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THE  
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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Business Management, - - THE J. E. BRYANT COMPANY (Limited), 64 Bay Street.

TORONTO, AUGUST 1, 1889.

Original Communications.

EXERCISE AS A THERAPEUTIC  
AGENT.

BY DR. B. E. M'KENZIE, TORONTO.

The inexactitude with which general directions are given to patients to "take exercise" has not done anything to lighten the force of the charge so often made against the science of therapeutics, that it is wanting in scientific accuracy. Systematic training in all forms of exercise, including gymnastics and calisthenics, is fast becoming popular in our schools, and good results may confidently be looked for as the outcome of this systematic culture and of the interaction of the nervous and muscular systems. Great benefit, too, will result from the habits acquired, and from the correction of faulty positions in standing and walking. Many persons who are round-shouldered, and many who have crooked spines have come into this condition through the formation of and indulgence in faulty habits of standing, sitting, and walking.

Of the physiology of exercise little is known by many of those who teach the various exercises employed for training. They do not know why exercise increases the functional activity of the organs, why it causes more growth and power in bone and muscle and ligament. If such a knowledge would be a great help to all who are engaged in this work, much more essential is it for those who would wisely pre-

scribe exercise as a means of treating disease. No careful physician directs his patient to take quinine, iron or other drug without specifying carefully the manner and time of taking it, the amount to be taken, etc. The physiological effects of action are not more difficult to understand than are those of drugs, nor are its results less prompt and helpful. The practice of massage, which is gaining for itself a secure and worthy place in the confidence of the profession, is based upon the same principles. In the treatment of deformities, more than in any other department of surgery, careful observations have been noted of the results obtained by following directions to exercise certain groups of muscles, joints, or ligaments. The motions recommended may be active or passive. This mode of treatment is employed especially for the treatment of deformities and weaknesses of the feet, spine, shoulders, and neck; and good results are claimed by Gibney, Reginald Sayer, Bradford, Roth, Beeley, Lorenz, and others. An article in Heath's Dictionary of Surgery on "Roto-Lateral Curvature of the Spine" fully sets forth Bernard Roth's methods.

The following cases I have treated during the last few months by means of systematic, graduated exercises.

Case 1; Nov. 15th, 1888. Miss J. F., 22 years, has always been healthy, except that four years ago she had rheumatism for three months, and was confined to bed about half that time. Several years ago it was noticed that the shoulders were not symmetrical, and that one hip

projected further than the other. No definite cause was known, and not much inconvenience experienced, except that there was frequently aching in the back and a sense of weariness after exertion. Has worn shoulder braces without benefit. Some deformity was noticeable, even to an ordinary observer, in spite of the aid afforded by the dressmaker. In September, 1888, Dr. Gibney, of New York, was consulted, by whom the case was referred to me.

On inspection there is found a marked lower dorsal spinal curve to the right, rotation of the vertebrae, displacement of the right scapula, drooping of the tip of the right shoulder, the angle of the right scapula about one inch further from the tips of the spinous processes and about one inch higher than that of the left, marked bending outward of the ribs of the right side, deficiency of the muscles at the left posterior aspect of the neck, and compensatory curvature to the left in the lumbo-sacral region. Extremities of equal length. By no effort could the spinal curvature be entirely overcome, though it could be lessened considerably by extending the left arm strongly upward and keeping the right by the side.

Exercises, chiefly after Roth's method, were commenced at once and continued for about half an hour daily for about three months, under my own supervision. These were also repeated at home. During the Xmas holidays the patient's father, who is a physician, could notice a distinct improvement.

Feb. 21st. Exercises have been assiduously performed, but little or no improvement in the spinal curvature can be claimed. The manner of holding the shoulders, the carriage in walking and the general poise of the body, however, have very much improved, and the group of muscles at the left posterior aspect of the neck is much more developed.

June 12th. The patient's father called to see me, and reported the exercises being faithfully continued, the muscles of the back largely developed, the attitude and carriage in standing and walking much improved, and the actual curvature lessened.

Case 2; April 3rd, 1889. Referred to me by Dr. Edwards of London. Miss S., 22 years, of nervous temperament, rather poorly nourished. Previous to March, 1886, was much

stouter than at present, but had never been robust. Three years ago, after a few weeks of unusual work and anxiety, was taken ill with intense dragging pain in the spine, worse in the lumbar and sacral regions. Trouble in walking developed, the ankles would turn outward. Was soon confined to bed, and incomplete paralysis supervened. The legs could be drawn up but could not be extended, could not lift food to her mouth, could not turn over in bed. Bladder and bowels were in the same paretic condition. After about two months, gradual improvement commenced, and before the end of the year she was able to move about the house. No delirium or loss of consciousness at any time. No diagnosis was made. In the last two years there has been some improvement, but has never ventured to walk alone on the street.

Inspection shows fair development of the muscles of the arms, marked atrophy of those of the back, and a long curve of the spine. This curve can be entirely corrected by an effort, and is due to the wasted condition of the erectores spinæ. The muscles of the legs are much atrophied, especially those of the anterior tibial and peroneal groups. Inability to rise upon the heels or to raise the heels from the ground. Greatest stress is laid by the patient upon her inability to walk securely, being liable to fall, because her "legs give way," or her "ankles turn out." Because of aching in her back and weariness she lies down several hours during each day.

Treatment—cold salt bathing, massage, and carefully graduated exercises. Movements were devised calling into play the muscles of the spine and legs more particularly, and exercise had to be commenced and graduated with the greatest caution, as any slight exertion caused marked tremor. Under my own supervision the exercises were continued daily.

June 18th. Can raise the heels from the ground, and can walk without bringing them to the ground when aided by keeping the hands on a stationary object, thus contracting the calf-muscles so as to support the weight of the body upon the anterior portion of the feet. Can also raise the anterior portion of the right foot from the ground while resting on the heels, but can scarcely do so with the left. Can walk on the

street without assistance and with a much more steady and confident gait. Has walked to my office—a distance of half a mile—several times. Takes exercise for twenty minutes three times a day without fatigue, and lies down only one hour a day.

## REMARKS.

1. It is necessary to gain the confidence and co-operation of the patient. Both these young women gave their best endeavors, and are still continuing the exercises enthusiastically. I have seen not a few cases with whom, in several months, little was accomplished, because in them no interest could be aroused.

2. A most important point upon which Roth lays stress is the re-education of the senses. Many of these patients, by an effort of the will, and aided by the surgeon's judgment, can almost or entirely correct the deformity; but so much have they become accustomed to a wrong position that they "feel crooked" when they are straight. Aided by a mirror, or by the judgment of the surgeon, or by a friend who has been instructed by the surgeon, they must be untiring in correcting every malposition and faulty habit.

3. In these cases the use of corsets was prohibited, as they prevent the normal development of the thoracic muscles. In case 2, low shoes were prescribed instead of tight high-laced boots, so that free display of all structures about the ankles might be permitted.

4. In adults, probably the bony deformity of the spine cannot be corrected, but it can be very much hidden, the symmetry of the shoulders, and hips may be largely restored, or entirely regained in slight or moderate cases, and in children entire correction may be confidently looked for.

44 NORTH STREET.

### CELLULAR ATRESIE OF THE NYPHÆ.

BY DR. J. R. LOGAN.

This curious congenital defect has received little or no notice in the ordinary text books, so I feel justified in calling attention to it by reporting a case which recently occurred in my practice.

F. G., a well-nourished and healthy little girl, aged 5 years and 4 months, was brought to me to be operated on. On examination I found the following condition: When the labia majora were separated, it seemed as if the skin of the one passed over and became continuous with the skin of the other, obliterating the entrance to the vagina and looking as if the perineum had been continued forward up to the meatus urinarius, simulating the male perineum. On searching with a probe I found a small aperture just behind the meatus, through which it passed into the vagina, and backwards to the perineum. I then introduced a grooved director, pressing the end of it outwards and backwards to protrude against the skin, where I judged the anterior edge of the normal perineum should be situated. I then incised the membrane, which was quite dense and fleshy, on the director, thus immediately restoring the parts to their normal condition. A light dressing of iodoform gauze, with cleanliness for the next few days, completed the treatment. In infants these adhesions can generally be torn through with a probe without loss of blood.

The child's mother informed me that she had an older girl who showed at birth an incomplete adhesion of the nymphæ, which was not continuous with the perineum, or was "open at both ends," as she expressed it. This lasted about a year, and was torn apart in washing the child. She also said that her older sister, the child's aunt, was born with complete adhesion of the nymphæ, as described in this case, which was operated on when a few weeks old.

The cause of this peculiar condition is probably, as described by Tait, a partial union of the anterior cloacal folds for the continuation forward of the genital and urinary tracts as a common canal as in the male, while the wolfian bodies have resolved upon producing ovaries instead of testicles, an exact counterpart of the arrest and closure of the same folds when the wolfian bodies have resolved on producing testicles instead of ovaries. He also makes the interesting remark that had the closure extended far enough forward to produce a rudimentary urethra on the under side of an enlarged clitoris, we should have had an exact reversion to the type of the female organs of the *Loris Gracilis*, a small nocturnal lemur found in Ceylon.

The explanation of the cause as a developmental error of the anterior cloacal folds, suggests itself to me as more probable than that of some writers, notably Bokai and Steiner, who ascribe the origin to an incomplete homification of the upper cells of the rete malphigii on the opposing surfaces of the nymphæ, thus leading to the growing together or *cellular atresie* of these surfaces.

An hereditary tendency to the affection seems clear in the case I have just reported.

GRAND FORKS, DAK.

## QUARTERLY REVIEW ON DISEASES OF CHILDREN.

BY DR. W. BEATTIE NESBITT, B.A.

In our last review the strength of the normal salt solution was given as 6 per cent; this should have been *one-sixth per cent*. Likewise the treatment of diphtheria by Jacobi\* was omitted. This, although a little late, we now insert, as there is no doubt he is in the forefront as a therapist in this, as in all children's diseases.

His treatment as regards the false membranes: These should be washed with an antiseptic solution of tr. iodine or carbolic acid. or what is more preferable, where the naso-pharyngeal region is invaded, is to gently syringe out the nostrils with a warm solution of hydrarg. bichlor.; the following being his formula: sodium chloride, 38 pts.; hydrarg. bichlor, 1 pt.; aqua, 5,000 pts. Injections to be repeated every hour. The first and prime requisite in this disease is absolute rest and quietness. *Never use slightest force in administering medicines.* Place the child in quiet, darkened room, and make all preparations for giving food or medicines out of sight. Watch very carefully for any weakness of heart. This is usually indicated by equality of the periods. Then give stimulants, alcohol, digitalis, camphor. Avoid or be very careful in administering antipyretics, as they have a very depressing action on the heart. He says that children with the heart weakened by diphtheritic poison have often been killed simply by struggling to avoid having the throat swabbed.

The inhalation of vapors is of great service, especially in the form of steam, a tent being made over the bed into which the steam is

discharged. Such substances as ol. terebinthæ, acid carbolic, etc., etc., may be mixed with the water in the kettle.

[It will be found to be of great benefit in low asthenic types of this and other respiratory diseases to add alcohol to the water. The abstracter has thus been able to administer considerable quantities of stimulants without disturbing the patient in the least, and in these conditions that is the amount of disturbance allowable, and no more.]

For internal medication Jacobi relies on hydrarg. bichlor. to the amount of .015 to .05 gram a day for 6 to 12 days.

And here it will be well to consider the treatment of that common sequelæ of this disease, paralysis. This is given in an article by Ziemsen † who, after going over the pathology and symptoms of the different classes of these cases, says: "As concerns the therapeutics of diphtheritic paralysis, the principal points are on the one hand to watch the action of the heart, and on the other to obviate the weakness due to insufficient nourishment caused by the difficulties of deglutition. The patients should be kept in bed, and all severe muscular efforts prevented: in case of paresis of the larynx they should be nourished by means of an œsophageal tube. In serious cases administer strychnia sulph., dose of 5 milligrammes to 1 centigram per day. If there are indications of approaching cardiac paralysis, subcutaneous injections of camphor he particularly recommends, as in some cases they have given him excellent results.

Closely allied to diphtheria, if not the same disease, is croup, and the various remedies proposed in this as in the former are without number. However, Mercier † proposes chloral, his results having been five failures in a hundred cases. He first gives a simple emetic of ipecac, and after the sickness induced by it has passed off the administration of syrup of chloral is commenced, 2 to 5 grains being given every half hour, according to the age of the patient. Each dose of chloral is preceded by a drink of water, in order that the chloral may come in more direct contact with the false membranes. At the same time, the glandular swellings are anointed with an ointment of belladonna and mercury. According to the author, the membranes disappear in 48 hours.

In this connection, the treatment of spasmodic croup by Meigs may be of interest. He includes under this term all forms of the disease in which no false membranes are present. The first indication is always an emetic. For this purpose he considers alum and ipecac as the best combination. Emesis being produced, tr. opii is given. In a child of two years tr. opii gtt. ii., syr. ipecac gtt. x. every hour, until a decided soporific effect is produced. The next day child should be kept quiet and have tr. camph. co. gtt. v. and syr. ipecac gtt. v. every two hours until evening, when the tr. opii mixture should be repeated. In two or three days the attack has usually resolved itself into a coryza or bronchitis.

Another disease characterized by its localized symptoms is pertussis, and this has run the gauntlet of therapeutics as varied as the preceding. The comparative value of the newer remedies,—Antipyrin, Acetanilide, and Phenacetin,—in the treatment of this disease have been studied by Dr. G. Leubuscher in an epidemic which occurred in Jena in the middle of the winter.

As concerns antipyrin, it behaves in a general way, according to the rules laid down by Sonnenberg, *ie.*, to give the child in twenty-four hours the number of decigrams which it is years old, divided into three or four doses, or if under a year the number of centigrams that it is months old, being careful to continue the treatment until the violent coughing has completely ceased.

The results which he obtained agreed for the most part with those of Sonnenberg. He considers nevertheless that the latter has somewhat exaggerated the therapeutic value of antipyrin in this affection. The result of his observations is, that antipyrin, when employed at the commencement of the attack, exercises a favorable action on the course, duration and intensity of the disease.

In a great number of cases placed under this treatment the number of spasms was limited to six or seven in the twenty-four hours, and duration of disease did not exceed three or four weeks. But in no case was the disease really cut short by the employment of antipyrin. Besides, when the disease has arrived at a slightly advanced stage antipyrin does not give better results than some other remedies.

Acetanilide, which Sonnenberg found less efficacious, has given the author results relatively favorable. It is much to be preferred among the poor on account of the lesser price. The evil effects produced by the drug are a cyanosis, more or less intense, cardiac depression, and phenomena of collapse.

Phenacetin, so much praised by Dr. Katz, the author has found absolutely inefficacious.

In this disease Jacobi\* has a strong and lasting faith in belladonna, having used it almost exclusively for over thirty years. After insisting strongly on isolation and hygienic treatment, he indicates the necessity of attention to any catarrhal conditions of mouth and pharynx. The latter indication is best met with chlorate of potash, half a grain to a grain every hour, in a teaspoonful of water. Expectorants also find their application here, but all those of a depressant nature should be avoided. Where there is considerable pharyngitis and laryngitis associated with the disease, the local symptoms will often do well under tr. pimpinella saxifraga; a drachm distributed over the twenty-four hours for a child two years of age. Chloral, 6 to 12 grains, serves well to give an occasional good night. Where convulsions are liable to occur or the circulation is much interrupted, chloroform inhalations, as often as may appear necessary, will only be productive of good. His chief reliance is, however, as stated above, on belladonna. This must be given to produce its full physiological action. This will be indicated by general erythema, or flushing and reddening of the face after every dose. The pupils seldom dilate. This is the reverse order of its effects in the adult. He has never found ill results from its use. The preparations used by him are the powder alcoholic extract or tincture. The tincture is preferable, as the dose may be more readily graduated and absorption is more certain. A baby of three years may take three doses daily, the first of which may be six drops. If the flush be perceptible in twenty or thirty minutes, that is the dose; if not, it must be gradually increased until its effects are produced. As the system becomes accustomed to the drug the size of the dose has to be constantly increased.

\*Archives of Pediatrics.

†Rev. Mens. des Mal de l'Enfance.

## INVERSION OF THE UTERUS.\*

BY DR. GEO. W. EMERY.

Playfair and other writers on midwifery describe this as an accident of great rarity. Only one case of this kind occurred in upwards of 190,800 deliveries at the Rotunda Hospital in Dublin, since its foundation in 1745. Professor Braun states that of 150,000 births in the clinics under the charge of Prof. Spaeth and himself, not a single complete inversion came to their notice. These authors must have referred to the acute form of uterine inversion or those inversions which immediately or within a few hours follow child birth, for we find that Prof. Thomas, of New York, in his excellent work † says: "I have treated personally nine cases of inversion, of which six resulted from parturition and three from traction by sessile polyp. Seven of these were cured by replacement; one was left unreplaced, after removal of a sessile fibroid, one case ended fatally from peritonitis." Prof. Emmet details three cases of the chronic form which came under his care. ‡ This condition, therefore, may be met with in both the acute and chronic form, and as the acute form is so exceeding rare, as before intimated, and its etiology so different from the chronic form, the writer submits to this Society a case of each class which came under his observation.

Mrs. M. J. A., aged 44 years, mother of five children, the youngest of whom is ten years of age. Patient corpulent, muscles flabby with marked indication of anæmia. She describes her last labor as reasonably good and without unusual hæmorrhage. She nursed the child for one year, and continued in good health for four years after this confinement, when she commenced canvassing for a publishing house, and while thus engaged after a very tedious walk she was attacked by severe uterine hæmorrhage lasting for some hours; it gradually diminished with short intervals of cessation for some weeks. After getting about again she suffered more or less continuously with difficulty in locomotion, efforts at walking giving rise to pains in the extremities and back. About three

years after this first attack and when assisting in moving a stove, she was conscious of a sensation as if a number of muscles had been suddenly stretched and something within had become displaced; this was accompanied by an attack of syncope and a very profuse flooding. Examination detected a large tumor, either a polyp or a displaced uterus, which seemed to occupy almost the whole of the vaginal cavity. By traction with a tenaculum it was brought slightly to view and pronounced an inverted uterus. Two subsequent examinations were made, sustaining this opinion, and Drs. Hutchins, Rainey and Burwash were then invited to assist in investigating the case, and upon close examination aided by the microscope (used by Dr. Burwash on a small piece of the tissue removed) the diagnosis already made was sustained by these gentlemen, and the patient was advised and consented that an effort at replacement be made. This operation was attempted a few days afterward in the following manner, the patient being first etherized. The right hand of the operator was immersed in hot water and then thoroughly oiled and introduced into the vagina, while the left hand made counter pressure over the abdomen. This manipulation was continued for about two hours, each one present taking part in efforts at replacement. The organ, however, remained unyielding, and though hæmorrhage was very slight it was decided by myself and colleagues to abandon further efforts and await result from the very extended manipulation already made. The vagina was thoroughly cleansed with carbolic acid solution. The patient manifested very little discomfort, no hæmorrhage followed our efforts and a speedy convalescence to her usual condition resulted; hot weather came on, and owing to my absence from the city for a few weeks, further observation on this case was lost.

Second case, that of the acute class. Mrs. F. S., aged 26 years, primipara taken in labor at full term. Labor commenced about 6 a.m. and proceeded quite normally until the delivery was effected at 2.30 p.m. under chloroform. The placenta followed without any traction being made on the chord, but with severe pains, and this was almost immediately followed by severe hæmorrhage which quickly produced a profound nervous shock. The patient in a few

\* Read before Minnesota State Medical Society.

† Diseases of Women, page 461.

‡ Principles and Practice of Gynecology, page 410.

moments presented a very pallid and anxious appearance, respirations became hurried and labored, the skin cold and clammy. These symptoms were speedily followed by an attack of syncope. In the meantime I had discovered on palpation that the uterus had disappeared, and my hand seemed to pass into a funnel-shaped opening. On passing my fingers into the vagina they immediately encountered a large globular mass, upon which I began firm and continuous pressure, and as the hæmorrhage continued profuse I used hot water. The patient would rally from her fainting attacks to a realizing sense of severe after pains, and my efforts between the pains were directed to restoring the uterus to its normal position. Soon after my discovery of the alarming conditions, I dispatched a messenger to Dr. Phillips, requesting him to come immediately, which he did. Our efforts were continued alternately for about three-quarters of an hour, during one of which efforts my finger passed directly through the uterine muscular walls; the after pains had greatly ceased in force and frequency, when Dr. Phillips informed me that the organ was yielding under pressure and was speedily in place. I then passed my hand into the vaginal canal and on up into the uterus, while with my left I could feel the uterine globe above the symphysis. The radial pulse was very small at this time, extremities cold, features sunken and eye glassy. Stimulants were urged and given as deglutition would permit, but the patient continued rapidly to sink and died at 6.40 p.m.

From the experience above related I must express, first, my grave doubts of an immediate inversion of the uterine organ without being quickly recognized by the physician in attendance, and if after pains are severe the patient's life will speedily pay the penalty. In this impression I differ from our leading authorities on gynæcology, but I find that neither Emmet nor Thomas claim to have met a recent case of this kind in their practice. Secondly, that the cases that have come under the observation of the profession in the chronic form of inversion have not been in any one instance traceable to the immediate birth, but are the result of inversion originating from extended lacerations, and that the inversion is very tardy in its entire completion. Thirdly, that inversions both recent and

chronic are the result of degenerate muscular tonicity, which was quite noticeable in both cases under my observation.

## Selections.

### SIMPLICITY AND EFFICIENCY IN THE ANTISEPTIC MANAGEMENT OF WOUNDS.

BY A. H. HOADLEY, M.D., NORTHAMPTON, MASS.

In the treatment of wounds there must be the evidence of some general system or plan, in order to procure the best results in the long run, and in order that one may feel a certain degree of satisfaction with his work. Each worker need not have the same forms of material, or the same antiseptic solutions, or may not use them in the same manner, yet they must all have some fixed idea in mind, and each plan will partake more or less of the individual. Each article required should be promptly at hand at a moment's notice, and, with that idea in view, a dressing satchel or box is a convenience. For my own private use I have fitted up a good, strong, pasteboard box, of a convenient size, viz.: Length, 15 in., breadth, 9 in., height, 4 in., and containing the following articles:

One box powders, each containing corrosive sublimate, gr. iv., and tartaric acid, gr. xx.

One box powders, each containing boracic acid, ʒjss., and salicylic acid, gr. xvj.

One oz. bottle of powdered iodoform.

Two oz. bottle of 50 per cent. solution of boro-glycerde, in glycerine.

One oz. absorbent cotton.

Antiseptic gauze strips, three thicknesses each, three inches wide, and of various lengths.

Gangee pads, assorted sizes.

Antiseptic gauze bandages, five yards long and of various widths.

Rubber adhesive plaster, one inch wide.

Aseptic catgut, assorted sizes, in bottle of alcohol.

Rubber drainage tubes, assorted sizes, in tube.

This gives, in a convenient form, together with a pocket-case of instruments, everything necessary for the treatment of all ordinary simple wounds.



We will first look at the preparation of some of the contents of the "dressing-box," and afterward at their application in any given case that comes for treatment.

*Antiseptic Powders.*—One of the sublimate powders, dissolved in one pint of warm water, gives a 1-2000 solution. The box should be plainly marked, Poison :

Hydrarg. Bi-chlor., gr. iv.

Acid Tartaric, gr. xx.

Each powder.

The powders of boracic and salicylic acids forms the Thiersch's antiseptic solution when one is dissolved in a pint of warm water. The box may be marked both with the name Thiersch, and with the formula for each powder. These form the two irrigating solutions, and the choice between the two must depend upon the conditions of each particular case. If the wound contained much foreign matter, or was made with an instrument, which is surgically suspicious, the sublimate solution should be used, while a clean cut would call for the less irritating solution, the rule being that the less irritation consistent with a thorough germicidal treatment the better will be the chance for primary union. At the same time, instruments are not injured by immersion in Thiersch's solution, which is not the case with sublimate.

*Gamgee Pads.*—These are pads made of absorbent cotton, covered by a single layer of antiseptic gauze. They should be made of various sizes. I find  $2\frac{1}{4} \times 3$  in.,  $3 \times 4$  in.,  $3 \times 6$  in.,  $5 \times 7$  in.,  $4 \times 10$  in., and  $9 \times 12$  in., the most convenient.

*Aseptic Catgut.*—For both ligatures and sutures a well-prepared catgut will be found the most convenient and practical in the greater number of cases. Aseptic catgut, of good quality, can be bought already prepared, but I find it cheaper and more satisfactory to buy the raw catgut and prepare it myself. I have not found the ligatures which were preserved in carbolic oil as reliable as some of the other preparations. In hospital practice I have used the article preserved in oil of juniper berry, with very good results; but if used directly from the oil itself, it is quite irritating to the wounded surfaces, and, at the same time, oil of juniper berry is sometimes difficult to obtain. So in my private practice I am using gut preserved in oil of

eucalyptus, with much satisfaction. I do not remember of seeing oil of eucalyptus recommended for this purpose, but it is recognized as a potent germicide, and it certainly stands the test of practical use.

My method of preparing is to take coils of catgut—Nos. 1 and 2 being the best sizes for sutures and small ligatures—and shake in a large-mouthed vial with ether. This frees the gut from oil and foreign substances, after which put in a bottle and cover with oil of eucalyptus. The gut may be used directly from the oil, without the least irritation or any inconvenience, except a stiffness of the gut; so to avoid this it may be transferred to alcohol. I prefer a one-ounce salt-mouth bottle, with a good cork, to the bottles especially arranged for catgut sutures, for the reason that a perfectly clean pair of forceps may be used to transfer the gut from bottle to bottle, and it need not be touched by the hand from the time it is put in the ether until it is required for use; also they are handy and clean, and the gut is entirely underneath the surface of the fluid.

*Drainage Tubes.*—Drainage tubes, of sizes ranging from 1-16 to  $\frac{1}{4}$  inches and 12 inches long, should be soaked in carbolic acid solution (1-20) for twenty-four hours, dried, wrapped in wax paper, and kept in a well-corked tin tube.

It is well to have a large, thin pad, the full size of the dressing-box, made to place over and keep the air from the dressings.—*Internat. Jour. of Surgery.*

*MORPHINE IN URÆMIA.*—Dr. W. Carter says in *The British Medical Journal* of the utility of morphine in some cases of uræmia, of its injuriousness in others, and hence of the danger of adopting it as a routine treatment in all, there should now be no doubt. At pp. 254 and 255 of *Clinical Reports on Renal and Urinary Diseases*, published in 1878, I relate a case very similar to those brought by Dr. Stephen Mackenzie before the Medical Society of London, where the patient seemed to be restored from impending death to life and temporary comfort by a few doses of the drug. My object in writing now, however, is to show that its utility is not confined to chronic cases, as the following among others which have come under my observation will show.

On April 11th I was requested by Dr. Glover Moore to see with him a young gentleman, aged 12, who was suffering from uræmia. Four weeks previously he had had scarlatina. When seen at 12.30 p.m. he was very pale, complained of intense headache, sighed frequently, was confused in mind, and very slow in replying to questions; could not recognize his father standing at the foot of the bed, and stated that he could see nothing clearly. He had had seven severe convulsive attacks between 5 a.m. and noon. A fit had occurred just before I saw him. Everything that he took was instantly vomited. The pupils were dilated; the tongue much furred, the skin dry, the bowels confined; temperature and pulse normal. There was no dropsy. From 12 midnight on the 10th to 12 noon on the 11th he had passed about 6 fluid ounces of urine, containing much bright blood; its specific gravity was 1013. Chloroform had been inhaled, and other means employed without benefit. At my suggestion, Dr. Moore gave a hypodermic injection of one-twelfth of a grain of morphine; and, half an hour later, slowly injected into the bowel the enema magnesiæ sulphatis of the *Ph. B.* Three minutes after the morphine was introduced the pupils were normal, and, one hour after, there was considerable moisture of skin. At 7 and 9 o'clock—five and seven hours after the enema—the bowels acted copiously. He slept well all night, and, indeed, from the time of having the morphine, is said by Dr. Moore to have been practically well, every untoward symptom having disappeared.

The dilatation of pupils may to some extent be a guide to the use of morphine under these circumstances. I wish to draw attention, also, to the value of a dilute solution of sulphate of magnesia, in the form of an enema, as a general purgative when the stomach will bear no medicine. The salt is absorbed, and, many hours afterwards, produces a copious fluid motion. If the above were an isolated experience, I should hesitate to put it on record, but it is not so. Under similar circumstances, and the pupils being always dilated, I have had morphine administered some few times, and thus far always with marked benefit; but I have invariably declined to sanction its use where the pupil-contracting element of the uræmic poison prevailed.

THE ANIMAL SUTURE IN INTRA-VAGINAL PLASTIC SURGERY.—Dr. J. A. Ashby, of Baltimore, in a paper on this subject, presents the following conclusions:

1st. The catgut suture properly prepared and selected will be found sufficiently strong and durable for operations upon the cervix and perineum in the vast majority of cases.

2nd. With careful manipulation it can be placed *in situ* with sufficient neatness and fitness to secure perfect union of the denuded surfaces by primary intention.

3rd. It is self-removable, and therefore does away with the necessity of further interference after union has been secured.

4th. It gives no distress while union is in progress.

5th. It makes the operation of trachelorrhaphy and perineorrhaphy during the same anæsthesia a very simple procedure.—*Virginia Medical Journal*.

ON FATTY EMBOLISM.—By Prof. Wilhelm Th. Grube (Kharkov, Russia). The author states that: 1. Fatty embolus may occur even as late as a fortnight after a traumatic injury. 2. Its sources are constituted not only by fractured bones, but also by crushed soft parts. 3. Hence, in all cases of extensive injuries to bones and soft parts, the patient's urine should be examined several times daily for at least three weeks after the accident. 4. In diagnostic regards, difficulty in breathing and fall of the temperature are especially important. The former is sometimes characterized by a series of sudden loud sneezings. 5. Excretion of fat through the kidneys is intermittent. Hence, examination of the urine may sometimes give negative results. 6. A diminution of fat in the patient's urine and a simultaneous increase of difficulty in his breathing point to growing danger. 7. To prevent fatty embolism the injured limb must be kept in absolute rest (no massage, etc.). Any local cavities containing blood and fat should be incised into and emptied. 8. Once developed the embolism should be treated by cardiac tonics and diuretics (the latter to be used in order to promote the excretion of fat through the kidneys).—*Vratch, Annals of Surgery*.

*Artificial Hunyadi-Janos Water.*

R Potassii Sulphatis,	0.5 parts.
Sodii Chloridi,	14.0 "
Sodii Bicarbonatis,	59.9 "
Sodii Sulphatis exiccat.,	180.0 "
Calcii Sulphatis precip.,	15.0 "
Magnesi Sulphatis,	24.5 "
Ferri Sulphatis exiccat.,	2.0 "

To make a mixture for 10 litres of artificial water.

To prepare an ordinary dose, put a teaspoonful of the mixture in a half-pint bottle, half fill it with water, shake, and then fill up with water charged with carbon dioxide.—*Progrès Medical.*

WASTING AS AFFECTING STERILITY. — Philbert says that obesity, when it attains a condition of polysarcia, has a great influence on generation. In man it checks the development of the genital organs if early, and markedly diminishes sexual desire if late. In females, amenorrhœa and dysmenorrhœa result from an excess of fat, which accumulates in the abdomen and exercises an injurious pressure on the utero-ovarian apparatus. In such cases loss of weight is often followed by a return of the normal menstrual functions, and fecundation once more becomes possible. The author quotes five cases in which loss of weight, brought about by active hydropathic and dietetic treatment, resulted in pregnancy. The ages of the patients varied from 21 to 27.—*London Med. Recorder.*

PRESENCE OF GONOCOCCUS IN A URETHRA DISCHARGE, COMING ON WITHOUT SEXUAL INTERCOURSE.—In the *Arch. de Médical Expérimentale*, a case is reported by Prof Straus of a young man, 16 years of age, addicted to masturbation for four years, and who, eight days before entering the service of M. Maurice, had indulged in his vice more freely than usual. Two days afterward he experienced pain on micturition, soon followed by all the phenomena of a well-marked gonorrhœa. The patient denied ever having had sexual intercourse; and, making all due allowance for reserve in such cases, M. Maurice is inclined not to doubt his veracity. The discharge contained the typical gonococci of Neisser, which could not be distinguished from those in the pus furnished by another patient affected with an ordinary gon-

orrhœa. If the facts in connection with this case can be relied on, it is of great importance; for it would prove that Neisser's gonococcus may exist as an inoffensive guest, or as a simple saprophyte in the healthy urethra, and that it may, in this condition and under the influence of harmful irritation, invade the lining epithelium, and give rise to the characteristic catarrh.—*Lyon Médical.*

TREATMENT OF GONORRHŒA BY SALICYLATE OF MERCURY.—Professor Schwimmer, of Budapest, advises injections of salicylate of mercury in both acute and chronic gonorrhœa. In the *acute* form he uses the following:

R—Hydrarg. salicylatis, gr. j,  
Aquæ distill., gr. 10,000. M.

Use an injection thrice daily.

In two or three days the discharge ceases, and then the injections are discontinued. The discharge may again appear, but it is only mucous, and will cease of itself in a few days. In the *chronic* form a stronger solution should be used, and he prescribes the following formulæ:

R—Hydrarg. salicylatis, gr. 5.  
Aquæ distill., gr. 10,000. M.

At the end of six or seven days there remains only a mucous discharge in the morning, which is very difficult to get rid of.—*Bulletin Médical, et Lyon Médical.*

PROFESSOR GUYON, in a recent communication to the *Académie des Sciences*, gives the result of his investigations as to the role played by retention of urine in the invasion of the genito-urinary apparatus by pathogenic microbes. The urinary apparatus not previously distended is not a culture ground for injected microbes, as they are washed out by the urine. Retention of urine predisposes the urinary apparatus to the invasion of microbes by distending beyond measure the bladder, ureter, and pelvis, and by causing congestion of the kidneys. In such conditions the urine remains normal until the microbes are introduced into the bladder by means of a septic catheter.

Prof. Guyon's experiments prove that retention of urine brought about in animals by various means cannot alone produce infection; it was only when septic cultures were introduced by injection that microbes could be found in the urinary apparatus.

*Distension*, then, in the absence of any other local lesion, is necessary in order that microbes introduced into the urinary apparatus may grow and develop there; and, on the other hand, the *introduction* of microbes into the dilated urinary apparatus is necessary before infection can take place. The practical lesson to be learned is to prevent retention of urine by the use of the catheter, and infection by strict local antiseptics.—*L'Union Medicale*.

URETHANE AS A HYPNOTIC IN THE INSANE.—(Adam, *Annales Médico-Psychologiques*.) The writer has given this hypnotic to thirty patients in doses varying from one to five grms., and, in all, nearly 400 times. The maximum dose was given only in cases of extreme excitement, and in these the effect was not constant, and only slight. In cases of medium intensity, however, it produces a prolonged hypnotic effect without any disagreeable after-effects. In only two cases, one of anxious melancholia and one of mania, its use was completely unsuccessful. In the case of general paralysis, of which there were six cases, the results were very similar to those in other forms of insanity. The sleep induced is calm, the drug innocuous, even when given in doses of five grammes for several days, or three grammes for several weeks, and its administration is easy.—*Medical Chronicle*.

PROPEPTONURIA; A COMMON OCCURRENCE IN MEASLES.—Loeb (*Centralbl. f. klin. Med.*) says that in spite of the common assumption of the rare occurrence of propeptone in the urine, he has been able to recognize it in the large majority of cases (nine out of twelve) of measles in which he examined for it. Nitric acid, added by drops to the urine, produced an abundant, white, flocculent precipitate, which re-dissolved on warming the urine, but reappeared after it had cooled. Concentrated acetic acid acted in the same way, as did a solution of sodium chloride. Numerous other corroborative tests were employed. The propeptonuria usually appeared with the commencement of the disappearance of the eruption, or after this had already begun, and nearly always lasted during two days. Regarding the relation of propeptonuria to the diazo-reaction, which Fischer found so uniformly present in measles, the author ob-

tained a well-marked diazo-reaction in every case in which propeptone was present. Sometimes, however, the former was present when the latter could not be obtained. The origin of propeptonuria in measles can only be a matter of conjecture. The author has repeatedly noticed an enlargement of the liver in this disease, and thinks there may be some connection between this and the change in the urine. On the other hand, it may depend in some way on the affection of the skin; this being rendered the more likely by the fact that he has repeatedly observed propeptonuria in scarlatina, while by other writers it has been seen in urticaria, diffuse dermatitis, and in animals which have been rubbed with petroleum.—*The American Journal of the Medical Sciences*.

SPONTANEOUS RUPTURE OF THE UTERUS DURING PREGNANCY.—Madurowicz (*Wiener klinische Wochenschrift*) reports the case of a multipara admitted to the hospital with a discharge of pus through the umbilicus and through the vagina; the fœtus had perished six weeks before. Laparotomy revealed a dead fœtus in a cavity filled with pus and fragments of necrosed tissue. The fœtus was removed and drainage established, but the patient died exhausted. On examination, fatty degeneration of the uterine wall at the junction of the fundus and cervix was found. The fœtus had lain in the peritoneal cavity partly encapsulated. It is probable that the fœtus developed in excess of the uterus, which ruptured in the eighth month; the fœtus was expelled into the peritoneal cavity, perished and became encapsulated; purulent peritonitis with intra-peritoneal abscesses followed; membranes and placenta had necrosed. No cause for uterine rupture was discovered.—*The American Journal of the Medical Sciences*.

THE TAMPON IN THE DIAGNOSIS OF CHRONIC ENDOMETRITIS.—Dr. B. L. Schultze, Professor of Gynecology in the University of Jena, says that he has found of value in the diagnosis of chronic endometritis, during a number of years a tampon of absorbent cotton, freely soaked in a 20 to 25 per cent. solution of tannin in glycerine, and firmly pressed in the vaginal vault, previously carefully cleaned, so that the mouth and vaginal portion of the cervix are completely

covered. The glycerine in the tampon draws the water freely from the surrounding tissues. The formed constituents of the uterine secretions will not, or only to a slight degree, be floated over the place at which they come in contact with the tampon. If the tampon is removed after twenty-four or forty-eight hours, there is found on it, if the uterus is entirely healthy, only a small quantity of cervical secretion, clear as glass. If the mucous membrane in a section above the mouth of the uterus is affected with catarrh, there is found, besides, on the tampon, pus which has come from the uterus.—*Med. and Surg. Reporter.*

NOTE ON A CASE OF ETHER ANÆSTHESIA.—A short time ago I had occasion to give ether to a patient who was suffering from severe jaundice, and I was struck by the unusually long time which elapsed before consciousness and reflex action returned after the anæsthetic. The patient, a man æt. 34, a farmer, was operated on for an enlargement of the gall bladder, which was opened and drained; he had suffered from jaundice for six months, and at the time of the operation the discoloration of the skin was very severe, and was assuming a greenish tinge. The ether was administered in a Clover's inhaler, the patient going under its influence very quietly and taking an average length of time to become unconscious. The operation lasted about half an hour, complete anæsthesia being maintained until the stitches were inserted. Two ounces of ether were inhaled. The breathing and pulse throughout remained slow and regular. After the inhalation ceased, half an hour elapsed before any conjunctival reflex could be obtained, and more than three-quarters of an hour before any reflex could be got by pinching the face, the patient breathing placidly all the time; after this he gradually came round, but had no vomiting. I should mention that both eyes were tried for conjunctival reflex, as I have found by experience that when one eye alone is touched the nervous chain becomes, so to speak, wearied, and reflex closure will not ensue, although it occurs at once on trying the other eye. The pupils were moderately dilated throughout. I conclude that the presence of bile in the blood was the cause of the unusual length of time

during which the nervous system remained under the influence of the anæsthetic, as the quantity of ether given was small, and in numerous cases in which I have administered it in the same way I have never before seen so long an interval elapse before consciousness returned.—*C. E. Purslow, M.D., in Birm. Med. Review.*

PARALYTIC CHOREA.—(Cadet de Gassicourt, *Jour. de Méd.*) Paralytic chorea is a form of the disease which is not very widely known, but deserves to be. Its peculiarity is that paralysis replaces inco-ordination of the movements more or less completely and for a longer or briefer period. It is not always easy of diagnosis. This disease has been described by the English under the term "limp chorea," which is expressive, and sufficiently exact for the severest cases of it. But it is not sufficiently comprehensive, for it does not include those cases in which the paralysis is less extensive, though complete in the parts which are involved. It is a rare disease, only two cases having come under the notice of the author, while Gowers, West, Dauchez, Charcot, Rockwell, and Ollive have reported, in all, fifteen. It was well described by Ollive in 1884 under the title "Paralyses in those who are suffering from Chorea." It is observed under three different aspects: (1) it is a consequence of the common form of chorea, inco-ordination of the movements being followed by paralysis; (2) it precedes ordinary chorea, paralysis being followed by inco-ordination; (3) paralysis may exist almost alone from the beginning to the end of the disease. Its localization may vary; it may assume the paraplegic form, as in Ollive's case; it may effect a single limb, as in Gowers' cases; it may take paraplegic form, as in Charcot's case. Whatever be the localization, the prognosis and treatment are the same in all cases. The prognosis is favorable in all the reported cases; the result was a cure. The treatment should be tonic—iron, quinquina, arsenic, sulphur baths, and hydrotherapy in general.—*Archives of Pediatrics.*

A NEW OPERATION IN THE PERINEUM.—Sauger, of Leipzig, has suggested a new operation in the perineum to which he gives the name of "perineotomy." He explains that its object is to open the ischio-rectal fossa through the

perineum for the purpose of removing cysts, hæmatomata, and other tumors situated in the pelvis and in Douglas pouch. He performed this operation about a year ago upon a woman, æt 42, in whom a retro-rectal and recto-vaginal dermoid cyst had developed. He made an incision eight centimetres long commencing in the middle of the space between the vulva and the anus to the right of the middle line to a point below the latter orifice, and by this means he reached the cyst, which was unconnected with the ovary, and removed it. The tumor was the size of the foetal head. The patient made a complete recovery.—*Medical Press and Circular*.

UNVEILING THE BUSTS OF PROFESSORS HYRTL AND SCHUH.—During the last few years the medical faculty of Vienna has frequently had to mourn the loss of some of the most popular professors, but this week has been one of joy and demonstration in honor of the unveiling of the busts of Professors Hyrtl and Schuh. The celebration took place in the University Court (where a platform for the occasion had been erected) in the presence of the senate, professors, and several hundred students. Hyrtl himself was present, looking pleased though feeble and infirm with age, and was assisted on the platform by two attendants. The rector of the University, Professor v. Lang, rose after silence was obtained, and said that the present occasion was a notable one in the history of the University. The busts of the two men before us would serve as a guiding light to future generations, and as a connecting link between the old and the new. Professor Albert then rose, and with great feeling traced the career of the two celebrities from the cradle to the grave. Hyrtl and Schuh, he remarked, were two men of similar origin, tastes and aims. The one was an anatomist, the other a surgeon. The anatomist still lives but the surgeon was dead. Since these illustrious savants were youths Vienna had become the centre of medical teaching, and had attracted students and admirers from every part of the world. When Professor Albert had finished his able eulogy of the two men and resumed his seat, an affecting scene took place. Professor Hyrtl rose from his chair, and tottered towards Albert, and embraced him,

and turning round caught the hand of the rector with great warmth, while the assemblage poured forth an ovation of applause. Quietness being again restored, Hyrtl commenced his speech in fluent Latin, in which he is an adept, and thanked them all for the kind ovation of which he considered himself unworthy.—*Med. Press and Circular*, June 19.

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THE  
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS  
OF THE MEDICAL SCIENCES.

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TORONTO, AUGUST 1, 1889.

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THE GROWTH OF THE PROFESSION.

We hear much about the excessive growth of the profession in various countries. The *London Lancet* thinks there is too great a rush into the profession on the part of young men. In Great Britain there were 1,184 new names added to the Medical Registrar in 1888, while the known losses by death, retirement and other causes amounted to less than 600, including 511 reported deaths. This gives a net increase of about 600. In the same year about 2,000 new students registered. It is estimated that about one-third of these will drop out without receiving their qualifications; but, still, the supply will be far beyond legitimate demands.

We are told by the journal of the American Medical Association that the increase of numbers in the United States is much greater, as there were about 3,800 graduates, including regulars and irregulars, in 1888. Without such an influx the United States, the "land of almost unrestricted production," appears to have a far larger proportion of doctors, as the following figures will show: 120 to every 100,000 inhabitants; while in England there are only

64 to 100,000, and in Great Britain taken altogether there is a still smaller proportion.

In Ontario we had in 1888 about 2,200 in actual practice, or about 110 to every 100,000 inhabitants, notwithstanding the efforts at restriction on the part of the Council. According to present appearances the numbers of practitioners will increase proportionately more rapidly than the population of the Province. Many will think that the outlook is far from bright, but new candidates for medical distinction or extinction, as the case may be, appear not to be dismayed thereby.

#### CANADA MEDICAL ASSOCIATION.

It is likely that a fair number, at least, will attend the Banff meeting. It is expected that Toronto and Montreal will practically be the starting points for the majority, and from these sources the members will go by different routes and meet in Winnipeg, August 9th. On the 10th, the party, with additions from Winnipeg and the neighborhood, will start on their long, but we hope interesting, journey over the prairies. The President and General Secretary, Drs. Ross and Bell, have spared no pains in making the most complete arrangements for the convenience of the members who will attend; and the efforts of the C.P.R. officials to afford all facilities at low rates are exceedingly satisfactory. All indications point to a most enjoyable trip.

The following are papers promised:

"The Endemic Fern of the North-West (Mountain Fern)." Dr. A. Jukes, Regina.

"The Climate of South Alberta, with special Reference to its Advantages for Patients with Pulmonary Complaints." Dr. G. A. Kennedy, McLeod, N.W.T.

"Traumatic Inflammations of the Eye, and their Proper Treatment." Dr. John L. Fulton, St. Paul, Minn.

"Hæmatoma of the Vagina and Vulva." Dr. A. H. Wright, Toronto.

"A Case of Empyema Successfully Treated by Free Incisions." Dr. James Ross, Toronto.

"The Early Recognition and Treatment of Epithelioma." Dr. L. Duncan Bulkley, New York City.

"The Relief of Pain in Eye and Ear Affections." Dr. R. A. Reeve, Toronto.

"Sulphonal." Dr. James Stewart, Montreal.  
"Nephrolithotomy." Dr. F. J. Shepherd, Montreal.

"Vertigo, an Eye and Ear Symptom." Dr. J. W. Stirling, Montreal.

"A Resumé of a Few Surgical Cases." Dr. E. A. Roger, Nanaimo, B.C.

"Varicella." Dr. Whitaker, Cincinnati.

#### NOTES.

A TEN per cent. solution of methol has been found to act as a good anodyne in cases of laryngeal tuberculosis.

It has been stated by a German observer that much of the nervous delicacy among girls is traceable to excessive dilligence at the piano.

DR. WATERS, an aged New York physician, committed suicide because he was unable to support himself from the proceeds of a limited practice.

THE Chilian Government liberally supports by a money grant the journal of the Medical Society, the *Revista Medica*. Owing to a further grant the editor now promises that his paper shall be much enlarged.

M. FERÉ has shown that arterial pressure may increase twenty-five per cent. under the influence of a fit of anger. This, of course, has an important medico-legal bearing, as diseased vessles are liable to rupture under similar circumstances.

THE French medical press announce that a flag will be displayed at the Medical Department of the Paris University whenever a confinement is in progress in the lying-in ward. A blue flag indicates a simple confinement, a yellow flag a difficult labor, and a green flag that an operation may be necessary.

AN exchange just received does not endorse the conduct of a certain surgeon who in his desire to avoid injury to the hymen of a virgin patient by a vaginal examination, is reported to have resorted to an abdominal incision for the purpose of ascertaining the condition of the

uterus, which, it is satisfactory to learn, he found perfectly healthy.

A CORRECTION OF A PRINTER'S ERROR.—In the announcement of Trinity Medical College just issued, the reference to Dr. Spilsbury's course of Practical Instruction on Diseases of the Throat and Nose (at page 19), is marred by the accidental introduction by the printer of the Dr.'s name before the word "instruction." Any one at a glance can see that it is a mere printer's blunder.

PROF. NOTHNAGEL, in an instructive communication to the *Wiener Med. Blatte* on the "medical treatment of obstruction of the bowel," maintains that iced soda-water is one of the most efficient injections, especially when a large quantity is used in the lateral or elbow-knee posture, while a seven per cent. solution of common salt is also deserving of trial. Invaginations made worse by rapid peristaltic movements may be seen to be set free by anti-peristaltic action when these solutions reach them. When enemata are administered within some hours after the worst of the symptoms, no harm will be done and the obstruction will certainly not be made worse. Neither purgatives nor food should be allowed to enter the stomach. Stormy peristaltic action and collapse should be combatted by opium or morphine hypodermically when there is vomiting.

ONTARIO MEDICAL LIBRARY.—The following books, reports, etc., have been received at the Library during the past month:

*Presented.*—1 vol. on External and Internal Version—Hicks; from Dr. Buchan. 1 vol. The Treatment of the Morphia Disease—Erlenmeyer; from Geo. S. Davis, Detroit. 4 vols. *The Medical News*; 3 vols. *Journal of Cutaneous and Venereal Diseases*; 5 vols. *American Journal of Obstetrics*; 3 vols. *The Medical Record, N.N.*; from Dr. J. Ferguson.

*Bought.*—The Rectum and Anus—Ball; Diseases of the Tongue—Butlin; Intestinal Obstruction—Treves; 3 vols. Manual of Surgery—Treves; Diseases of the Bones and Joints—Macnamara; Text Book of Physiology—McKendrick; A Treatise on Urinary and Renal Diseases—Roberts; The Science and

the Art of Midwifery—Lusk; 2 vols. The Principles and Practice of Medical Jurisprudence—Taylor; 2 vols. The Science and the Art of Surgery—Erichsen; Diseases of the Skin—Crocker; The Theory and Practice of Medicine—Bristowe; Diseases of the Nervous System—Bristowe; 2 vols. Quain's Elements of Anatomy—Thomson; A Manual of Bacteriology—Crookshank; Diseases of the Prostrate—Thompson; Diseases of the Urinary Organs—Thompson; Lectures on Obstetric Operations—Barnes; Abdominal Surgery—Smith; The Treatise of wounds and Fractures—Gangee; Pulmonary Consumption—Williams; Diseases of the Rectum—Allingham; Anæsthetics—Buxton; Maso-therapeutics or Massage—Murrell; Accidental Injuries—Cantile; The Coroners' Act, 1887—Jervis; Surgical Operations—Barker; American System of Obstetrics—Hirst.

## Meeting of Medical Societies.

### ONTARIO MEDICAL LIBRARY ASSOCIATION.

The second annual meeting of the Association took place in the Library on Thursday, the 27th June, at 8 o'clock.

The chair was taken by Dr. J. E. Graham, the president, and the minutes of last meeting were read and confirmed.

Dr. Graham then addressed the meeting and stated the business transacted by the Board of Trustees during the year past.

They had waited upon the Council to obtain from it a room for library purposes, if possible free of cost. After considerable discussion, arrangements had been made by which the Board entered into possession of the present room, already shelved, on the 1st of November last. They had engaged an assistant librarian at a salary of \$150 per annum, and opened the library to readers daily from 10 a.m. to 1 p.m., from 2 to 6 p.m., and from 7.30 to 10 p.m. The furnishing of the room was done at the expense of the Association.

The speaker then drew attention to the fact that there were many medical men in the city and in all parts of the Province who had not as yet become members of the library or taken active interest in its welfare. He also drew



attention to the fact that it was in their power to assist the librarian to obtain books by sending every journal or medical volume that they could spare to the library, where everything would be of use for the circulating or exchange department.

It was sometimes possible for medical men to advise patients in making bequests, and he hoped that the needs of this library would ever be kept in mind by physicians under such circumstances. Large donations had been secured in this way for other medical libraries and why not for ours?

Dr. Graham mentioned the recent establishment by the Board of a directory for nurses. The directory was after the plan followed in Boston, where the venture had been very successful—a large revenue derived therefrom for the other purposes of the library.

In order to the establishment of this directory upon a sound basis, however, it would be necessary for the members to secure their nurses only through its channels, and to impress upon the public mind the reliability and usefulness of such an institution.

In conclusion, the President said that the growth of the library had been so encouraging during the year that the Board had felt justified in petitioning the Council for a second room, which request had been granted under certain conditions which were yet to be arranged.

The report of the Secretary showed that the Board had met eleven times, and that there was an average attendance of five members. Eight new members had been enrolled during the year, and the total membership was 91.

The Treasurer, Dr. McPhedran, then read his report, which had been audited. This report showed that up to June 1st, 1889, \$1092.90 had been received and \$733.90 expended, showing a balance on hand at that date of \$359. Since that over \$200 had been received. Of the sum expended over \$400 had been used in the purchase of books and journals.

Dr. Powell, the curator, in his report stated that the number of bound volumes in the library was 1300, and that in addition he had 250 volumes of journals ready for the binder. A large order had recently been placed with Lewis, the London publisher, and several hundred volumes were expected from another source.

These books he was engaged in cataloguing after the method followed in the *Index Medicus* of the Surgeon-General's library at Washington.

In addition to these books on the shelves, 59 journals were regularly received, and the Board were hoping to increase this number shortly.

By the next annual meeting he hoped the library would possess a complete set of all the leading journals published in English for the last twenty years.

In conclusion he appended the following suggestions:

1. That a complete medical directory of the city be compiled under the auspices of the Association.
2. That as soon as possible a circulating department be organized.
3. That arrangements be made to look up references or abstracts for physicians desirous of investigating special subjects in medicine.

The report was adopted.

Dr. R. A. Reeve moved, seconded by Dr. Buchan, that the following named gentlemen compose the Board of Trustees for the present year: Dr. J. E. Graham, Dr. McPhedran, Dr. A. A. Macdonald, Dr. N. A. Powell, Dr. R. B. Nevitt, Dr. Pepler, Dr. Henderson (Kingston), Dr. Peters, Dr. R. A. Pyne, Dr. Burns, and Dr. Wishart.—*Carried.*

Dr. J. Ferguson moved, seconded by Dr. R. A. Reeve, that the Board of Trustees take steps to establish an endowment fund for "The Ontario Medical Library Association," and that persons in giving donations may signify their wish to give their donations to this fund or the general fund of the Association.—*Carried.*

Dr. B. E. McKenzie moved, seconded by Dr. McPhedran, that it be an instruction of the Board of Trustees to permit duplicates of books and journals to be taken out by the members and retained for one week. *Carried.*

It was further moved by Dr. McKenzie, seconded by Dr. McPhedran, that the numbers of all books be taken (of those taken out at 9 o'clock p.m. to be returned on or before 10 o'clock a.m. of the next day) in all cases. The last number of the *Journal* be excepted.—*Carried.*

D. J. GIBB WISHART, Secretary.

## Correspondence.

### LETTER FROM DR. NEWMAN.

*Editors of CANADIAN PRACTITIONER.*

DEAR SIRS,—My remarks in the discussion of Dr. E. E. King's paper made in Toronto, as reported in your esteemed journal, issue of July 1st, page 259, are so incorrect that I feel compelled in justice to myself to ask for a correction. As it stands now, my remarks appear ridiculous. What I really said was in substance as follows :

I agreed fully with Dr. King, and was pleased that he had shown this very useful instrument, as the Cystoscope of Leiter supplies a want long wanted and needed. I have used it to my utmost satisfaction, and it will save many patients, restore them to health who formerly died, and many dangerous operations will thereby be avoided. Before this cystoscope was invented I have used the *endoscope* for 22 years, which has done good service, but was far inferior to the cystoscope, scarcely ever illuminating the male bladder for a diagnosis. I hoped that the cystoscope would be more improved, so that an operation can be made simultaneously with the diagnosis.

Hoping that this correction will meet your approbation, I am yours most truly,

ROBERT NEWMAN.

New York, July 22nd, 1889.

[We regret that Dr. Newman's remarks on Dr. King's paper were in any way misunderstood, and take pleasure in publishing his letter.—ED. PRACTITIONER.]

### RETENTION OF URINE.

*Editors of CANADIAN PRACTITIONER.*

IN THE CANADIAN PRACTITIONER of June 1st I find an article on "Vesical Expression in cases of retention of urine not dependant on a mechanical impediment to the flow of urine." The advocates of this mode of treatment admit that there are several conditions in which it cannot be employed with success, and some in which it is contra-indicated.

I think I can furnish your readers with a mode of treatment of this troublesome affection which rarely fails, is free from danger, and

which can be used safely and successfully in all the cases in which vesical expression is beneficial, as well as in nearly all in which it is contra-indicated. It is such a homely remedy that many practitioners will not consider it worth trying, but those who do give it a trial will not be disappointed in its action. It is simply a combination of magnes. sulph. and potass. bitart. One tablespoonful of the former with a teaspoonful of the latter, dissolved in a glass of water, the bowels being constipated, will speedily relieve all ordinary forms of non-mechanical retention of urine. I have repeatedly found it do so after ordinary treatment had proved unavailing. It will be found alike beneficial in retention from atony of the bladder and that arising from spasmodic stricture, in the old as well as in the young, and the only form of non-mechanical retention in which I think it will fail is that which arises in cases of paralysis. Of course retention may complicate certain forms of disease in which this mode of treatment would be unadvisable. If the bowels be relaxed it may be necessary to premise the use of a dose or two of opium.

M. D.

## Personal.

DR. LUTHER W. ALLINGHAM (Trinity Medical College, '89) has located at Bishop's Creek, California.

DR. HOWARD A. KELLY has been elected Professor of Gynæcology in the Johns Hopkins University.

DR. A. McARTHUR, of Port Elgin, having decided to spend some time in attendance at the European hospitals, disposed of his practice to Dr. J. M. Wallace, late Medical Superintendent of the Hamilton Lunatic Asylum.

DR. J. F. W. ROSS has returned to Toronto after an absence of about ten months. While away he spent six months with Mr. Lawson Tait, working at abdominal surgery, and then went to Zurich, where he took a systematic course in Histology and Anatomy of Female Pelvic Organs from Gaule, Professor of Physiology in the University of Zurich. He intends

to begin work at once in Toronto, and will confine himself entirely to gynecology and abdominal surgery.

### Miscellaneous.

DR. FERDINAND HUEPPE, of Wiesbaden, has been appointed Professor of Hygiene at Prague. He is the sixth of Robert Koch's pupils who has been appointed to a professorship.

PROFESSOR LOWENTHAL, who has lately made experiments on the action of salol in cholera bacilli in Professor Cornil's laboratory in Paris, has received a special mission from the French Government to proceed to Tonquin in order to study the effects of salol on cholera patients.

AN attempt at blackmail of the most serious and despicable character was recently made against Mr. Malcolm Morris, of London, by a blackmailer named Grandy and a prostitute co-conspirator. They charged Mr. Morris with having, after immoral relations with the female prisoner, broken a promise of marriage made to her; but they were met, unexpectedly, by Mr. Morris handing them over to the police. It was then ascertained that this was not the first speculation of this sort by the pair, and, notwithstanding the plea of their lawyer, that they had simply mistaken Mr. Morris for some other person, they were "sent up" for five years and eighteen months respectively.—*N. Y. Medical Record.*

THE DOCTOR'S VACATION.—Nobody earns a vacation better than the physician, and no one finds it so difficult to take. It is one consequence of a practitioner's active life, especially due to his having no stated time in which to do his work, but being in constant readiness to turn out at any hour, that he loses the capacity of resting. He sleeps with one ear open; he goes to church or to the opera with the guilty conscience that Mrs. Smith's messenger may tap him on the shoulder at any moment; and the apprehension of this interferes so much with his enjoyment that he loses all zest for the theatre, and often forgets that he has a soul to be saved.—*Times and Register.*

AN UNEXPECTED DEVOUEMENT.—When the Earl of ——— was Governor-General of India he

had with him his little daughter, a girl of eleven years, who already showed considerable literary tendencies, which her father was wont to subject to rather severe criticism and emendation not altogether to her satisfaction. One day Lord ——— having suggested that she should write a play, she objected that he altered what she wrote so much that she could not feel it was her own. "Very well," said his lordship, "you shall do it yourself, and act it: you can ask your own friends, and I shall know nothing about it till the curtain goes up." In due time the piece was written, and the drawing-room of Government House was crowded one afternoon to see the play. The subject was not very original. In Act I. two unhappy lovers are separated for want of money, and the youth goes forth to conquer fame and fortune. Between Acts I. and II. eight years are supposed to have elapsed. In Act II. the lover returns, having won both, to place them at the feet of his mistress. But here matters took an unlooked for turn. "For thee, Angelina," says Edwin, "I have labored: for thee I have achieved fame; for thee I have won fortune." *Angelina*: "I have not been idle, Edwin; behold the labor of my past years." (*Rings bell. Enter nurse with seven small children! Tableau!*)

TESTICULAR FOUNTAIN OF YOUTH.—The official organ of the Biological Society, the *Gazette Hebdomadaire*, gives the following recipe for the preparation. Says Séquard: "The testicular bodies are reduced to a paste, to which is added from two to five centimetre cubes of distilled water; this is lightly laid on a filter, and the liquid obtained is immediately injected." But Brown-Séquard has not only injected this liquid into his lower limbs, but has likewise taken the testicular paste and introduced it into his veins, when, as he remarks, "the effect was simply marvellous." Says the *Gazette Hebdomadaire*: "All the world knows that eunuchs are feeble, physically, morally, and intellectually. We also know that feebleness exists among men who abuse their sexual strength. It was this that has induced Brown-Séquard to teach that sperm may be injected into the veins of an old man without danger and produce all the manifestations of sexual youthfulness." If dog sperm produces such magical effect on

man, the world will be greatly excited to know what pussy sperm will do under similar hypodermic circumstances. The amorous feline quadruped whose serenade is heard with pleasure on nights,

"When purrings and meows rise to the moon,  
And all the back-sheds have a cat-like tune."

We reiterate, the amorous feline quadruped is, as is well-known, much more sexually developed in proportion to size than the canine quadruped. We trust that Professor Brown-Séquard will naturally drift into a physiological study of Parisian cats.

It is said that Séquardism has aroused such interest in the State of Kentucky that one of her noblest Senators will introduce a bill next session entitled: "An Act to incorporate a National Brown-Séquard Institute, for the rejuvenation of Members of Congress incapacitated temporarily in the discharge of their duties to their country," reserving for United States Senators, however, the privilege of exemption from the application of the Act.—*Cincinnati Lancet-Clinic*.

TRANSPLANTATION OF BONE.—Professor A. Adamkiewicz, of Cracow, recently made a communication to the Vienna Imperial Royal Academy of Sciences on experiments which he had carried out on the transplantation of bone. The author's well-known experiments on compression of the brain had led him to perform numerous trephinations on the animals on which the experiments had been made. For certain reasons, after having trephined, he replaced the round pieces of bone which had been removed, and sutured over them the periosteum and the skin. After the first experiments, he had perceived that the pieces of bone which had been introduced had healed into the skull. He had since paid great attention to this fact, and, as the result of a vast number of experiments, had arrived at the following conclusions, which, in the first place had been deduced from experiments on the rabbit:

1. Round plates of bone of a diameter of from 0.6 to 0.9 centimeters, which had been removed from the skull of the rabbit and inserted again into the opening, united perfectly with the surrounding bone, if the usual precautionary antiseptic measures were taken at the operation.

2. The length of time which was necessary for this process to take place was between four and six weeks. At least, the author had observed, after from four to six weeks, a perfect synostosis between the implanted piece of bone and the other bones.

3. The piece of bone to be transplanted could be exposed to the air for a certain time (from five to ten minutes) or could lie in a solution of carbolic acid (two or three per cent.) without preventing the success of the experiment.

4. Still larger pieces of bone, more than a centimetre long, and correspondingly broad, whose edges were not even smooth, also united with the skull, when implanted with the same precautions.

5. In the same way pieces of bone could be transplanted from one animal to another with equal success.

6. The osseous intergrowth occurred on the borders of the bones which touched each other, for these ossified and became more and more indistinct, whereas the free surfaces of the bones preserved their usual form and smoothness. In cases in which the implanted piece of bone did not touch the border of the surrounding bone, the union took place by the formation of connective tissue, and not by ossification, so that it might therefore be concluded that for an osseous union to occur the direct contact of the bones was of great importance.—*N. Y. Medical Journal*.

THE "DOCTOR OF 1889."—Professor Brouardell, the eloquent dean of the Paris faculty, holds the chair of legal medicine, and his lectures are always well attended. He opened this year by some pertinent remarks on the "Doctor of 1889." He said that medical science had become revolutionized within the last few years in a way that had no parallel since the beginning of the world. In surgery great changes had been brought about by the microbian doctrine, and indeed this question had altogether changed the role of a physician in society. For instance, no matter what locality a man now settled in, besides being the family doctor, he became a public officer, as he had the power of stopping epidemics in a way that had never existed before. Open almost any of

the modern novels and one would find that it discussed hysteria, nymphomania, and other diseases; and it was the same in the newspapers. All the questions of legal medicine, public hygiene, and medical matters of all kinds were public, so that the doctor was no longer judged by the families that he might attend, but by the whole world. The doctor of fifty years ago had only a small library of books that he used as a student, and only added to this his clinical experience that he acquired. There were good doctors then, but their responsibility was limited to their patients, and no one thought of criticizing the correctness of the therapeutical measures that they might adopt. To-day, however, all was changed; the smallest village received or published several papers where scientific work was talked of and judged with more or less impartiality, and where the sittings of the great academies of medicine were analyzed. This led the modern patient to ask his doctor to prescribe for him the new drugs he read of, such as antipyrine or strophantine. The doctor might not know more than his patient about the new medicine, which he might not have tried yet; and even if he had an opinion about it, the editor of his patient's favorite journal might have an opposite one. So that he was obliged to prescribe what in reality was ordered by some one else, and his authority was so much lessened in modern times. Certainly the old doctor was treated with great esteem, confidence and affection, and he was almost a member of the family. To-day, however, the old family doctor was a myth; but, on the other hand, the scientific man of medicine and hygiene had become almost one of the wheels of state, or at least of city power, and he was consulted in regard to public health, so that in these days of progress his position was perhaps, after all, better than ever. We lived in a time when the public were well educated and wished to know the why and wherefore of everything, so that doctors must expect to have their diagnosis, prognosis, and treatment discussed by their patients, and even disputed by them. If one gave a certificate in lunacy he might expect the papers to say that he had been paid to do so; but, on the other hand, he might have the satisfaction of saving the whole city from an epidemic by intelligent prophylactic

measures. And again he could sometimes expose the errors of a lawyer who pleaded for the condemnation of a man when a wiser and more correct view of the matter, in a medical sense, would show that there was no guilt. Other occasions would present themselves when a doctor could do good in many ways, and show that, after all, his critics had only a superficial knowledge, and his more exact science would destroy their arguments. This would prove the superiority of the modern physician, but it could not be done except by hard work and hard study; then the general public could not say they knew as much as the doctors.—*Paris Letter N. Y. Med. Jour.*

LIME-WATER.—(Harnack, *Jahrb. f. Kinderh.*) Lime-water has a greater value as a pharmaceutical preparation than has generally been recognized. It acts in part as an astringent. Everywhere where the free lime comes in contact with neutral fats, but especially from the small quantity of fat-acids, soaps are formed which overlay the tissue in the form of a soft greasy mass. It is probable that there is also a direct chemical action of the lime-water upon the albuminous elements of the tissue, for if it does not directly precipitate solutions of albumen, still the albumen is precipitated by dilute muriatic acid if the albumen solution has been mixed with lime-water, and it is possible that the lime-water might gradually form insoluble compounds with the living albumen. The lime-water penetrating the tissues is precipitated in a very finely-divided condition in the presence of carbonic acid, and thereby forms a protecting layer about the cells of the surface of the tissue. The undoubted capability of lime-water to dissolve diphtheritic false membranes depends upon the fact that it is an excellent medium for dissolving mucin, which secures the false membranes to the surface of the mucous membrane and the particles of fibrin to each other. Lime-water may be used for solvent purposes either as a gargle or as a spray, for the atomized lime-water is immediately converted into carbonate of lime. The combined solvent and astringent effects of lime-water make it especially useful in the treatment of pharyngeal catarrh.—*Archives of Pediatrics.*