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The Northern Lancet.

Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.

WINNIPEG, DECEMBER, 1889.

HOSPITAL REPORTS.

CASES TREATED AT THE WINNIPEG GENERAL HOSPITAL DURING THE MONTH OF NOVEMBER.

Under the care of Dr. A. U. FERGUSON, Professor of Surgery in Manitoba Medical College.

Reported by Dr. J. G. Calder, House Surgeon to the Hospital.

COMPOUND FRACTURE TIBIA AND FIBULA.

B—M—, age 40, brewer, a heavy drinker, admitted November 4th, very much intoxicated, about an hour after injury, tibia and fibula found broken about three inches above ankle, about an inch of the lower end of upper fragment of fibula protruding through the wound on outer side of leg, bones very much comminuted, foot greatly everted. Patient had been seen soon after accident by Dr. Chown who wrapped the limb in a moist carbolic dressing and sent him to hospital. Parts were first thoroughly washed and made aseptic, the opening through the skin enlarged to allow the protruding end of the fibula to be replaced and the bones brought into apposition.

A dressing of moist bichloride gauze was now applied and the leg put up in a well padded Macewen's half-box splint, the open side and top of the box being replaced by Gooche's splinting. On the second day marked traumatic delirium tremens appeared; during the next three days required forcible retention in bed, temperature 100-101.5. On the fifth day he managed to get out of bed twice, and gave his leg such bad usage that it was thought advisable to remove dressings, but everything was found perfectly aseptic and it was put up as before. The delirium continued and on the eleventh

day he again sprang suddenly from his bed, on twelfth day temperature normal, wound dressed found perfectly aseptic and nearly healed, an abundance of antiseptic dressing was put on and the leg was put up in plaster. Following this the delirium gradually disappeared.

Forty first day.—Doing well, plaster not disturbed yet, temperature still normal.

This case shows the marked benefit of the antiseptic treatment in these cases which are so often fatal in patients suffering from delirium tremens.

McBURNEY'S OPERATION FOR RADICAL CURE OF HERNIA.

J—R—, age 26, laborer, admitted October 7th, with double inguinal hernia. Had been unable to work for a long time on account of pain, had no money or friends and was compelled to sleep in the open air all summer, when admitted was suffering from acute bronchitis and gonorrhoea. Tubercular history in family. Treated for his cough for five weeks, before ready for operation.

RIGHT SIDE.

Operation.—The incision made was the same as in Macewen's operation but smaller. On cutting down to the sac the hernia was found to be omental and firmly adherent down to the bottom of the sac in such a manner that it was absolutely irreducible, although before the operation it was apparently reduced quite readily. The omentum was separated from the sac, ligatured and cut off, but in doing so the sac was so lessened that it was thought advisable not to complete Macewen's operation as was intended, but to ligature and cut off the sac and finish with McBurney's operation. This was done and the wound dressed. The left hernia was not touched as patient took anaesthetic very badly.

Second day.—Slight traumatic fever (100 F.) which entirely disappeared on fourth day.

Seventh day.—Redressed and found perfectly aseptic.

Thirteenth day.—Redressed, filling up nicely with granulations; perfectly aseptic.

Nineteenth day.—Redressed, still doing well.

Twenty-ninth day.—Redressed, almost completely filled with granulations still aseptic.

Thirty-second day.—Doing well, almost healed.

The point of interest in this case was the apparently reducible character of the hernia, nothing but operation could possibly have done him any good, which was pointed out by Dr. Ferguson while operating.

ASCITES DUE TO PREGNANCY.

F.—— McK——, aged 33. Admitted Oct. 21st. Married one year, pregnant eight months. General anasarca of all parts below the diaphragm, abdomen enormously distended, measuring forty-nine inches in circumference, face and upper extremities not oedematous. Left labia enormously swollen. She stated that the labia on both sides were swollen before admission but that a doctor whom she had consulted had tapped the right side and the fluid all escaped. Following this labor pains appeared and continued regularly after admission but without effect. Abdomen was aspirated, nearly two hundred ounces of fluid drawn off, a binder applied until a little rest was obtained, when labor advanced rapidly till delivery, a very small male child apparently dead being born. The placenta came away in half an hour and patient dropped off to sleep. The child was revived with great difficulty but only lived two days.

Third day—Swelling very much reduced.

Nineteenth day.—Swelling completely gone; patient sitting up.

HYDATID OF LIVER.

B.—— F——, aged 38; Icelander; admitted Nov. 17; complaining of spasmodic attacks of pain in epigastric region and jaundice; had been subject to attacks of pain for ten years past but was never jaundiced before. On admission presented all the symptoms of the passage of gall stones and obstruction to the outflow of bile. The liver was found enormously enlarged; no distinct tumor could be found in region of gall bladder, and on passing an aspirating needle into the gall

bladder no gall stones could be found. The stools were examined after acute attacks of pain but no gall stones found. From the seat of the pain, which was high up, and the absence of the other symptoms, the diagnosis of obstruction to the hepatic duct made, and the fact of his being an Icelander made it suspicious of hydatid. Patient died on tenth day after admission. Post mortem revealed hydatid tumor of left lobe of liver, which had ulcerated into the hepatic duct which was dilated and completely plugged with shed cyst walls. The liver throughout its whole extent was found studded with small cysts filled with purulent bile, and the bile ducts everywhere were found enlarged. The opening into the hepatic duct presented the appearance of having existed for a long time, and the previous attacks of colic must have been produced by the passing of daughter cysts; jaundice being only set up when the thickened walls of the mother cyst were shed and attempted to pass through.

FRACTURE INTERNAL MALEOLUS.

D.—— S——, aged 45, laborer; while intoxicated jumped off a moving train, striking on the outside of the foot. When admitted foot was so swollen that a diagnosis could not be made; no crepitus could be obtained; local applications of aconite, belladonna and opium liniments were used for a few days till the swelling was reduced, when internal maleolus was found fractured about an inch above the tip; there was no fracture of fibula; a starch bandage was applied for a week; when it was replaced by a plaster of Paris which still remains on; patient being without pain and able to place considerable weight on the limb.

FRACTURE FEMUR.

G.—— S——, aged 16, Icelander, was kicked by a cow in front of hospital building. When examined an oblique fracture was found at the junction of the middle and lower thirds of the thigh, the injured leg being one and one-half inches shorter than sound one. Limb was put up in Liston's long splint with weight and pulley, and three shorter splints for inner, upper and lower sides of leg, and left up

for three weeks, when plaster of Paris was applied and left on for a month; bone united, leaving one half an inch of shortening.

THE DISPOSAL OF THE DEAD.

BY JOHN M. PEACOCKE, M.D.

Read before the Medical Society of the County of Kings,
From the Brooklyn Medical Journal.

(Concluded.)

If the future investigations of science shall prove some of these things to us beyond all question or room for dispute, the question of the disposal of the dead is all-important. If we would have cremation looked upon with favor, we must destroy the idea that that which we call the soul, the living being which inhabits this body as a temporary tenant, has any further use for it after life has departed from it.

Of course it is hard for us to realize that the form of one that we have loved is simply clay, nothing more nor less than a few chemical elements that must be resolved back into their original or some other form, and that the living being we have loved is not there. Even some who believe in cremation might shrink from it when it came too close home; but once convinced of the truth of the complete and final severance of soul and body, the strongest objection to cremation will be removed.

I am in sympathy with the essayist theoretically; but cremation is an innovation upon present customs, and will not prevail except in individual instances for a long time to come.

There is another branch of the subject which ought not to be overlooked that this moment occurs to me, and that is the cremation of the bodies of animals, and all kinds of refuse found to carry disease germs, whether animal or vegetable. We find upon our sidewalks and elsewhere, on hot days, boxes and pails filled with festering and decaying material that may spread disease in all directions; and it seems to me that it is very important that all of this be disposed of by some

method, so that it shall not offend the senses and endanger health, and for this purpose fire is our best germicide.

Dr. RAYMOND.—It seems to me that the weight of evidence at the present time is strongly in favor of cremation, and yet there are some arguments which have been used by those who advocate this practice which are hardly justifiable. One of these arguments is the expense of the funeral services in connection with earth burial. This is hardly a fair argument. Because people insist upon spending a large amount of money for rich and expensive caskets, and choose to array themselves in expensive mourning, is no argument against the present method of disposing of the dead.

We may readily imagine that if the time ever comes when cremation is the generally accepted method, instead of having these cheap clay or alabaster urns, to which reference has been made, the friends of those who have been cremated will insist upon having the urns made of gold or silver, and we can readily understand that when this method of the disposal of the dead becomes fashionable, the amount of money that can be expended in funerals of that kind may be at least equal to that expended now. That argument, therefore, is not a valid one, and should not be used by advocates of cremation.

The reference that has been made to Freire's discovery of the yellow fever germ in the graveyard should not have any weight, inasmuch as neither Freire nor anyone else has as yet discovered the yellow fever germ, either in graveyards or elsewhere, and Freire's claim is not recognized by bacteriologists generally.

The essayist of the evening leaves us in doubt as to exactly which of the methods of disposal he favors, cremation or desiccation. I wish he had been more explicit on that subject. I am inclined to the opinion that he is rather in favor of desiccation. If that is true, one of the arguments which he has used against earth burial would be applicable also, it seems to me, there. The germs of disease certainly would not be disposed of by the simple process of desiccation. If

the grain of wheat could live in the mummy for three thousand years, we can imagine that the simple removal of the moisture from the body would not be sufficient for the removal of the germs; so that the great point which is made in reference to the benefits of cremation—the destruction of the germs—would be a weightier argument in favor of cremation than of desiccation.

Reference has been made here to-night to the propagation of typhoid fever by water. I suppose there is no one who is at all familiar with the subject who will deny for one moment that epidemics have over and over again been caused by water. It has been recognized that water is one of the principal means by which typhoid fever has been spread. But for some reason the attention of experts seems to be so fixed upon water that they have shut their eyes to everything else.

DR. EVAN F. SMITH.—I would like to call the attention of the Society to one seemingly peculiar fact, as long as this question of water pollution has been called up, and it is this:

In the mountain regions of the West, in the Sierras, we may call them, of our country, there is a good deal of what is known as "mountain fever," and the hunters and trappers and miners that exist sometimes for weeks and months at a time in these elevated portions of the country, are stricken down with what is to my mind a disease identical in many respects with typhoid fever. I have seen them, and have been unfortunate enough to lose some cases where they have presented every characteristic of typhoid fever. These people, who reside in this elevated section of our country, miners, or men who are surveying railroad routes, use the water that runs in streams from the mountains. And it is so also in the smaller towns that are built in different sections of the country, 3,000, 4,000 or 5,000 feet above the level of the sea, where their water supply comes from the rivers which run from the mountains, and in many cases form a portion of it. Through all this arid region, especially the mountainous portion of it, this so-called mountain or typho-malarial fever exists. In these cases there appear the

same tympanites, and the same lesions of Peyer's and the mesenteric glands, and the fever runs about the same course, and possesses about the same types as may be seen in a clearly defined and typical case in the East.

The water supply is obtained from springs and brooks, as well as the larger streams and rivers, which in most instances have a course of only a few miles from their source to the point where the water may be used. In towns and villages which have been settled but a few months or years we see these fevers occurring in large numbers of cases, as compared to the population. That the *pathogenic element* resides in a living agent, which originates either in man or external to him, and is developed and proliferated within his intestines, poisoning the organism, there should not be the least doubt in the minds of any scientific, well-educated practitioner of medicine.

ON THE APPLICATION OF ICE TO THE CHEST IN HÆMOP-TYSIS.

SIRS,—In the discussion which followed the reading of Sir Andrew Clark's paper on the "Hæmoptysis of Elderly Persons" before the Medical Society, Dr. Quain strongly condemned the practice of applying ice to the chest wall, saying that it did no good, but did harm, by inducing bronchitis. This statement, coming from so high an authority, seems to me worthy of consideration. As a rule, when called to a case of blood spitting we find ice in bags or bladders lying upon the patient's chest. The practice is a routine one, and appears to commend itself to both the profession and the public. For my own part, I look with increasing distrust on the *prolonged* application of ice as a means of arresting pulmonary hæmorrhage. Many years ago I was with a gentleman who had recurring hæmoptysis very severely, and down his back was hanging a bag full of ice. After some time for observation, I remarked to his wife that I believed the ice-bag was doing no good, but possibly harm, and I removed it. After its removal we got on

better, the bleeding ceased, and the man is alive and well now. It appears to me that the *sudden shock* of the ice at first contracts the vessels and may do good, but its continuous application does not maintain this contraction, but is very likely to cause congestion and bronchitis. The late Dr. Gooch, in his works on Midwifery, relates how he was called to a lady nearly dead from hæmorrhage, and whose abdomen was covered over with ice. He says: "I swept all the ice away, and from a height I poured a douche of cold water suddenly on the abdomen, with the effect of immediately arresting the bleeding." Again, as was suggested by the President of the Medical Society, if I caught his words correctly, ice over the heart may slow that organ, and so help to arrest a flow of blood. Dr. Walshe says he has seen the *cautious* application of ice to the spine and over the heart repeatedly almost instantaneously arrest the flow of blood. My own practice has been to try the sudden application of ice, but, as a matter of experience, I have learned to distrust the prolonged and continuous contact of ice with the chest or back as a means of stopping a blood spitting. Dr. Lauder Brunton has found that when ice is applied to the abdomen of an animal the mucous membrane of the trachea and larynx becomes in half a minute deadly pale from contraction of the vessels. Though the ice is allowed to remain on the abdomen, the tracheal mucous membrane quickly changes color, and to the paleness succeeds, first, slight redness, then deep congestion, and in ten minutes lividity. These observations appear to me to show how prolonged application of ice may, as Dr. Quain said, prove a powerful inducer of bronchitis.—JOHN C. THOROWGOOD, M.D., F.R.C.P.—*London Lancet.*

CASES TREATED BY HYPNOTISM AND SUGGESTION.

BY CHARLES LLOYD TUCKEY, M. D., C. M.

Last autumn I had the pleasure of watching for a fortnight the practice of Dr. Liebeault, of Nancy, and was much

struck by some of the cures I saw him effect by hypnotism and suggestion. Liebeault is the pioneer of the system which has during the last few years been so prominently brought before the profession by Bernheinoq, Charcot, Heidenhain and other eminent foreign physicians. The treatment is conducted at Nancy almost as a matter of routine, and is shorn of all mystery and objectionable surroundings. The power to hypnotise does not seem to belong to one person more than another, and probably any medical man will arrive at a fair amount of dexterity after a little practice. Lethargic and anemic subjects are perhaps the most encouraging patients to begin with, and boys about the age of puberty seem especially susceptible. Though the majority of people can be influenced by hypnotism, only a small percentage arrive at the more intense stages which involve unconsciousness; and for therapeutic purposes a slight degree of languor or somnolence is sufficient. For example, of over a hundred patients of all ages and in all ranks of society, I have only completely failed in twenty-three cases; but among the eighty influenced I found only seven who completely lost consciousness and were susceptible to the advanced phenomena described by Charcot as characterizing "le grande hypnotisme." The induction of the hypnotic state is of course merely preliminary to the treatment by suggestion, and it appears to act by closing the channels of ordinary thought and directing the attention of the patient exclusively to the point indicated by the operator. The immense power of directed consciousness to influence the organs and functions is so often seen in practice, and has been so well shown by Dr. Hack Tuke and other observers, that we may well credit it with most of the curative effects of the treatment. Faith on the patient's part is not required, but his hostility or mental preoccupation will render futile any attempts to hypnotise him; it is well, therefore, on every ground to act upon the warning given by Professor Beaunis: never to operate without the patient's formal consent, and in the presence of witnesses. The following cases were treated by hypnotic suggestion.

CASE 1.—INSOMNIA.

A.—T——, electrician, aged 35, had suffered from sleeplessness for three years, as the result of shock after a severe accident. He invariably awoke at 3 a.m., whatever time he went to bed, and was unable to sleep again. He was a man of exceptional mental activity, and want of sleep had induced much nervous depression and dyspepsia—Feb. 1st: He was hypnotised, and at once fell into a slightly lethargic state (Liebeault's first stage), and the suggestion was made that he would sleep well that night and would not awake at the usual time, but that even if he did awake he would be able to sleep again.—2nd: He awoke at 3 a.m., but almost at once went to sleep again. He was again hypnotised, and told to sleep steadily through the night.—3rd: He awoke about 4 o'clock in consequence of a noise in the street, but soon fell asleep again.—5th: He reported having had two good nights, and the suggestion was repeated. From this time he has remained a good sleeper, getting an average of eight hours' sleep every night, and his general health has greatly improved.

CASE 2.—CHRONIC DIARRHŒA.

General B——, aged 72, came under hypnotic treatment on April 3rd. He had previously been attended by me for chronic diarrhœa, but without much effect, and the malady was generally considered quite incurable. It dated from the time of the Crimean war, and since then he had never passed less than four motions a day, and these were always thin and watery. Any excitement or emotion aggravated the condition, and the day previously to my visit he had been moved twelve times. He is a man of exceedingly nervous type, but enjoys fairly good general health for his age. Hypnotism produced very much the same effect on him as on the preceding patient—a slight lethargy. In this state his abdomen was gently rubbed and the suggestion made that he should in future have but two motions a day, and that they should be properly formed. On April 4th the patient reported three motions during the

last twenty-four hours. He was again hypnotised, and the same suggestions were repeated. On the morning of April 5th he passed the first formed motion he had had for over twenty years, and from that time his bowels have continued to act regularly twice a day and the stools have been well formed and natural.

CASE 3.—PAROXYSMAL SNEEZING.

F.—H——, aged 38, lady's maid, suffered during the summer of 1888 from hay fever, and the fits of sneezing continued into the autumn, so that when I saw her on Oct. 4th she told me that every morning on awakening she was seized with a paroxysm, which lasted about an hour, during which time she sneezed about forty times, and discharged copiously from the eyes. In addition to this, for a few days she had suffered from pain after eating, flatulence, and constipation. She was hypnotised, and at once fell into a profound sleep (Liebeault's sixth stage). Her nose was rubbed, and the suggestion made that she should sneeze no more. The stomach was also rubbed, and the suggestions made for the regulation of the digestive functions. There was no need to repeat the operation, for the paroxysmal sneezing ceased forthwith, and the digestion became easy and painless. There has been no relapse.

CASE 4.—NOCTURNAL ENURESIS.

Alice C——, aged 19, a dress-maker, came under treatment on Jan. 15th. She was anæmic, highly nervous, and suffered from dysmenorrhœa. She had always been addicted to wetting the bed, and had never passed more than a few consecutive nights without doing so. The habit prevented her getting employment and had resisted all treatment. The week before seeing me she had come out of hospital, where she had spent a month without benefit. She fell into the third or cataleptic degree of hypnotism, and was told that the habit was to be cured, and that she was to awake at 2 a.m. and leave her bed to void urine.—Jan. 16th: The night had passed without accident. She awoke about 2 a.m., left the bed as directed, and then slept until called in

the morning. The treatment was repeated. On the 17th a similar report, but she had wet the bed on the night of the 18th. This was the last time that the habit had recurred, and she has since awoke spontaneously in the middle of the night and left the bed. The dysmenorrhœa at the same time has almost disappeared, and the general health and mental condition have improved.

CASE 5.—FUNCTIONAL DYSMENORRHEA.

A.—T—, aged 21, clerk, came under treatment on Oct. 10th, 1888. She suffered much from painful menstruation, and has done so since the function became established four years previously. The period was always delayed three or four days, and was scanty and light colored. It lasted about three days, and was attended with excessive backache, languor, and frontal headache. She suffered also from gastralgia, constipation, and flatulence. After treating her for sometime on general principles, she was hypnotised on March 15th, immediately after a period, and at once fell into a profound sleep (Liebeault's sixth stage). Suggestions directed to the painless performance of the digestive and menstrual functions were made and were repeated two or three times a week for four weeks. The following period appeared on the twenty-ninth day, and was attended by but little pain or inconvenience. She was told to return in three weeks, and suggestions were then made regarding the next period. This came on twenty-seven days after the last, and continued for four days. It was more abundant and healthy, and perfectly free from pain. Since that time she has continued regular, and there has been no dysmenorrhœa. The digestion soon became painless and natural, and the general health shows great improvement.

DEFECTIVE PRACTICAL TEACHING IN GERMANY.

A discussion has been raised of late concerning the want of practical medical knowledge on the part of German medical students, and a paper bearing on this

question appeared in the *Aerztl. Central Anzeiger* of Sept. 30th, last. The author avers that the Germans are far behind their neighbors in the practical instruction given in the medical schools. This defect he traces partly to the individual peculiarities of the nation, and yet more to the history of medicine within the last thirty or forty years in Germany. As long as medicine was an abstract science the methods of instruction differed little essentially from those required for other learned professions. But natural science now began to claim attention from the votaries of medicine; the dissecting room, the laboratories, and hospitals became the foci of interest; philosophical reasoning and speculation were abandoned for practical observation and experiment, and in Germany the two things did not advance *pari passu*. It followed, therefore, that a completely different mode of instruction was necessary. Formerly physiological, pathological, and pharmaceutical institutes did not exist, but in the present day there is no medical school in Germany without them. It is clear that the doctors of the future must not only be grounded in the principles and science of medicine, but they must have a practical knowledge of it. The instruction given in German schools is deficient in this latter element. Modern medicine is primarily a technical art. Diagnosis requires a multitude of technical manipulations which cannot be learned by mere book knowledge or by a process of reasoning. Three forms of instruction are necessary for the acquirement of this dexterity—first, the preparatory theoretical studies combined with corresponding lectures; secondly, demonstrative instruction, such as is demanded for clinics; and thirdly, practical experience under a fully qualified teacher. This last form of instruction is defective in Germany; many of the students who leave the medical school have never had a leech or a cupping glass in their hands. The medical profession stands alone in its requirements. Members of other professions can always have recourse to books in cases of necessity; but the medical man needs something more than book knowledge, and if he has not attained manual dexterity before his entrance on his pro-

profession, he feels very much at a loss. The author of the paper referred to proposes that the professors should devote a little less time to consultations, so that it would be possible for them to train the students in eight or nine sessions to act as junior medical officers in the hospitals. He also recommends at least one year's further study at a university, in order that the student may apply himself to hygiene, mental disease, medical jurisprudence, and the history of medicine.

ON THE TREATMENT OF PNEUMONIA BY THE ICE-BAG.

BY D. B. LEES, M.D., CANTAB., F.R.C.P.,

Formerly Scholar of Trinity College, Cambridge; Physician to and Lecturer on Medicine, at St. Mary's Hospital; Senior Assistant Physician to the Hospital for Sick Children.

Four years ago I published in the *British Medical Journal* (July 11th, 1885) an account of "Two Cases of Broncho-pneumonia Treated with Bleeding and Ice." I was much impressed with the good results that in each of these cases followed, and appeared to be due to the persistent application of an ice-bag to the chest-wall over the inflamed lung. Since that time I have taken such opportunities as have occurred to me of testing the use of the ice-bag in cases of pneumonia, and my impression of its value and of its great superiority to poultices and other warm applications has been so greatly strengthened, that two years ago I mentioned the matter to some of my friends who have large opportunities of clinical observation in hospitals and elsewhere, and asked them to give the ice-bag a fair trial. Several physicians have been good enough to comply with my request. If their opinion of this method of treatment prove to be as favorable as my own, practitioners of medicine generally may be encouraged to employ it, and by a sort of informal collective investigation it will then stand or fall. It can only be by the careful observation of a large number of individual cases that a satisfactory demonstration of its value can be obtained; for pneumonia is pre-eminently a disease in which it is

easy to arrive at false conclusions with regard to the effect of treatment. The remarkable "crisis" which usually marks the close of a pneumonia is a trap for the unwary therapist, and any remedy the employment of which has preceded this striking event is only too likely to be credited with having produced it. And the fact that the crisis may occur at any period of the disease, from the third day to the tenth, makes it specially difficult to be sure that an apparent cutting short of the pyrexial process may not be simply the natural course of its development. To this deceptiveness of clinical experience is no doubt largely due the remarkable variation in medical opinion about the proper treatment of pneumonia. And the difficulty of correct inference is greatly increased by the fact that a condition so alarming in its appearance when at its height nevertheless usually recovers completely when the patients are children or young adults, except under special circumstances. Too often has the natural course of the disease appeared to give proof of the efficacy of some particular line of treatment, and venesection, leeches, tartar emetic, aconite, veratrine, digitalis, quinine, and alcohol have each in turn had their enthusiastic advocates. In advocating the employment of the ice-bag in pneumonia I am desirous of bearing these fallacies in mind.

The use of cold applications to the chest in pneumonia was advocated twenty years ago by Niemeyer. He used, however, not the ice-bag, but cold compresses, which are certainly far inferior to the ice-bag, through their tendency to become warm, and the necessity they entail of frequent disturbance of the patient.

EXTRACT FROM AN ADDRESS ON A NEW ANTISEPTIC DRESSING.

Delivered before the Medical Society of London, Nov. 4th, 1889, by Sir Joseph Lister, Bart. F.R.S., Professor of Clinical Surgery in King's College.

Now came to our aid our experience with the iodide of mercury and the starch. Might it be that the particles of the double cyanide would attract starch as those of the iodide had done? It did

not seem very likely, seeing that cyanogen is not known to have the special affinity for starch that iodine has. Still, I thought I would try the experiment. I prepared the double cyanide by mixing a solution of the double cyanide of mercury and potassium with a solution of sulphate of zinc. I tried this with one of the ingredients dissolved in a starchy solution, and, to my great satisfaction, I found that the precipitated double cyanide left a supernatant liquor almost absolutely free from starch, and that the particles which thus fell, the double cyanide with the starch associated, fixed themselves to a gauze in such a way that it did not in the least dust when dry. Not only so, but immediately after being charged with the precipitate diffused in water it might be washed in the wet state without the double cyanide being washed out of it, so closely did the starchy particles stick the double cyanide to the fabric. It is of great importance that in some way or other the double cyanide should be washed, because at the same time that an insoluble double cyanide is formed there are produced other double cyanides which are soluble, and which are in the highest degree irritating; they must be washed out.

Well, I thought I had thus attained my object, and that by mixing starch with one of the two solutions necessary for forming this double cyanide and allowing the precipitate to deposit itself, then pouring in more water, and, after precipitation, decanting and repeating the process another time, so as to get rid of all the irritating soluble salts, and then diffusing the precipitate through a gauze, I should have all that I desired. But when I tried to get this done by a manufacturer I found that I got blundering after blundering in such a way as to make the thing practically hopeless. There was nothing for it but in some way or other to get the double cyanide from the chemist as a definite article, and then in some way devise a means of fixing that powder of the double cyanide to the fabric. I therefore naturally tried whether a solution of starch would answer this purpose, whether the starchy particles would associate themselves with the double cyanide particles, not only in the nascent

state, which we had before tried, but also when the already formed double cyanide was mixed with the starchy solution. I found that it did so; that when a starchy solution was stirred up with the double cyanide in the proportion of one part of starch to two of cyanide, the starch was almost all precipitated, and the precipitate so formed adhered to the gauze in the most satisfactory manner.

But, though its adhesion was satisfactory enough, it turned out that the precipitate thus formed aggregated into a tenacious mass, which could not be diffused uniformly through the gauze, and here I was again at fault. This difficulty was overcome by first charging the gauze with the double cyanide powder diffused in water, and then transferring it to a starchy bath. This at once fixed the cyanide in the gauze; and, whereas, before it was placed in the starchy bath, the slightest squeeze made a milky fluid exude, no sooner had it been well penetrated by the starchy liquid than you might squeeze it as you pleased, and nothing came out but a clear fluid. I was much pleased with this, and it is in this way that I have prepared the gauze that I have used for the last twelve months, both in the hospital and in private practice. Still, this method had its disadvantages. When the gauze had been passed through the fluid in which the double cyanide had been diffused without any starch, it required very tender handling. If you gave it a squeeze, out came a quantity of double cyanide; and it was plain that, although one might do it oneself satisfactorily, if we trusted to the manufacturers there would be an utter uncertainty as to what quantity of material might ultimately remain in the gauze.

Only lately has this difficulty been surmounted. It occurred to me that perhaps if the starch were first blended with the double cyanide and then dried and reduced to a powder, if water were afterwards added to this dried dissolved starch associated with the cyanide, there might not be the same tendency to lumpiness and difficulty of diffusion. I found that the process did not answer quite as I hoped in the first instance, in this respect; that the dried starch and

double cyanide were extremely difficult to scrape off from any plate on which they were put to dry, and also very difficult to pound up and to diffuse for charging the gauze. But I got rid of these inconveniences by means of sulphate of potash, used for the same reason as in the preparation of Dover's powder—viz, that it is an inert substance, but with sharp, gritty particles. Mixing a pretty strong solution of starch with the double cyanide powder, and adding to this a quantity of pounded sulphate of potash, the result is that you get a material which, after drying, is easily scraped off by the manufacturer, and easily reduced by him to an impalpable powder, which is then readily diffused in water, and makes a perfectly uniform gauze, being mixed in large quantity with water in order to charge the gauze, the sulphate of potash is practically got rid of, and if any of it remains it does no harm, because it is inert. Thus we have the means of easily charging fabrics with this double cyanide.

I have spoken of diffusing this preparation in water, but in reality we employ for this purpose the 1 to 4000 solution of bichloride of mercury, which fortunately does not in any way interfere with the process. I may remark that the double cyanide, like the simple cyanide of mercury, though very efficient as an inhibitor, cannot be trusted as a germicide. There are different ways in which absorbent gauze such as this may be charged. One is to pass it folded in about sixteen layers through a trough, such as the one before me, which I have myself used, having a bar near the bottom to ensure the gauze being kept well under the liquid. It is then, as soon as you please, squeezed to press out superfluous liquid, and then, if wanted for immediate use, a simple way is to place the masses of gauze—say, six-yard pieces—in a folded sheet, turn the folded sheet over them, and roll it up. The folded sheet then absorbs the still redundant liquid, and you have moist gauze ready for use in five minutes. For the use of the ordinary surgeon it will probably be best to have the gauze dried, on the understanding that it is again moistened with 1 to 4000 sublimate solution before being used. Here is a sample

of the gauze in the dry state, which, you see, does not give off dust even when freely handled.

Other articles may be charged as well as gauze with this substance. The double cyanide being perfectly unirritating in its own substance, there is no objection to having an excess of it. If you take, therefore, some of the preparation and stir it up with 1 to 4000 sublimate lotion, so as to produce an opaque liquid, and put linen rags into it, and then place them in a folded towel to take out the excess of liquid, you have your dressing ready prepared then and there. It can thus be very easily worked on an emergency.

We have seen that the double cyanide requires about 3000 parts of blood serum to dissolve it. If, therefore, it is present in a gauze in the proportion of about 3 per cent., you will easily understand that blood serum may soak through such a gauze time after time without washing the ingredients all out; so that it is a material which is admirably stored up in the dressing. That is one of its three great advantages, the others being that, while trustworthy as an antiseptic, it is completely unirritating. In actual practice the few layers placed next to the wound are washed in a solution of carbolic acid 1 to 20; this washes out the corrosive sublimate, which, though present in small amount, might irritate the wound to some extent. The carbolic acid soon flies off, and there is left in the application next the wound merely the unirritating double cyanide, and under this we find that not only do wounds, the edges of which are brought accurately together, unite beautifully by first intention, but even granulating sores heal by the gradual process of cicatrization from the edges—heal by scabbing in a way that we have never seen so satisfactory under any other dressing.

LIME WATER IN DIABETES.—Lime water taken at intervals during the day, lessens the excretion of sugar in the urine. Dr. Clemens, of Frankford, says it diminishes the tendency to coma, and is generally useful in diabetes mellitus. He recommends its employment in conjunction with bromide of arsenic and electricity.

THE NORTHERN LANCET.

OUR next issue will date another year as well as the commencement of the closing decade of the nineteenth century, and while wishing our readers the kindly courtesies of this season we express the hope that all will be spared to see the dawning of the era 2000. During the past year, no striking event in our profession has occurred. Its followers have pursued the even tenor of their ways, in their unceasing round of usefulness. Our art ever improving, our scientific researches being ever added to, and the grains of knowledge, husbanded and garnered for the benefit of mankind. Probably the most startling announcement to the profession was that of Dr. Brown Sequard, whose scientific eminence calls for the most respectful reception of anything which he may propound. He claimed nothing for the so-called elixir, except thorough test at the hands of the profession. If all advanced ideas incomprehensible to ordinary minds were allowed to be ridiculed and put away as the outcome of a senile and visionary mind, impossible, and impracticable, in fact rubbish, as some papers in this instance had the temerity to assert, the scientific world would occupy a very different position to-day. Dr. Sequard gave the idea, its value to be decided by practical experience. Brain surgery has made bold and rapid advances. The surgeon of to-day manipulates this organ, with the same confidence with which our forefathers treated the gluteal muscles, and affections hitherto considered beyond professional skill are now proved to be amenable. The treatment of locomotor ataxy by suspension is gaining converts, by its success in the hands of London and other surgeons. Ether versus chloroform as an anæsthetic would appear to be increasing in

favor. The appendages in women do not seem to be regarded quite so much as incumbrances as the rising gynæcologists were disposed to imagine and treat them, and while their removal is frequently practised for the cure of some affections, it is generally as a "dernier resort." The chemists have busily produced new preparations and new compounds, few of them however, justify the merits with which they were heralded to the profession, we first hear of the universality of a new nostrum therapeutic action, then of its limited agency, and finally of its ill effects, especially in unskilled hands. We recall to mind the significant remark of a well-known Dublin professor, who had a great aversion to new drugs and who in one of his lectures said: Gentlemen, you may take all their new fangled preparations, give me calomel, tartar emetic, ammonia, and opium, and I with them will produce all the effects I require, in a shorter time and more effectually than you can do with the remainder of the *Materia Medica*. While not entirely agreeing with this; experience has proved how much of truth these words contained. There can be no doubt that the competition of manufacturing chemists has flooded the market with a vast deal of trash. The seductive forms in which preparations are got up is not unfrequently at the expense of their efficiency, and we cannot help regarding the compressed tablets, concentrated essences and homœopathic granules as a poor substitute for the fresh infusion and tincture which the sprouting physician is too often taught to regard as old fogey practice. The Canada Medical Association passed through our city and held its meeting at Banff, which place will no doubt benefit by the visit as both from its geographical position, natural mineral waters, and, unrivalled surroundings, it is the very beau idéal of a health resort

Surprise was expressed that the association should select a medical man unknown except in the village he practices as their Provincial representative, such a selection is not calculated to add to their ranks in the Northwest. Our college of Physicians and Surgeons still fills its useless position. Quacks, empirics, cheap jacks and nostrum vendors increasingly, invade the province and the eminent President and his satellites benignantly look on, and in friendly colloquy with their legal adviser decide that the time is not opportune to interfere with them. Meanwhile each session adds some amendment to the original Medical Act, which not a few would gladly see tinkered out of existence, and the powers vested in the university which grants the degree under which Manitoba licentiates are entitled to practice, and the present fifth wheel ycelpt a college be decorously buried. The lunacy laws as at present administered call for the serious consideration of the profession, it requires but firm and unanimous action on their part to place them on a just footing.

WINNIPEG GENERAL HOSPITAL.

We rejoiced to hear that the Medical Staff of this Institution had come to an arrangement among themselves purely of a professional character, as to the division of their duties, and the beds, into surgical and medical, under their respective professional attendants, thus following the rule of every well regulated hospital in the world, and adding inestimably to the value of this Institution. But while the present issue was going through the press a rumor has reached us that the Governors of the Hospital have entirely ignored the action of the professional staff. There is not time to make enquiry into the matter. We can hardly believe

it possible that such a gross insult should be offered to these gentlemen—one without precedent in hospital management—but the position will be fully considered in our January number.

LIBRARY TABLE.

“The Cure of Crooked and otherwise Deformed Noses.” By John B. Roberts, M. D., Professor of Anatomy and Surgery, Philadelphia Polyclinic, Surgeon to St. Agnes’ Hospital.

“Blackiston’s Medical Diary for 25 Patients for 1890.”

Vol. II Students Aid Series, Therapeutics and Materia Medica” By C. E. Armand Semple, and J. Milner Fothergill, M.D.; New York, G. P. Putnam’s Sons. This volume is intended as a companion to aids to chemistry. This compact work will be of much value to the student and as a handy book of reference on the subjects of which it treats is well worthy of a place in all medical libraries.

“Quiz Compounds No. 4.” A compound of human physiology adapted for the use of medical students, by Hebert P. Brubaker, M.D.; fifth edition, revised and enlarged, with new illustrations and a table of physiological contents. Philadelphia, P. Blakiston, Son & Co.

MISCELLANEOUS.

NEWSPAPER REGULATIONS.

1. Any person who takes a paper regularly from the post office, whether he has subscribed or not, is responsible for the payment.
2. If a person orders his paper discontinued he must pay all arrears, or the publishers may continue to send it until payment is made, and then collect the whole amount, whether the paper is taken from the office or not.
3. In suits for subscriptions, the suit may be instituted where the paper is published.
4. The Courts have decided that refusing to take newspapers or periodicals from

the post office, or removing or leaving them uncalled for, while unpaid for, is prima facie evidence of intentional fraud.

"SULFOXAL" is recommended for night sweats by Dr. Boethrick, a dose of 0.5 gms. (gr. vijss) being usually sufficient, and its effect being noticed during the second night in less profuse perspiration.

STERILISED LINT.—M. Regnier renders lint sterile by heating it to a temperature of 120° C. (248° F.) M. Regnier has tested the antiseptic value of lint thus prepared in dressings applied after operations of various kinds with good results. At the recent Surgical Congress he stated that he considered sterilised lint equal to antiseptic dressings.

TRANSMISSION OF DISEASE BY BRUSHES AND DENTAL INSTRUMENTS.—A discussion recently took place at the Conseil d'Hygiene concerning the transmission of certain diseases by hairdressers and dentists, the brushes and instruments being used in common for all their clients. M. Lancereaux wished to have stringent measures enforced, and cited a case of phthisis which Dr. Cochrane, an American dentist, alleged was transmitted by a dentist's instrument; M. Dujardin-Beaumetz and others declared that there were great difficulties in the way, but recommended great care in schools and public institutions.

THE PERILS OF THE TELEPHONE.—At a recent meeting of the Societe de Biologie Dr. Gelle read a note on the ill effects of audition by the telephone. He stated that he had on many occasions observed them. The first was that of a man of great intelligence, occupying a position which obliged him to listen sometimes almost incessantly to telephonic communications. The result was a state of nervous excitement, and hyperesthesia of the hearing and of the ear itself to such a degree that the sounds caused vertigo and ringing in the ears, and led to the persistence of alarming vertiginous sensations. Complete rest was sufficient to remove these troubles. In another case a young employee in a large establishment, who had to attend to telephonic messages, felt her ear becoming rapidly

weak, and it was soon the seat of noise and of a remarkable hyperesthesia, and at the same time the hearing became painful. In this case also perfect rest and the cessation of her work almost completely cured her of these symptoms.

The Committee of Management of the Royal Colleges of Physicians and Surgeons of England have recommended an extension of the period of professional study to five years for candidates for qualification by the Conjoint Examining Board in England, and their recommendation has been accepted by the Council of the Royal College of Surgeons; whilst the Fellows of the Royal College of Physicians have referred the matter to the Council for further consideration.

COOLING OF THE BODY BY SPRAY.—Dr. S. Placzek, following up some laboratory experiments by Preyer and Flashaar, on the effect of spraying a considerable part of the body surface of animals with cold water, has applied the spray for the purpose of reducing febrile temperatures in human beings. In the case of a man suffering from phthisis, whose temperature was high, he found that by spraying about a pint of water at between 60° and 70° F. over his body the temperature fell to normal, and continued for so for several hours. Again, a similar method was satisfactorily applied in the case of a girl with diphtheria. In the healthy human subject the spray lowered the temperature nearly 2°, and in animals which had been put into a condition of septic pyrexia by injections of bacteria the temperature was reduced to normal by the spray. By keeping healthy guinea-pigs and rabbits some hours under spray and using from half a pint to a pint of water at the temperature of the room—44° to 62°—the temperature of the animals fell several degrees.

THE TREATMENT OF GONORRHEA.—In the *Medical Record* Dr. E. P. Rice summarizes as follows his method of treating gonorrhoea: The patient should be placed in a recumbent position, and, after lubricating an ordinary soft rubber catheter with five per cent. carbonized oil, introduce it as far as the prostatic portion of

the urethra. In acute cases it may be necessary to inject a little five per cent. solution of muriate of cocaine, if pain is produced. Now insert into the free end of the catheter an ordinary glass syringe, having a nozzle with an opening sufficiently large to allow the liquid to pass through easily, which will be about the consistence of an ordinary emulsion, and should be made as follows :

R. Acid. boric ʒ iij ;
Glycerini ʒ j.

Mix; and rub well together, and shake well before using.

Pour about two drachms of this mixture into the syringe, having previously withdrawn the plunger. Now gently insert the plunger, and force the liquid into the catheter, which is held in place with the thumb and fore-finger of the left hand; the forefinger of the right hand should be used to force in the plunger. After all the liquid has passed out, gently withdraw the catheter, stripping it at the same time in order to force all the liquid into the urethra. Let the patient remain in the recumbent position for ten minutes longer, the whole operation lasting generally about fifteen or twenty minutes. This treatment should be repeated every day, for the first two or three days, and then on each alternate day. As a rule, in acute attacks, five or six treatments will suffice. In long standing cases the same treatment should be used, alternating with some mild astringent injection used.

UTERINE TUBERCULOSIS.—An interesting case of primary tubercular disease of the Fallopian tubes has occurred in Professor Lebedeff's wards. The patient, who was the widow of a man who had died of phthisis, was of a cachectic appearance and suffered from amenorrhœa. On examination, a firm, nodulated, intra-abdominal tumour was made out, situate in the space of Douglas. An attempt was made to remove the tumour, but had to be given up as disseminated miliary tubercle was found affecting the peritoneum. The intestines and the uterine appendages too were all matted together. Six weeks after the attempted operation the patient died with symptoms of general tuberculosis. At the post-mortem ex-

amination miliary tuberculosis was found affecting the peritoneum, the lungs, the pleuræ, the colon, and the mucous membrane of the uterus. Both the Fallopian tubes were dilated and filled with pus, the epithelium in parts being absent. The intensity of the destructive process was greatest in the tubes, and became less marked toward the periphery. In sections, tubercle bacilli were found; there was no tuberculosis, however, in the ovaries, and only the mucous membrane of the uterus was affected.

DR. GEORGE M. STERNBERG says that in yellow fever the urine and the vomited matters are highly acid. The intestinal contents also have an acid reaction. He therefore proposes an alkaline treatment, and gives the following formula:—

R. Sodii bicarb 150 grs.
Hydr. chlorid. corrosiv . . . 3-10 gr.
Aquæ puræ 1 quart.

The patient to take about one and three-quarters ounces every hour, ice-cold.

The horse physician at the Garcini Hospital has sent (*Medical Record*) a report of twelve cases treated by the alkaline and bichloride method, and it appears that all of them recovered.

In the treatment of mental diseases, the *American Journal of Medical Sciences* refers as follows to the use of hypnotics, sedatives, and motor depressants :

"Paraldehyde is the purest and least harmful hypnotic yet introduced, when insomnia is marked and intractable. Urethran and sulphonal cannot compare with it. Opium and chloral have special dangers and disadvantages. A combination of cannabis indica and the bromides is the best and least harmful of the general sedatives; and hyoscin is the best pure motor depressant, but it needs great care."

ANTIFEBRIN IN TONSILLITIS.—Dr. Sahli has found, both from personal experience and from numerous observations on patients, that moderate doses of antifebrin will almost invariably give great ease in cases of acute tonsillitis, thus allaying the distress of the patient and enabling him to swallow food, stimulants or medicine. The dose he employs is seven and a half

grains, which he usually orders in a mixture with spirit and syrup, which must be shaken up before being taken. This is sufficiently agreeable to be taken readily even by children. Dr. Sahli mentions that he has found great benefit from this treatment in scarlatinal sore-throat.

A NEW OPERATION.—On July 13th last Dr. Terrier performed an operation which had not been before attempted in France. He established a permanent fistula between the gall bladder and the duodenum in a woman whose ductus communis choledochus was obliterated, and who, being affected with extreme jaundice, presented very grave symptoms. Dr. Terrier had lately seen the patient since the operation. The jaundice had disappeared, the bile passed into the intestine, and the health was excellent.

LOTION FOR THE SKIN.—A correspondent of the *Medical World* writes:—

"While a student at Old Jefferson, I learned to use a lotion which has the curious property of preserving the skin from the effects of cold, preventing chaps, and rendering the hands soft, white, and smooth. One need not wear gloves in winter if this be used constantly:—

"R. Ol. rosæ.....	gtt. xv.
Glycerinæ.....	ʒ i.
Sp. myrciæ.....	fl ʒ iiij.
Ol. cajuputi.....	gtt. xx.

"M. S.—To be used on the hands every night before going to bed; and in cold weather to be applied before going out into the open air, the hands being first washed and dried."

DANGERS OF CELLULOID ARTIFICIAL EYES. Dr. Meurer, of the Lyons Ophthalmic Clinic, has published a paper warning medical men against the practice of ordering their patients who may require artificial eyes to get those made of celluloid. Such eyes are cheap, it is true, and have a good appearance. At first, too, they seem to suit very well, but after three or four months they appear to undergo some chemical change and set up a serious amount of irritation. He has repeatedly seen this inflammation disappear on the removal of the celluloid eye by means of simple antiseptic treatment; reapparing,

however, as soon as the old eye was put in again, but remaining absent if a glass eye was substituted.

HYDROCEPHALUS.—Dr. Rodionoff mentions in the *Méditsinskoe Obozrenie* a somewhat remarkable case of recovery from chronic hydrocephalus in a child of eleven months old. The mother took good care of it until it was two years old, and then left it to itself. It was thus exposed to a hot sun for many weeks, and, strange to say, a year later the size of the head had diminished, and the child was able to creep about. When it was four years old the hydrocephalus had disappeared, and the child was able to talk. Dr. Rodionoff seems disposed to refer the cure to the action of the sun's rays.

BILLROTH ON THE DANGERS OF CARBOLIC ACID.—The following letter of Dr. Th. Billroth, of Vienna, has been published: "I have lately seen four cases, in which fingers which had suffered a most insignificant injury became gangrenous through the uncalled for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly; we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning, and so may even prove fatal. It is useful only in the hands of a skilful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."

For the relief of sick stomach of pregnancy, Dr. S. B. Kirkpatrick (*Cour. Record Tex.*) has found glycerine tampons, applied to the cervix and os uteri, almost a specific as soon as a copious watery discharge per vaginam, is established. A pledget of cotton, to which a string is tied for its removal, is saturated with glycerine and passed up in contact with the uterine surfaces, and allowed to remain several hours. This can be renewed from day to day, as the sickness returns, and, if desirable, the patient can learn to place it herself.

YELLOW OXIDE OF MERCURY SUBCUTANEOUSLY ADMINISTERED.—Dr. Chernoguboff has made a number of observations in the Miasnitski Hospital, in Moscow, in regard to the subcutaneous injections of the yellow oxide of mercury in connection with the treatment of syphilis, and has come to the following conclusions: Two-grain doses cause a quicker disappearance of all symptoms than smaller doses, reducing in 92 per cent. of cases the necessity for professional visits to one or two. In fresh cases an interval of ten or eleven days between the injections is sufficient to prevent salivation, but old cases require a longer interval. The injection should be made into the cellular tissue, and not into the muscles, to avoid the great pain in the case of the latter, and the frequent occurrence of abscesses. The treatment is said to cut short all symptoms, both when the disease is progressing and when it is on the decline; new spots, especially on the mucous membrane, are very rare. In tertiary syphilis, according to Dr. Chernoguboff, early gummata, and those which are breaking down, quickly disappear under the treatment; but in impetigo and rupia, iodide of potassium is often required in addition. Local applications do not usually accelerate a cure, except in sore throat with papular infiltration of the tonsils, which requires heroic treatment. Relapse occurs as in other methods after two or four months. Men and women equally bear well large doses; children from twelve to fourteen years require one grain only. The treatment is contraindicated in severe anæmia which has not been caused by the specific disease, in general exhaustion, undoubted alcoholism, chronic inflammation of parenchymatous organs, and in extensive dental caries; pregnancy is not a contraindication, Mercury is found in the urine in from four to eight hours after the injection.

WARM BATHS IN TYPHOID FEVER.

Dr. Anuschat advocates, in a communication to the *Deutsche Medicinal Zeitung*, the employment of warm baths in typhoid

fever in place of the cold water, to which the patients often evince such a great objection that they refuse to re-enter the bath. He disputes Brand's doctrine that the good effect of the cold bath is due solely to the low temperature, as in that case it would be equally advisable in all acute fevers. Dr. Anuschat believes the beneficial effect to be due to the water rather than to its temperature, and his view is confirmed by the results of 150 cases which he has treated with the warm bath. He administers three baths daily, from fifteen to twenty-five minutes each, at 95° F. if the temperature of the body is between 100.4° and 102.2°, at 93° if the body temperature is 101.2°, to 104°, and at 90.5° only if the temperature of the body is higher than 104°. In most cases a perceptible improvement takes place in three days, with decrease of fever, but the good effect of the warm-bath treatment is most plainly seen in the almost entire absence of secondary symptoms and the much shorter duration of the illness. Of 150 patients, 145 were less than four weeks confined to bed, and most of them less than twenty-one days. When the temperature of the body falls below 99.5° the bath is administered less frequently. The treatment—medicinal, dietetic, and stimulant—recommended is much the same as that generally prescribed.

ANOTHER BOGUS DIPLOMA MILL IN THE UNITED STATES.

The *Chicago Times* reports that a great sensation has been produced in Portsmouth, New Hampshire, by the discovery of another actively maintained bogus College of Medicine, similar in management to and larger in extent than the one fully exposed a few years ago. It is stated that any person having the necessary money could have a diploma in medicine and surgery from various institutions named which exist only on paper. The discovery of the fraud has been made by Dr. D. S. Adams, Chairman of the State Board of Censors. The whole subject is now under investigation by the authorities of the State.

AN INTERESTING OPERATION.

A unique medical phenomenon, a native wing-membrane, which Professor Julius Wolff, of Berlin, has observed in a girl of nine. Between the thigh and the lower part of the child's left leg extends a peculiar formation, such as is found only between the upper and fore arms of the wings of birds, and which Professor Wolff therefore calls "wing-membrane." Three of the fingers of the child's right hand are webbed together, and her right leg terminates in a club-foot of the most pronounced character. The "wing-membrane," which is eighteen centimetres long and two centimetres thick, and covered all over by normal skin, is a smooth continuation of the soft parts, and the knee-joint could never be stretched, but only bent to a right angle, so that the girl could only move about on her knees. Professor Wolff resolved to make it possible for her to walk erect by removing the club-foot and cutting the wing-membrane through. The first of these two operations succeeded easily, with the help of water-glass bandages; but the second proved very difficult, and had not the desired effect. A year elapsed before the wound was healed and the possibility of stretching the knee-joint completely attained. The little girl is now able to walk erect without stick or crutch, and to go to school. Her gait is, of course, awkward, for the left leg is about twelve centimetres shorter than the right one. Professor Wolff's success is regarded as a decided triumph of surgical skill.

PYOSALPINX AND LAPAROTOMY

In some clinical remarks recently published by Dr. Richelot in *La Semaine Medicale* (and commented on by M. Verchere in *La France Medicale*, No. 124), the indications and contraindications for laparotomy in pyosalpingitis are pointed out. These, he says, largely depend on the duration of the disease. A simple acute or subacute salpingitis may get well spontaneously or by simple means; whilst it is as much an abuse to remove an ovary simply because it is inflamed as it would be to castrate for orchitis. In his

cases an interval of two years from the onset of symptoms is, *ceteris paribus*, allowed to elapse before removing organs which by that time would have become useless. Severity and constancy of pain, especially in laboring women, would perhaps justify interference. Of course, wherever, the presence of pus can be found, surgical interference is called for, to obviate pelvic peritonitis and worse evils. The advice of some surgeons to wait for the spontaneous opening of the abscess is deprecated, and so is the proposition (in imitation of the usual course followed by nature in spontaneous cures) to operate through the vagina rather than directly through the peritoneum.

IODOFORM GAUZE IN POST-PARTUM HÆMORRHAGE.

Dr. O. Piering, assistant in Professor Schauta's obstetric clinic in Prague, has published his experience in the employment of Dührssen's plan of plugging the uterus with iodoform gauze for post-partum hæmorrhage due to an atonic condition of the organ. Dührssen recommends that when post-partum hæmorrhage comes on, the bladder should be emptied, and forcible friction and intra-uterine irrigation of hot or cold water, along with ergotinin hypodermic injections employed; that if the hæmorrhage still continues, the cavity of the uterus should be filled with iodoform gauze, the irritation produced by this setting up active and permanent contraction. The method has, according to Dührssen, the advantages of great certainty, complete harmlessness, and facility in its performance. Olshausen, Veit, and Tehling, however, say that the contraction set up is not always permanent, and that the method is not so free from danger as Dührssen believes. In consequence of these conflicting views, Dr. Piering resolved to give the method a trial, and he details several cases in which he employed it with complete success. In no case was any harm done by it. He advises that resort to the plug should not be too long delayed, and he prophesies an important future for the plug of iodoform gauze in post-partum hæmorrhage.

THE MEDICAL STUDENTS' DINNER.

The seventh annual dinner of the Manitoba Medical Students' Association took place on the evening of the 19th, at the Clarendon. A large gathering assembled around the festive board, consisting of the past and present students of the college, to the number of fifty, the various professors, and several guests. After doing ample justice to the recherche and varied menu provided by "Mine Host Bennett," gastronomic exertions being stimulated by the melodious strains of a string band, the toast list was attacked, the president of the Society, Mr. Todd, and Vice-President Westbrook, who gracefully performed their several duties, proposing them. The various professors in their replies fondly patted themselves, and the students still further laid it on, so that these august individuals were in a perfect condition of beatitude during the evening, their Santorini muscles folded into permanent graceful curves. There can be no question that the gentlemen who founded the Medical School and have diligently worked it up to the perfection which it has already attained to, have every right to feel proud of their success, which was practically demonstrated at this gathering, by the number and unusually intelligent appearance of those whom they have taught and are teaching. It is to be earnestly hoped that the great and gratifying success which has attended their endeavors in the past will stimulate them to increased exertions in the future. The crude machinery which was only attainable at the initiation of the school is now by no means sufficient for its rapidly extending work—regard must be had for the position the graduates of Manitoba College take alongside those of older colleges, and this will be largely determined by the machinery of education which is provided for them. Their own merits, though superlative they may be, will count for little, if the Institution from which they graduate is not in accord in its system of teaching with the spirit of the age, and that reciprocity which they might, under other circumstances, reasonably ask for, will be unattainable. We believe, however, that the Faculty have grasped this

fact, and that their desire is to render as perfect as possible the educational advantages obtainable in the Medical School established in Winnipeg. If the material continues to be as plastic and adaptable for the creation of medical practitioners as the great bulk of that which has hitherto passed through their hands, the medical graduates of Manitoba will become known in the world of science.

THE DOCTOR.

[Sympathetically dedicated to the medical fraternity
convalescent.]

Who works from morn till set of sun,
Is a'day long upon a run,
And yet whose work is never done?

The Doctor.

Who, when at last he seeks repose,
And falls into a gentle dose,
And makes sweet music through his nose?

The Doctor.

Who's roused up in the dead of night,
By some one in a dreadful fright,
Who's sure she's going to die outright?

The Doctor.

Who, when the days are scorching hot,
Can seek no cool, sequestered spot,
Because he must be on the trot?

The Doctor.

Who must an even temper keep,
And hide his thoughts and feelings deep,
To cheer up those who wail and weep?

The Doctor.

Who has to hear of countless ills,
And deal out multitudes of pills
To those who never pay their bills?

The Doctor.

Who must be always very wise,
Ready to give profound replies,
Whatever question may arise?

The Doctor.

Who, when the mercury is low,
Long, weary miles must often go
Through cutting winds and blinding snow?

The Doctor.

Who must not show that it's a bore
To hear each family history o'er
Five generations back or more?

The Doctor.

Who takes our aches and pains away,
And gives us courage day by day,
To cheer us on our healthward way?

The Doctor.

Who should be placed among the saints,
Whom history with us acquaints,
For patient listening to complaints?

The Doctor.

MINNIE MAY CURTIS, in *Inter-Ocean*.

Whose bill should be most promptly paid,
By those whose death has been delayed,
By his most friendly, skilful aid?

The Doctor's

—The Medical World.