyped prescription by the profession for a decade or two. After quite an extensive experience for over twenty years with this trouble, only, however, in private practice, I have for the past five years had better results from the following formula than any other medication:

R.—Pot. bicarb., - - - - - ̄j.  
Ext. belladonnæ, fl., - - - - - ̄xi.  
Ext. Ergot, fl., (Squibb's) - - - ̄j.  
Syr. Simplicis, - - - - - ̄ij.—M.

Sig.—Dose in proportion to the age of the patient, having reference to the dose of belladonna only.

When a persistence in this medication conjoined with nightly bathings of the prostatic region with a saturated solution of chloride of sodium in cold water fails, I invariably resort to circumcision in the mode which in my experience rarely fails to

permanently cure the patient. I often perform circumcision with but little constitutional treatment, because I think that the early performance of this little operation is a duty every parent owes to his male children.

Though not an Israelite, I am convinced that the Mosaic law of compulsory circumcision should have been adopted by the Gentiles as a sanitary measure. It promotes cleanliness, which all admit is next in importance to godliness. It prevents the accumulation of the sebaceous secretion so often present in careless and uncleanly boys. It often prevents gonorrhœal contagion, even in the uncleanly. With my experience in practice among the Jews I have yet to be consulted by a Jew, young or old, to prescribe for a gonorrhœa, or see a Jew child with enuresis. However, my practice among this people has been comparatively limited, but this has been the observation—as given me—of several physicians who have had for years a large clientèle among the Jews, as to the rareness of gonorrhœa; and from personal knowledge and the much more extended observation of others, this unusual exemption from gonorrhœa is not the result of virtuous abstemiousness, or a higher standard of morality. As a rule the unmarried Jew is as promiscuous as to cohabitation as the same class of any other nation. The observation as to the exemption of the male Jew child from enuresis is only my own experience and in a limited field for observation—but I am of the opinion that incontinence of urine rarely afflicts these circumcised children.

It is only a suggestion that may lead to a study of the subject by some of the members whose opportunity for observation on this point is much better than mine. Though I have had frequent relapses after an apparent cure by this formula, and many permanent cures after a prolonged repetition of it, I am convinced that it will cure more cases than the belladonna or atropia treatment alone. The pot. bicarb. is a mild, but constant diuretic, which agrees with the observation of Dr. Hays, of Philadelphia, as to the use of diuretics in this disease. The ergot, either from capillary contraction of the arterioles or its known effect upon nerve centers, or both—seems to contribute largely to the physiological effect of the belladonna. In conclusion, I can only recommend this combination to the members of this section and request for it a fair trial. The object in this formula is to have nearly a saturated solution of the pot. bicarb.

THE USE OF WATER AT MEALS.

Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is probably that it dilutes the gastric juice and so retards digestion. Apart

from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely, provided the peptones are removed, as they are formed. The good effects of water, drunk freely before meals, has, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble compounds. The accumulation of mucus is especially well marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucus lining and viscid contents, a normal condition in the morning before breakfast, is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the mucus, partially distends the stomach, wakes up peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react, and hot water to others. In chronic gastric-catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.—*Brit. Med. Jour.*

#### DEAFNESS TREATED BY PILOCARPIN.

After Mr. Field's communication in the *Journal* of May 17th, the following notes of a case of deafness treated by pilocarpin will not be without interest to the profession. I have made very careful observations daily, but as those of every third day clearly show the steady improvement that was made, for the sake of brevity I mention only these.

J. C., aged 13, has always had very imperfect hearing; when 5 years old was tested by Dr. McBride, and found able to hear a watch at only

three inches from both ears. In January of the present year he had a very severe attack of measles, and after recovering from this was found to hear worse than before, namely, he could only hear a watch at  $1\frac{1}{2}$  inch. By means of Politzerizing this distance was increased to  $3\frac{1}{2}$  inches.

On March 13th he was taken to see Dr. McBride, and at his suggestion pilocarpin was injected daily, commencing on March 15th. The distances on the respective days being:

	Right.	Left.
March 15th ..	$2\frac{1}{2}$ inches	$3\frac{1}{2}$ inches.
" 18th ..	$5\frac{1}{2}$ "	$5\frac{1}{2}$ "
" 21st ..	$9\frac{1}{2}$ "	$7\frac{1}{2}$ "
" 24th ..	10 "	$8\frac{1}{2}$ "
" 27th ..	16 "	$16\frac{1}{2}$ "
" 30th ..	28 "	30 "
April 2nd ..	44 "	46 "
" 5th ..	48 "	48 "

The last injection was made on April 5th, there being in all 21 injections. The dose at first was one-twelfth grain, but this was soon increased to one-sixth, and later to one-fifth grain.

After stopping the treatment I examined daily for five days, the distance remaining the same. A month after this I again examined and found them not only to have maintained the improvement, but to be slightly better—50 inches from both ears. The power of hearing conversation is also very markedly improved, but not to the same striking extent to which his power of hearing a watch is.

The case is probably one of mixed middle and internal ear deafness, the bone conduction being much diminished. There were no unpleasant symptoms arising from the treatment.

Edinburgh. JAS. C. DUNLOP, M.B., M.R.C.S.  
—*Br. Med. Jour.*

PHENACETINE IN WHOOPING COUGH AND BRONCHITIS.—If there is any remedy which will control a disease in a few days, which, if let to run its natural course, would last an average of ten weeks, it may be safely said that in one disease at least, science has accomplished something. Who has not felt, as he has seen the victim of whooping-cough struggling in its convulsive paroxysms, with its face purple, its eyes bloodshot, and its hands wildly thrown about in agony, the poverty of his art and his science for any relief it could bring to his patient. Scores of remedies have been introduced as specifics, and yet none have been more than partially successful. Possibly the new remedy, phenacetine, may share the fate of its predecessors, and yet we have seen such wonderful results from it in the catarrhal and spasmodic stages of whooping-cough, in the teasing and spasmodic coughs of bronchitis and laryngitis, we are led to hope that in this class of troubles it will yet rival quinine in its own specific field.

In a typical case of whooping-cough in a child eight months old, which had passed through its catarrhal stage and was well on in the second or convulsive stage, the paroxysms coming on every hour, of a violent character, the action of the drug was almost magical. Under the influence of grain and a half doses every three hours, the paroxysms in three or four days were reduced to half a dozen light ones during the twenty-four hours, and in a week had entirely disappeared. Another case was when the attack had not fairly entered the second stage, and yet the exposure of the child and the peculiarity of the symptoms left no doubt as to the character of the disease. In three days the cough had very nearly disappeared under the influence of two grain doses of the drug every four hours, and in a week's time he was able to return to school. In the schoolmate from whom the disease was contracted, the disease was two months in running its course. In both of these cases the vomiting speedily ceased and the appetite returned. Many other cases occur to us as we write, but the ones quoted above are typical, and will suffice to illustrate the prompt action of the remedy. A lady of middle age was attacked with a sharp pharyngitis, the inflammation, as it was relieved in the pharynx, extending down and involving the larynx and upper bronchial tubes. The expectoration was bloody and purulent, and the cough frequent and painful. In addition to the usual medication five grain doses of phenacetine was given at first every three hours, and as the cough subsided, every four or six hours. The effect was immediate; with the first dose the whole nervous system was quieted, the cough became less frequent, the temperature diminished, and in a few hours the patient fell into a quiet sleep. The improvement was rapid. There is no doubt the drug produces a very marked effect in relieving the irritability of the nervous system, and acting specially upon the vasomotor nerves, controls to a certain extent the circulation without any dangerously depressing action upon the heart. As an intercurrent remedy we have reason to believe that in many cases it will supersede opium and its alkaloids and the class of hypnotics of which chloral is the type, because it not only does not prevent, but aids its quieting power, the specific action of other drugs. We have been particularly pleased with the action of phenacetine in the epidemic of grippe through which we have just passed. In connection with other indicated remedies it has been in our hands of very great service.—*N. Y. Med. Times.*

**THE TREATMENT OF HÆMORRHOIDS BY EXCISION.**  
—*Marcy (Annals of Surg., November, 1889) advocates the following operation for hæmorrhoids: The large intestine is previously emptied, the patient is etherized, placed in the lithotomy position,*

and the sphincter paralyzed by means of digital dilation. The rectum is then washed out with a solution of corrosive sublimate, care being taken that none of it be allowed to remain. A pledget of wool dusted with iodoform is then placed in the rectum. Along the line of the junction of the mucous membrane with the integument division is made from the central line posteriorly from below upward on both sides to the median line above. This can be done with care without injury to the plexus of veins. The loose connective-tissue fascia is separated by the finger or blunt instrument quite deeply, cutting away connective-tissue bands which may appear. In a similar manner the mucous membrane is separated from the plexus. The plexus is thus separated from its surroundings, except at its base, and is tied off in the following manner: A needle with eye near the point, threaded with a tendon, is introduced posteriorly behind the mass and withdrawn; again threaded with the external end of the suture, it is carried about one-third of an inch from its first introduction, unthreaded, threaded with the opposite end, and withdrawn. In this way the entire base is encircled by a line of deep, double, continuous sutures. In this manner an even, continuous compression is secured, as the stitches are not drawn so closely as to produce necrosis, but simply to protect against hæmorrhage. The hæmorrhoidal plexus is now dissected away with scissors just above the line of sutures, and the mucous membrane is stitched to the line of division just made. For the latter purpose he prefers a running blind stitch taken from side to side, from within outward, so that no stitches are left in sight, and the divided edges are evenly and accurately approximated. The wound is then dried, dusted with iodoform, and protected by a thin layer of iodoform collodion. In uncomplicated cases absolute restraint in bed is not necessary, and micturition is usually voluntary and easy. The bowels may be moved on the third or fourth day.

The advantages stated for this operation over that practised by Mr. Whitehead are less hæmorrhage on account of the constriction of the vessels before division, less danger of secondary hæmorrhage, more accurate and easy closure and readjustment of parts, and the advantage which continuous animal sutures buried and incorporated into the tissues have over the interrupted silk suture, which is a foreign body, and, if not removed, must be thrown off by suppuration. He prefers a tendon from the tail of the freshly killed kangaroo, properly preserved and prepared, for these sutures, as catgut is often untrustworthy from inherent defects.

**PERSPIRING FEET.**—*G. F. writes: If "Surgeon" will wear low shoes, wool socks, and dust the feet*

over twice a day with iodol, he will soon have his feet as hard, sweet, and comfortable as he could wish, if "Surgeon" derives as much benefit from this plan of treatment as the writer.

DR. JOHN ORMSBY (Dover) writes: "Surgeon" will find the following a never-failing remedy: Wash the feet at night with very hot water, put on white cotton socks, and immerse the feet, thus covered, in methylated spirit, poured into basin; wear the socks all night; they will soon dry in bed. During the evening wear cotton socks and common felt slippers, and keep the socks constantly saturated with spirit. In a week the cure will be complete. The best ventilated boots are made of stout canvas, such as is used in tennis shoes, tan or black. They can be made in any fashion, and will be found a great comfort.

AN OLD MEMBER recommends "Surgeon": R. Liq. plumb-diacet., acid. carbolic. āā ʒij; aq., ad. ʒij. M. One teaspoonful to be mixed with a pint of warm(ish) water, and the feet washed every morning and dried with a soft towel.

MR. ALFRED E. BARRETT, M.R.C.S., Eng., etc. (Holland Park, W.), writes: If your correspondent "Surgeon" will wash the feet night and morning with soap and water, and, after careful drying sponge them over with the following lotion, he will find relief: R. Plumbi acet. ʒj; acet. distill. ʒj; sp. vini methylat., ʒij; aq. ad. ʒxxvi; S. ft. lotio. I have found this so efficacious that I use no other treatment. It will be found mentioned in the *Journal* for October 30th, 1880. Shoes are preferable to boots, but whichever are used I recommend those of buckskin, which is very soft and easy to the feet. I get them from E. Irons, 140 High Street, Notting Hill, who makes a specialty of them, and his ingenious method of ventilation would probably suit your correspondent. The inner sole has several perforations communicating with the outer air by a tube in the heel. Patients have experienced the greatest comfort from the use of these boots.—*Br. Med. Jour.*

TREATMENT OF DYSENTERY BY ENEMATA OF CORROSIVE SUBLIMATE, ETC.—It is now generally recognized that certain morbid conditions of the intestinal tract may be favorably modified by various drugs belonging to the class of antiseptics, among which the chief are calomel, bismuth, naphthalin, and thymol. It is a noteworthy fact that these substances are insoluble, and it is in virtue of this property that they are enabled to run the gauntlet of the absorbents and exert their specific action upon the intestinal contents. The best of all antiseptics, corrosive sublimate, has thus far been of little use for the purpose mentioned, because it was supposed that no benefit could be exerted by any but a lethal dose. While this may be true of its administration *per os*, it is shown by G. Lemoine (*Bull. gen. de Thera.*, Jan-

uary, 1890), to be a mistake so far as concerns administration *per rectum*.

Lemoine has treated fifty-four cases of dysentery by enemata of corrosive sublimate, and with the happiest results. The strength of the solution was one to five thousand, of which two hundred grams were administered three times a day; later, two hundred grams of a solution of one to three thousand were injected twice daily. Improvement showed itself, as a rule, after the first injection, the first symptoms to disappear being the tormina and tenesmus. In a certain number of cases the tenesmus was so great that the enema could not be administered without a preliminary treatment, which consisted in painting the sphincter with a five per cent. solution of cocaine.

In acute cases a cure resulted from this treatment in from three to four days; whereas, in the more chronic cases which presented themselves for treatment on account of an acute exacerbation, a cure was effected, as a rule, in one day. The latter statement is somewhat startling in view of the well-known fact that chronic dysentery is decidedly rebellious to all the usual modes of treatment.—*Med. News*.

THE TREATMENT OF RETENTION OF MEMBRANES (*Zeit. f. Geburts. u. Gynak.*)—The causes of retention may be irregular or inefficient contraction of the uterus, inopportune procedures for the removal of the afterbirth, or pathological changes in the histological structure of the fetal membranes. Among the latter, pathologico-anatomical alterations in the various sections of the decidua are probably the most active. Retention may lead to hemorrhage, or it may cause decomposition. If larger or smaller placental pieces remain behind, bleeding occurs as a necessity; decomposition may occur, but not necessarily. If membranous portions remain behind, they do not of themselves produce hemorrhage, not being in direct vascular connection. If the retention be at once followed by bleeding, the latter is due to the bad or inefficient uterine contractions which caused the retention. Many consider the retention of portions of the ovisac within the uterine cavity as innocuous. Kaltenbach, supported by Döderlein and Winter, bespeaks the absence of germs in the cavum uteri as a cause, and declares that the retained product only undergoes decomposition on the entrance of germs from without, or when a portion projects into the vagina; for this reason we need not remove the uterine portion, contenting ourselves with the cervical or vaginal segments. Care should be taken to keep the vagina thereafter as aseptic as possible. Kaltenbach has practised this method for over five years with invariable success. Eberhart favors a rigid prophylaxis. If the placenta be expressed only after the characteristic signs of completed separation are apparent (flattening of

the uterus antero-posteriorly, elevation of the fundus with good contractions, further expulsion of the cord), retention will only be observed in pathological changes. The expectant plan is followed; that is, the placenta is expressed only if from one and one-half to two hours have passed without it being spontaneously expelled.

If now retention has already taken place, the uterine portion is undisturbed; only that projecting into the vagina is removed by inserting two or three fingers; the uterus is never entered. Ergotin preparations are given to hasten the separation of membranes.—*Am. Jour. of Obstet.*

#### SUCCESSFUL OPERATION FOR ACTINOMYCOSIS.—

Dr. Matlakowski of Warsaw reports an interesting case of actinomycosis in a man which was successfully eradicated by operative measures. The patient, who was engaged in agricultural pursuits, was forty-six years of age, and had noticed for six weeks a rounded, movable tumour, which did not cause him any pain, under the angle of the jaw on the right side. He had been losing the teeth for the last fourteen years, they having fallen out without being carious. The last tooth in the right lower jaw had fallen out a year before. The tumour kept on increasing, and a week before admission a small abscess had broken. Not only was there no pain, but there was no difficulty in opening the mouth or in swallowing. When first examined, there were two fistulous openings near the angle of the jaw, but a probe passed into them did not penetrate at all deeply, and could not be made to reach the bone; a considerable quantity of blood exuded in consequence of the probing. The discharge was scanty, and looked like boiled sago mingled with blood serum. The molars and canines were all wanting in the lower jaw on the affected side, the gum, which was healthy enough, having grown over their alveoli. The ray fungus having been found on microscopical examination, and there being a complete absence of any signs of disease elsewhere, an operation was decided on. Ample incisions having been made, parts of the masseter, digastric and sternomastoid, and the whole of the mylohyoid muscles were excised, together with the entire submaxillary gland and the lower part of the parotid, also the bridge of salivary gland substance connecting the two glands. A large number of arteries and veins had to be ligatured. At first the patient experienced some difficulty in swallowing, and in expectorating a quantity of tenacious and somewhat sanguinolent mucus, for the existence of which no physical cause could be found by examination of the lungs. However, after a time all these difficulties passed off, and the wound, which was of course a large gaping cavity in consequence of the quantity of tissue that had been extirpated, granulated up and healed over. Two years and a half afterwards,

Dr. Matlakowski obtained information that the patient continued in good health.—*Lancet.*

THIERSCH'S METHOD OF SKIN-GRAFTING.—DR. Ivan Fomin, of St. Petersburg, reports eighteen cases in which he used Thiersch's method of skin-grafting (*Vratch*). The author carried out the method as follows:—The surface of a crural ulcer, for example, is dressed with compresses wrung from a  $\frac{1}{2}$  to 5000 solution of corrosive sublimate until complete cleansing of the granulating surface has taken place—usually in from three to seven days. On the day of the operation the entire limb is washed with soap and water and an antiseptic lotion, after which a springeful of a 4 per cent. solution of cocaine is injected in the neighborhood of the ulcer, and the latter is carefully scraped away with a sharp spoon, down to the muscle or fascia. After this a bandage to arrest hæmorrhage is applied and left in place for from half an hour to two hours. Next, thin cutaneous strips, measuring about five or six inches in length and two and a half in width, are sliced, with a sharp razor, usually from the patient's arm, which should have been thoroughly disinfected. This step of the operation may be rendered painless by giving a hypodermic injection of cocaine. The strips are then moistened with a 1 per cent. solution of carbolic acid and placed on the ulcer, not only the entire surface being covered, but the healthy skin slightly overlapped. The grafts are then carefully dried with absorbent cotton, dusted with a thin layer of iodoform, and covered with fenestrated strips of protective, which overlap each other like tiles. The whole is then dressed with antiseptic material and the limb immobilized.

The results obtained by Dr. Fomin are excellent—even most extensive and obstinate ulcers healing in a few weeks.—*Annals of Surgery.*

THE STING OF THE HONEY BEE.—Will you kindly allow me to say a word or two about the sting of the honey bee? A few days ago I was told by a gentleman of the highest veracity, who as a matter of pleasure keeps bees, that in consequence, he believes of previous inoculation by bee stings, he is proof against pain, that is, he does not feel pain when stung by the insect. Fifteen years ago, when this gentleman began his favorite pursuit, he suffered severe pain in the parts stung, but for several years past the sting of the bee has produced only a little pleasurable sensation, which continued for a few seconds and then ceased. I may say that the gentleman is not pain-proof against the sting of the wasp, for, when stung by one of these formidable insects a short time since, his sufferings were acute and prolonged. But it might be that after a few repetitions the sting of the wasp might cease in him to produce its stinging effects. I therefore made the sugges-

tion that, for the sake of science, he should take the matter up and thoroughly investigate it, in order that he might discover whether he could not also fortify himself against the pain caused by the sting of the wasp. This he declined to do, his thirst for science not being sufficiently great to induce him to have any further intercourse with a wasp if he could help it.—WM. O'NEIL, M. D., in *Lancet*

**THE HOT WET PACK IN THE TREATMENT OF ECLAMPSIA.**—Dr. Barton Cooke Hirst looks upon the hot wet pack as a most valuable agent in the treatment of puerperal eclampsia. Cases apparently hopeless under other methods of treatment oftentimes yield to the profuse diaphoresis following a hot wet pack. The pack is to be given by wringing out four blankets in hot water, surrounding each lower extremity, the trunk under the arms, and finally the trunk and arms with the hot, moist blanket, first slipping under the patient a rubber sheet, and afterwards tucking a couple of dry blankets over the whole, the head being kept cool by cloths dipped in ice-water. The sweating thus induced was profuse, and no doubt carried off the greater part of the poison in the blood. The hot wet pack treatment Dr. Hirst thinks preferable to any other. Chloral and bromide of potassium, which lessen muscular action and dull sensibility, can be but temporary makeshifts until the more important object of treatment is obtained.—*Univ. Med. Jour.*

**HYDRASTININ IN UTERINE HEMORRHAGE** (*Arch. f. Gyn.*)—The author has used this drug with success in cases of congestive dysmenorrhœa, bleeding from the virgin uterus, essential bleeding, hemorrhage from diseased condition of the uterine tissue (endometritis, metritis), from parametritis, pyosalpinx, etc., and in myomata. The remedy was the most efficacious in cases of hyperplastic endometritis, congestive dysmenorrhœa, and the virgin uterus. The hemorrhage from myomata may be lessened by the drug. The success is somewhat less in chronic endometritis, in which the uterus is enlarged and the contractility of its muscular tissue lost. Bleeding from severe neuroses does not respond well to the drug. F. believes that the drug causes contraction of the blood vessels; through this action on the abdominal vessels less blood flows to the genitalia, causing relative anemia of the uterus, which acts as an excitant upon the muscularis and causes contraction. He generally employs a ten-per-cent. watery solution of the drug, which keeps well, and injects from one-half to a whole syringeful (*i. e.*, 0.05 to 0.1 gm. of hydrastinin). Five to six days before menstruation, and in myomata, daily injections of 0.05 gm. are made; during the bleeding, daily injections of 0.1

gm. After five hundred injections he has seen no inflammatory reaction follow the procedure.—*Am. Jour. Obstet.*

**A NEW METHOD OF TREATING FRACTURED PATELLA.**—At a recent meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom he had operated by a novel method to secure bony union in a case of fracture of the patella. The skin over and around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction of the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed there was no sign of irritation, and temperature had never been above normal. As the fragments seemed well united the needles were withdrawn, a plaster-of-Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint it would be desirable to aspirate.—*Med. Rec.*

**BISULPHIDE OF CARBON IN DYSENTERY.**—Dr. Jakoboff reports in the proceedings of a Russian provincial medical society, that he has found great benefit in dysentery from the employment of bisulphide of carbon, of course, largely diluted. The quantity given per diem was from 3 to 5 grains in half a tumbler of water or milk, with a little peppermint. First of all, however, 1 or 2 grains of calomel were administered hourly until calomel stools had been induced; and during this time enemata containing  $1\frac{1}{2}$  grains of sulphide of carbon in  $1\frac{1}{2}$  ounces of water were administered twice daily. Great improvement was produced, and frequently this was as rapid as it was marked, so that there could not be any doubt that it had been brought about by the bisulphide of carbon treatment.—*Lancet.*

**TREATMENT OF ERYSIPELAS.**—The *Weekly Med. Review* quotes the following prescription used by Koch in the treatment of erysipelas:—

R.—Creolin . . . . . 1 part.  
Iodoform . . . . . 4 parts.  
Lanolin . . . . . 10 " —M.

This ointment is painted on the diseased parts by means of a soft brush and covered with gutta-percha tissue.—*Med. News.*

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science  
Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

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

## TREATMENT OF GOITRE.

Even in this country where goitre can not be said to be endemic the practitioner must meet with not a few cases of chronic enlargement of the thyroid gland. The fact that females suffer more frequently than males from this disease, and that the consequent disfigurement is more felt by them, renders treatment frequently necessary, and happily in the majority of cases this is successful, especially in the "acquired" form, which is the common form in America, and which rarely manifests itself until after puberty. Leaving aside the endemic variety, the chief causes of the sporadic form are, first, heredity, which is noted in the majority of cases; next, changes in the circulation connected with the sexual functions in females, such as menstruation, pregnancy, child-bearing; and, lastly, all occupations which favors stasis of blood in the veins of the neck, as carrying heavy weights on the head, etc. Any of these causes may be noted as active in the cases met, and as change of residence can not be looked upon as important in their treatment, the question of cure, becomes purely a medical and surgical one. Fortunately in the great majority of cases medication by means of the iodides, combined with counter-irritation over the gland, is sufficient to cause the resolution of the growth, but in not a few instances more active measures have to be undertaken, the swelling proving intractable to the measures mentioned above.

The remedy which has proved most efficient is

iodide of potash, in doses of five or ten grains two or three times a day. At the same time the swelling should be rubbed with some preparation of iodine, either the ointment or the tincture. Dr. Felix Semon recommends a combination of one part ung. iodi. to two to four parts ung. pot. iodidi

Another local application which has been markedly successful in India, is the ung. hydrarg. iodidi. rub., 15 grains to the ounce. This is to be smeared in for a few moments over the whole surface of the goitre, which is then to be exposed to the full rays of the sun as long as the patient can endure it. Within half an hour a blister forms, which should be treated in the usual way. It is said that the tumor will decrease day by day for weeks, when a second application may be necessary. Macnamara, Cunningham, F. Mouat and other observers, speak very highly of this method of treatment and its value seems to be beyond question. Other methods are the application of liq. epispasticus, B. P., as advocated by Sir Morell Mackenzie; the permanent application of cold by Leiter's tubes, to be worn twice in the twenty-four hours for a period of three hours. Various other remedies have been used with success, as strychnia, ammonium chloride, and fluoric acid. The latter given in doses of fifteen to sixty minims largely diluted, three times a day is said (Woakes) to have caused the disappearance of the tumor in seventeen cases out of twenty.

When all the above means prove useless, the parenchymatous injection of the gland with some irritant, or its excision, only remain to be attempted. The latter operation is, however, so often fatal, and if successful is so liable to be followed by myxœdema, that it is only to be undertaken when, other means having failed, the condition of the patient is such that the surgeon may hope to give a margin of life to the sufferer by undertaking it. It is said that leaving behind a small portion of the gland obviates the danger of a subsequent myxœdema. The operation of resection of the isthmus performed a few years ago by Mr. Sydney Jones, for the relief of the dyspnoea, dysphagia and cough of goitre, and which promised so well, the lateral lobes of the gland having been said to shrink after the operation, has apparently fallen into disuse, little or nothing having been heard of it for five or six years.



So that the only operation left is the interstitial injection of some irritant fluid into the gland. Numerous substances have been used and with success. Very lately Professor Moestig, of Vienna, has been using iodoform. He injects 15 to 30 minims of the following solution: iodoform 1; ether 5; olive oil 9. He has found that in each of 79 cases so treated there has been a decided decrease in the size of the neck. In substernal goitres the injection of a superficial part seems to be successful. He says that as compared with iodine as an injection the advantages of iodoform are that inflammatory complications never occur, suppuration never having been observed by him.

Ergotin, tincture of iron and Fowler's solution have also been used, but with not perhaps as much success as tincture of iodine. This is the remedy recommended by the great majority of surgeons, and lately by Terrillon, surgeon to the Salpêtrière, who has had large experience with this and other remedies used parenchymatously.

He makes the following observations as very necessary for the operator to note:—

"1. Be sure to penetrate the substance of the tumor before pushing the injection. 2. Avoid, as far as possible, transfixing the veins which ramify in the cellular tissue on the anterior aspect of the neck. The patient should be made to take a full breath, during which the swollen jugulars become prominent. 3. Have a hypodermic syringe that is clean, in order to avoid the introduction of infectious germs. Leave the syringe with its needle for a certain time in boiling water before using."

The veins may easily be made prominent also, by winding a piece of tape round the base of the neck and they will be thus avoided, a matter of much moment.

The needle should be pushed boldly but slowly into the gland to the depth of at least four-fifths of an inch, in order to avoid infiltration of the cellular tissue of the neck, which causes suppuration. He counsels, that when the needle is pushed in, the bowl be unscrewed, leaving the needle open at the base, to see whether any blood flows from it. This is an extra precaution to prevent injecting iodine into a vein. Of course if blood flows another place is chosen and dealt with in a similar manner. The syringe is screwed on and seven or eight minims of pure tinct. iodine is injected. The needle should not be immediately removed, other-

wise, the fluid would follow its course and infiltrate the cellular tissue instead of being diffused in the parenchyma of the gland. Usually the patient experiences nothing more than a slight pain and a little swelling, and then the quantity is increased as may be desired. The injections should be made one at a time and a few—four or five, days apart in order to guard against iodism. Even if the pains be rather severe in the lower jaw, teeth, back of the neck, shoulder or chest they need not give alarm as they usually quickly subside. Suppuration is rare if the technique of the operation be perfect.

One injection has been known to cure a goitre, but usually they have to be repeated, frequently up to say twenty, produce a cure. The action of the agent is to produce cicatricial tissue at the place where injected, which by shrinking at the various points produces atrophy of the gland, in a similar manner to the atrophy of the liver by the increase of fibrous tissue caused by any undue irritation. The goitre undergoes a fibroid transformation.

It may seem unnecessary to caution the operator about going *too deep* with the needle, but Semon's plan of having the patient swallow with the needle in position is a good one. By noting the movement of the needle inserted into the gland one may be sure whether its point is beneath, in, or above the tumor, a matter of the utmost importance.

#### EXECUTION BY ELECTRICITY.

"Electrocution" is the term invented by our American cousins to express the idea of paying the death penalty through the agency of the electrical current. The daily press, as is usual with them, kept public attention riveted upon the unfortunate Kemmler for weeks before the execution took place, and the topography of the jail at Auburn, the situation of the doomed man's last seat on earth—the fatal chair—its size, shape, color and general appearance, formed the subject for many pen-pictures by reporters, anxious to secure for their respective papers a due share of prominence in the present struggle to lay before the public a description of the most revolting and blood-curdling scenes enacted in the world. It has long been considered necessary to the public welfare that executions shall be conducted privately. But if the daily press be allowed to exult in

column after column of sensational descriptions of all the harrowing details of such an event, then surely the public may as well be admitted to executions and view with their bodily eyes the scenes which are so vividly presented to the mental vision of the millions.

We believe that death by electricity might be made absolutely painless, and absolutely certain. In the present case, despite the horrible pictures presented by the reporters, of the strugglings, twitchings and convulsions of the criminal, it is as certain as anything can be in this world that his consciousness was abolished immediately, and that he suffered nothing. Much has been made of the lengthened and elaborate preparations in the chair before the current was sent to do its fatal work, and of the horrible suspense of the doomed man during that time. Doubtless such preparations are cruel, but are they any more protracted or any more cruel than the procession from the cell to the gallows and all the attendant horrors of fixing the rope, etc.? We think not. Indeed when the doomed one knows that at a certain moment he must pass into eternity it is probable that the last few hours are not rendered more terrible by any amount of preparation made for the accomplishment of the purpose of the law.

The chief objection to this method of execution would appear to be the difficulty of its general adoption in all parts of the country. It is complicated in its application, requires elaborate preparation, expensive machinery, and the presence of skilled manipulators. Without these, its action is not only uncertain but actually dangerous to executioners and spectators. So that we may not expect "electrocution" to become the popular method of execution, at least until the "harnessed lightning" is under more perfect control than at present, and that by more simple appliances than we now possess.

The English press is almost a unit in condemning the method, but is, we venture to think, somewhat unnecessarily severe in its denunciation. Thus the *London Standard* says: "The scene can be described as a disgrace to humanity. It will send a thrill of indignation throughout the civilized world. We cannot believe that Americans will allow the electrical execution act to stand." The *Times* also speaks very strongly against the method, and characterizes the spectacle as "re-

volting." Is it any more so than that of hanging? The lethal chamber would, we think, be preferable to any known method of execution. The time seems not to be ripe for its introduction, but there can be little doubt that if the consensus of opinion of the medical men of the world were taken, it would be shown that, had *they* to suffer the death penalty, anæsthesia would be the method adopted as a painless, and, after the first few respirations, even a pleasant way of passing out of the world.

#### CANADIAN MEDICAL ASSOCIATION.

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

Address in Medicine, by Dr. Prevost, Ottawa.

Address in Surgery, by Dr. Chown, Winnipeg.

Address in Obstetrics, by Dr. J. Chalmers Cameron, Montreal.

Address in Materia Medica and Therapeutics, by Dr. W. S. Muir, Truro, N. S.

PAPERS.—"The Failure of the Removal of the Ovaries and Tubes to Relieve Symptoms," Dr. James F. W. Ross, Toronto.

"Abscess of the Brain," Dr. G. Stirling Ryerson.

"Pernicious Anæmia" (with report of two cases), Dr. A. McPhedran, Toronto.

"The Cardiac Complications of Gonorrhœal Rheumatism," Dr. R. L. MacDonnell, Montreal.

"Pharmacology of Salicylamide," Dr. W. Beat-tie Nesbitt, Toronto.

"Syphilitic Ulceration of the Vocal Cords," Dr. F. G. Finley, Montreal

"Cholecystotomy," Dr. F. J. Shepherd, Montreal.

"Inhalations in the Treatment of Chronic Pulmonary Diseases," Dr. Price Brown, Toronto.

(a) "The Local Administration of Bichloride of Mercury as an Alterative in Pelvic Exudations in Women; and

(b) "Why Apostoli's Method Sometimes Fails," Dr. A. L. Smith, Montreal.

"Chronic Urethral Discharges; their Diagnosis and Treatment, with a Demonstration of the Electric Endoscope," Dr. Edmund E. King, Toronto.

(a) "Electricity in Gynæcology." Report of Cases ;

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

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

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

A dinner will be given on the evening of the 11th, by the members of the profession in Toronto, and a yachting excursion, to occupy part of the afternoon of the 10th, is in contemplation.

N.B.—Members will please note that certificates entitling them to reduced travelling rates will not be issued this year, as heretofore, by the Secretary, but will be obtained from the agent at the starting point of the journey.

JAMES BELL, M.D., *Secretary.*

**COCAINISM.**—The number of cases of recorded cocaineism is not very great, and yet there can be no doubt that the drug is being extensively consumed by the initiated, for other than legitimate purposes. Dr. Clouston writing on this subject, sums up the evils of its use as follows:—1. It is the acutest and most absolute destroyer of inhibition, and of the moral sense generally, that we yet know. 2. The morbid craving is very intense, and control is absent. 3. The dose requires to be increased faster than that of any other such drug to get the same effect. 4. The delirium and hallucinations of all the senses of single doses, become chronic in cocaineism. 5. The immediate effects are more transient than any other such drug, but this does not apply to the craving set up. 6. The treatment of cocaineism consists in outside control of the patient ; in stopping the drug at once ; in careful watching—I should not trust a patient under treatment as regards suicide for the first week ; nursing ; the use of every sort of food that will keep up the strength, and of the bromide of ammonium, brandy or wine, tea and coffee, and possibly a hypnotic like paraldehyd or sulphonal for two or three nights at least. 7. A patient suffering from cocaineism can usually be certified as insane so far as the presence of delusion is concerned ; but he gets over these so soon, and yet is so far from the real cure, that certification and sending to an asylum is not a satisfactory process

altogether. We need cocaineism included in any special legislation for dipsomania.

**THE TREATMENT OF RINGWORM.**—Hydronephthol is brought forward by Dr. Dockrell, of London, as a specific in ringworm (*Lancet*, 1889, ii, 1110). He says that it has been proved by experiment to be more active than bichloride of mercury as a parasiticide, and, as it is at the same time non-poisonous and non-irritant, it is an ideal remedy for ringworm. He uses the hydronephthol plaster of ten to twenty per cent. strength, as that serves at once to limit the spread of the disease and causes penetration of the remedy. His method is to shave the head, and wash it with a five-per-cent. hydronephthol soap and very hot water ; then dry the scalp and apply the ten-per-cent. plaster in narrow strips overlapping each other at the edges and going beyond the diseased area. Outside of all he applies a ten-per-cent. melted hydronephthol jelly so as to shut out the oxygen. At the end of four days he removes the plaster and repeats the previous processes, using a twenty-per-cent. plaster for one week. Then he repeats the processes and applies a ten-per-cent. plaster for ten days, when the disease will be found cured. During the treatment he applies a five-per-cent. hydronephthol ointment to the unaffected parts.

**ABUSE OF HOSPITAL RELIEF.**—A select committee of the House of Lords, of England, is at present endeavoring to devise a remedy for the abuse of hospital privileges and relief, made plainly evident by abundant testimony. The Medical Society, of Victoria, has unanimously adopted the following resolutions : "This Society is of opinion that (a) great imposition on the part of well-to-do people is practised at the public hospitals, which is contrary to the principle on which these institutions were founded, and on which they should be conducted. (b) All hospitals receiving Government aid annually should be devoted solely to the treatment of the destitute and poor. (c) Paying patients should not be admitted into hospitals receiving Government aid granted for the benefit of the destitute and poor. (d) A wage limit should be fixed for all hospital patients (*i.e.*, all those earning more than a certain amount should be excluded). That the circumstances of each applicant for admission should be investigated by an

officer of the hospital appointed for the purpose, who should use wide discretionary power in special cases."

We have called attention to similar abuses at Canadian hospitals and can only hope that time may remedy the evils complained of, which chiefly are the granting of medical advice and medicine to those well able to pay for the same.

J. B. LIPPINCOTT COMPANY announce in press an important work on Regional Anatomy in its Relation to Medicine and Surgery by George McClellan, M.D., lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy; Professor of Anatomy at the Pennsylvania Academy of the Fine Arts; member of the Association of American Anatomists, Academy of Natural Science, Academy of Surgery, College of Physicians, etc., of Pennsylvania, with about 100 full-page fac-simile illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. To be complete in two volumes of about 250 pages each, large quarto. The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. Vol. 1 will be ready for publication about December 9th, and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only. Salesmen will begin an active canvass the coming October.

PERCHLORIDE OF IRON IN LEUCORRŒA.—The editor of the *Phar. Era* has arrived at the conclusion that of all remedies for simple leucorrhœa, the old tincture of perchloride of iron is the best, combined with hyoscyamus, opium, hop, or Indian hemp, when the mucous membrane is in a state of irritation. Tepid or cold water injections, cold hip baths, etc., are useful local applications, with rest; and avoidance of occupations involving prolonged standing or pedal exercise. Sometimes tannin, zinc, or alum, are valuable additions to

the injections. When the discharge emanates from the glands of the os uteri, local applications of belladonna and bi-carbonate of potash, are serviceable, two ounces of the tincture and a teaspoonful of the alkali to about a pint of water.

WOMAN'S MEDICAL COLLEGE, TORONTO.—The following changes have been made in the Faculty of the Woman's Medical College, Toronto:—Dr. A. A. Macdonald, is appointed Clinical Lecturer in Medicine; Dr. W. B. Thistle, Clinical Lecturer in Diseases of Children; Dr. George Acheson, Lecturer in Pathology and Histology, normal and pathological (*vice* Dr. Carveth resigned); Dr. S. P. Boyle, Toronto, and Miss E. J. Irvine, are appointed Assistant Demonstrators in Anatomy; Dr. S. P. Boyle, is also Assistant Demonstrator in Histology; Miss E. J. Irvine, Pathology. Dr. Duncan is Acting Dean.

SULPHONAL IN CHOREA.—In a recent number of the *Medical News*, John A. Jeffries, M.D., gives in full the clinical histories of ten cases of chorea which were treated with sulphonal, either alone or in conjunction with arsenic. Of the ten cases, only five were of recent origin, and these all recovered within three weeks. In two of them, arsenic had failed, in two it was never used; in the fifth either arsenic or sulphonal alone failed, but when used together they quickly brought about an improvement. As to the five cases which were of long standing, four were at the age of puberty; three got well, at least for a month; in three arsenic had failed; in two it was not used. Two did not recover with any treatment. It is the opinion of Dr. Jeffries that sulphonal is to be regarded as a valuable adjuvant to arsenic. On sulphonal alone many cases are apt to grow pale and show the need of a tonic; this want arsenic supplies, and at the same time affects directly many cases of chorea. The doses in which sulphonal was employed, were 5 or 6 grs. for a patient of 15 years, and 3 grains for one of 4 years.

CURE OF CANCER BY ERYSIPLAS.—Says Dr. Laplace (*Med. News*), I will say that the cure of cancer should not be considered hopeless. At the recent Congress of Surgeons in Berlin there were reported six undoubted cures of epithelioma and sarcoma by following the treatment. About

twenty years ago a French surgeon, still living, had a case of cancer of the breast which was too far advanced for operation. As the surgeon was not very cleanly, not being acquainted with our methods of antisepsis, the patient developed erysipelas, and after nearly dying, recovered. About a month later she had a second attack of erysipelas, after which the growth took on a benign appearance and progressed to recovery. Since then two surgeons have been inoculating cancerous patients with the germs of erysipelas, and now report the cure of six cases.

**INHALATION OF IODIDE OF MERCURY IN TUBERCULOSIS OF THE LUNGS.**—After prolonged observation (*Therap Gaz.*) Drs. Miguel and Rueff have reported favorably on this method of treating phthisis. One part of biniodide of mercury and one part of iodide of potassium are dissolved in 1000 parts of distilled water, and this solution is employed in the form of a spray; at first only once daily, and later, when the patients have been accustomed to it, twice daily. In cases where the irritation was excessive the solution was diluted to one-half its strength, without deteriorating from the germicidal powers. One of the chief conditions of success is to prolong the treatment, and this can be done for a year or more without evil effect to the patient.

**CHRYSOPHANIC ACID IN ACNE.**—Dr. Metcalf highly recommends this agent in acne. He says he has not failed to cure perfectly any case in which the treatment has been adopted. The face is to be washed with soap and well dried, at night. Before retiring, the parts in which the acne is, are to be well rubbed with an ointment of 3 grains of the acid to the ounce of vaseline, and this is repeated nightly until a sharp inflammation of the skin ensues. The inunction is then omitted till the dermatitis is gone, when it is repeated. In most cases a 3-grain ointment is of sufficient strength, but occasionally the strength is to be increased up to 5 grains to the ounce, or even more. The patients are to be cautioned about the staining of their fingers and clothes and to guard their eyes.

**NITRATE OF POTASSIUM FOR CHILLS.**—Dr. Hunter, of New Orleans, reports in *Texas Med. Jour.* a number of cases of chills in which marked bene-

fit was obtained by the use of nitre in doses of about thirty grains. The remedy was not infallible, but in most cases some relief was afforded, and in many a permanent cure was obtained. To abort a malarial chill, he says, has heretofore been difficult of accomplishment, but to abort and at the same time effect a radical cure with a few grains of so simple a salt is without precedent in medical experience. One of his cases was a chill following the opening of an abscess, the others were all malarial in their origin.

**SPARE YOUR DOCTOR.**—The *Albany Press* says: "Never telephone or send for a doctor to come immediately, when you can just as well say: 'Any time this morning will do, or come as soon as it is convenient.' You may be causing others much more dangerously ill than yourself to wait unnecessarily. Furthermore, remember that every man needs one day in seven in which to rest. Spare your doctor his Sundays, if possible. No one should work three hundred and sixty-five days in the year, and consume part of the nights as well, and face the inclemency of all weathers, climate, and seasons, without having proper chance for rest and recuperation. Eminently sound doctrine. But even under these adverse circumstances the doctor would not complain if the patient did not so often forget the character of the services when the bill is sent. We should say spare your doctor, and also pay your doctor."

THE British Government have appointed a Commission to investigate the question of tubercular infection from food. They are required to report on "what is the effect, if any, of food derived from tuberculous animals on human health; and, if prejudicial, what are the circumstances and conditions with regard to the tuberculosis in the animal which produce that effect upon man."

**THOMPSON'S REMEDY** for tape worm (*Pacific Med. Jour.*) recommended by Læbsch is: Chloroform ℥j, simple syrup ℥j. Agitate together and give in three doses, one at seven, another at nine, and the third at eleven a.m. Follow this one hour later with an ounce of castor oil.

SAYS the *Hosp. Gazette*: The civilised woman has a good deal to put up with, especially as concerns the perpetuation of her species. Owing to a lack

of muscular exercise her frame becomes slighter and her pelvis narrower, but *pari passu* the educational requirements of the present day lead to an undue development of the cerebrum, with a corresponding increase in the size of the head. Our cleverest mathematicians have not yet solved the problem of allowing a large head to go through a small pelvis, and although the disproportion has not yet attained such dimensions as to render further procreation an impossibility, the tendency has had for effect to render labour a pain instead of being a pleasure—as we are assured it is with Hottentot women and the lower animals. Doubtless some folk will seek to saddle the School Board with a share of the responsibility, but this share of the blame must be potential rather than real, seeing that its influence has, as yet, hardly had time to make itself felt on mankind to this extent.

**TUBERCULAR PERITONITIS.**—Dr. Wm. Osler has arrived at the following conclusions regarding this disease :—

1. Tubercular peritonitis is often a latent affection, localized in the peritoneum, and may even run its course without inducing special symptoms.
2. As in other local tubercular processes, there is in this a natural tendency to healing, which takes place more frequently than has hitherto been supposed.
3. Statistical evidence shows laparotomy to be in many cases a palliative, and in a certain number, a curative measure.

**PHENACETIN IN TYPHOID FEVER.**—Dr. Sommer has used phenacetin (*Lancet*) with great success in the treatment of typhoid fever, thus confirming the favorable views of its action which have been expressed by Masius and others. The dose employed for adults was four grains, which was repeated from two to four times during the twenty-four hours. Children were given only half this dose. No less than sixty cases were treated in this way, with but one fatal case, about which it is noted that the patient was not subjected to phenacetin treatment until three weeks from the commencement of the attack. In no case were there any serious complications.

**MEDICAL EDUCATION IN HOMŒOPATHIC COLLEGES.**—The Collegiate Committee of the Ameri-

can Institute of Homœopathy, recently held at Waukesha, Wis., recommended that a four years' course of study be compulsory for all students entering college after the session of 1891-92. The Institute voted that this should be the course in each of the thirteen colleges of the Homœopathic school.

JOHN MUIR, M.D., Member College Physicians and Surgeons, Ontario, Canada, Ex-Vice-President Ontario Medical Council, says: "I take pleasure in saying that I have found Papine (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than usually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

**FOR LEUCORRŒA AND BLENNORRŒA IN WOMEN.** (Lutaud.)—*Jour. de Med. de Paris.*

R.—Creolin, . . . . . gtt. xxx.  
Ext. fluid hydr. canad., fl ʒ ijss.

Sig.—Two teaspoonfuls in a pint of warm water to be used at one injection.

As a urethral injection the following formula is used :

R.—Extr. fluid hydrast. canad., gtt. xxx.  
Creolin, - - - - - gtt. x.  
Aqua, - - - - - fl. ʒ viii.

Sig.—Use pure as a urethral injection.

**BALSAMS** are usually supposed to cause irritation of the urinary organs, when given in large quantities. Stockman (*Brit. Med. Jour.*) has made some investigations concerning balsam of Peru, storax, benzoin, and tolu. As a result, he considers it proved that all these can be given in as large doses as are ever desirable, without any risk of producing albuminuria or nephritis. They never cause enough irritation to injure the healthy kidney, although they may irritate one already diseased. In some cases, a resinous body from the balsams has been mistaken for albumen.

**FOR EAR-ACHE.**—The *Med. Brief* says : take five parts of camphorated chloral, thirty parts of glycerine, and ten parts of oil of sweet almonds. A piece of cotton is saturated and introduced well into the ear, and it is also rubbed behind the ear. The pain is relieved as if by magic, and if there is inflammation it often subsides quickly.

DECORATIONS AND PROMOTIONS.—We are pleased to note that General Sir Fred. Middleton has recommended the following decorations and promotions, for distinguished services :

To receive the G.M.C.—Dr. Sullivan and Dr. Roddick.

To be Brigade Surgeons—Dr. Sullivan and Dr. Roddick.

To be Surgeons-Major with rank of Lieut.-Col.—Drs. Orton, Graveley, Bell, Strange, Pennefather, Ryerson, Codd.

To be Surgeons—Dr. Whiteford, Dr. Grant, G. G.F.G.

ASTHMA.—Barthlow's prescription for asthma, says *The Brief*, is:—

R Potass. Iodidi . . . . .	ʒ ij.
Ext. Belladonnæ fl. . . . .	ʒ j.
Ext. Lobeliæ fl. . . . .	ʒ ij.
Ext. Grindeli. . . . .	ʒ ss.
Glycerini . . . . .	ʒ iss.
Aquæ Dest. . . . .	ʒ iss.

M. Sig.: A teaspoonful every two, three or four hours, as necessary.

R. J. MITCHELL, M.D., Thomasville, Ga., says : I have given S. H. Kennedy's Extract of *Pinus Canadensis* an extended trial. I am satisfied that it is a greater medicine than it is represented to be. In gonorrhœa, leucorrhœa and gleet, it acts like magic.

R.—S. H. Kennedy's Extract *Pinus Canadensis* (White) . . . . . 2 ounces.  
Glycerine, . . . . . ½ ounce.  
Aquæ, . . . . . 6 ounces.—M.

Sig.—Inject three times a day after urinating.

I also used the Dark in chronic dysentery with pretty good results. The case of leucorrhœa was of eight months' standing. I hope and predict that in the near future every physician will carry a bottle of S. H. Kennedy's Extract of *Pinus Canadensis* in his saddle-bags.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.—The following appointments have been made in the above College : Dr. Oliver, Professor of Clinical Medicine ; Dr. Hooper, Instructor in Clinical Medicine and Clinical Surgery ; Dr. D.E. Mundell, Professor of Histology and Applied Anatomy ; Dr. Herald, Professor of *Materia Medica* and Therapeutics.

PERSONAL.—Drs. J. R. Logan, of Grand Forks, F. N. Burrows, of St. Thomas, and McLachlan, of New Rockford, have been appointed members of the Board of Medical Examiners for the State of North Dakota. These gentlemen are Canadians, and graduates of Canadian Universities. The new medical law in Dakota closely resembles that in Ontario.

The Alvarenga Prize, of the College of Physicians of Philadelphia, consisting of one year's income of the bequest of the late Senor Alvarenga, of Lisbon, has been awarded to Dr. R. W. Philip, of the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, for his Essay on Pulmonary Tuberculosis, which will be published by the College.

THE AMERICAN PUBLIC HEALTH ASSOCIATION is to hold its next meeting at Charleston, S. C., on Dec. 16, 17, 18 and 19.

Mr. BRYANT has been elected President of the Royal College of Surgeons, as successor to Mr. Jonathan Hutchinson.

DR. MACKID, of Seaforth, has removed to Calgary.

### Books and Pamphlets.

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION, together with the Anatomy of the Viscera, prepared specially for the students of Medicine, by Chas. B. Nancredi, M.D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor, etc. Third edition, revised and enlarged, based upon the last edition of Gray's Anatomy ; 30 full page colored plates and 180 wood cuts. Philadelphia : W. B. Saunders. Toronto : Carveth & Co.

This is one of Saunders' popular series of Compend for Students. It cannot hope to replace the large manuals on the subject, but will be very useful as a refresher to the memory of the facts learned therein. The colored plates are good, and we think now almost indispensable in any book designed for the study of anatomy. It is by far the best Compend of Anatomy we have seen, and we can commend it not only to students but to practitioners, as a concise and comprehensive resumé of the important facts contained in the latest works on anatomy.