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# The Canada Medical Record

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## Original Communications.

### NOTE ON SHORTNESS OF THE UMBILICAL CORD AS A CAUSE OF DYSTOCIA.

By A. LAPHORN SMITH, Lecturer on Gynecology, Bishops College.

The following remarks have been suggested to me by my having noticed at two labors occurring on the same day, a very long and a very short cord, which I now show you. The longer one measured when fresh just fifty inches, while the shorter one measured less than twelve. The only trouble which the short cord case gave me was that the placenta was retained for half an hour, which I attribute to the fact that whenever the cord is pulled upon either by the accoucher or by such an accident as its being too short, irregular contractions are set up in the middle or lower segments of the uterus, thereby causing more or less a condition known as hour-glass contractions. The labor, the patient's third one, was remarkably rapid, occupying in all only two or three hours, and was terminated naturally with the exception that I introduced my hand within the os in order to remove the placenta. The long cord, strange to say, caused more trouble, for after leaving the head on the perineum for several hours, the patient being a primipara, I applied

the forceps and as soon as the head was delivered I felt for a possible turn of the cord around the child's neck and found one. While undoing this, by slipping it over the child's head, I found that there were two other turns which I also unwound. By this time the child was quite black and the cord was pulseless. I practised artificial respiration for nearly half an hour before it breathed well.

Both of these conditions are recognized as offering considerable danger to both mother and child. Shortness of the cord, either absolute or owing to its being wound around the child's neck, may retard labor while the head is at the superior strait, while it is in the cavity of the basin or while it is passing the inferior strait. And even after the head has passed, according to Cazeaux, it may arrest the progress of the shoulders. The latter author cites a case of his own in which delivery was terminated two hours after the expulsion of the head only after section of the cord had been resorted to, the fetus being dead. Dalmotte relates a similar observation.

Labor will generally terminate itself spontaneously, however, in one of three ways: Either the uterus will be forced down by the expulsive efforts of the mother, so as to bring the placenta near enough to the vulva to allow the delivery

of the child; or the cord may be ruptured; or the placenta may be torn off. In a case observed by Malgouyre the latter accident happened and the placenta was expelled simultaneously with the foetus. In a case reported by Rigby the cord was ruptured two inches from the navel. In a case occurring in the practice of a *confreere* in the country in which labor had been going on furiously for several hours without any progress, and in which he intervened with the forceps, the cord was so short that on the extraction of the child he was horrified to see it followed outside of the body by the placenta with the inverted uterus adherent. In spite of every effort and precaution he was unable to replace it, and the patient died.

In my opinion most, if not all, cases of inversion are due to tractions on the cord either owing to its being too short, or to its being wound around the child's neck, or to the tractions of the too hasty accoucheur. I cannot admit that inversion can take place from any kind of normal or abnormal uterine contractions. Not only does shortness of the cord, either absolute or by being wound around the child's neck, increase the pains of the mother and retard the delivery of the foetus, besides contributing largely towards producing inversion, but it is very hazardous for the child. According to Mayer out of 3,587 confinements the cord was wound around the child's neck in 685 cases. Of these 121 were born asphyxiated. Of these latter 72 were restored by appropriate measures while 42 died.

Although the two cords I have shown you are respectively much longer and shorter than the average, they are by no means the longest or shortest on record. Baudeloque has reported a case in which the cord measured nearly 59 inches in length and which was wound around the child's neck seven times. While Schneider relates a case in which the cord measured 118 inches and was wound six times round

the child's neck. The shortest recorded was less than 4 inches long.

My object in presenting this brief note is to call attention to the possibility of these conditions occurring, so that the practitioner may be on the look-out for them and so govern himself accordingly.

### THE FRITZ BOZEMAN RETURN FLOW CATHETER.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

This valuable instrument is the joint production of one of the oldest and most practical gynecologists of America, Dr. Nathan Bozeman, and Professor Fritz, one of the leading teachers of gynecology in Germany. I purchased two of these instruments in Berlin, in May, two years ago, and have had them in almost constant use ever since. I have found them so useful that I could hardly do without them, and I fear that I have been guilty of culpable negligence in not having brought the instrument to the notice of the Canadian profession sooner, although I have been teaching its use to my gynecology class for the last two years.

I shall only have to task your patience for a few minutes in order to point out its advantages and uses.

First of all it is a return flow catheter. The importance of having such an instrument for irrigating the uterus after any and every manipulation performed on any part of the uterine cavity or cervical canal cannot be overestimated. At Venit's Clinic in Berlin I was surprised to see the senior students entrusted with the serious operation of dilating and curetting the uterus. But the secret of the perfect immunity from danger was the absolute antisepsis which they were able to obtain without running



any risk of the antiseptic fluids finding their way into the peritoneal cavity, by means of this return flow catheter.

The danger of forcing fluids into the fallopian tubes is no imaginary one. Even when the os is apparently patulous, the contact of almost any fluid, but more especially if it is an irritating one like tincture of iodine or tincture of iron, immediately sets up spasmodic contractions of the cavity with firm closure of the internal os. As I pointed out some years ago, in a letter from Liverpool, in THE CANADA MEDICAL RECORD, the uterine openings of the Fallopian tubes are frequently very dilated in just those conditions which would call for intra-uterine injections. Owing to the construction of this instrument, you perceive that it would be impossible for any condition of the uterus or os to prevent the free outflow of the injected liquid. You will also observe that the current of liquid coming in by the inner tube impinges against an angular piece of metal, which scatters it in every direction over the interior of the cavity. The beautiful double curve of this instrument renders its introduction peculiarly easy. Another advantage of paramount importance is the provision which has been made for keeping it clean, a coupling being provided which connects the outer to the inner tube.

It has been said over and over again that the uterus will tolerate anything on condition of a rigorous antiseptis. After miscarriages, instead of curetting the uterus as advocated by some, I prefer to leave the uterus alone, as we are able to keep the uterus thoroughly washed and drained by means of this instrument.

### Correspondence.

#### A QUESTION OF ETIQUETTE.

Editor CANADA MEDICAL RECORD.

DEAR SIR,—

In a late number of your excellent journal you promised to answer any questions

on the above subject which might be submitted to you. A young medical friend and myself are about to start in practice in a town not far from Montreal. He has qualified himself for gynecology, while I am going to make a specialty of the eye. We are anxious not to do anything that would be inconsistent with the most rigorous observance of the rules of professional etiquette, so before having our door plates engraved we want to know whether there would be any objection to our putting on them Gynecologist and Oculist respectively. When in Montreal the other day we noticed that several of the leading men had "Surgeon" on their door plates, indicating that they made a specialty of surgery, so we presume that there would be no objection to our doing the same.

Yours sincerely,

OCULIST.

[We have submitted this point to our professional Nestor, who is of the opinion that it would be no more incorrect to put Oculist or Gynecologist than it would be to put Surgeon on the door plate.—EDITOR.]

### Society Proceedings.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, March 22nd, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Shepherd exhibited a case of inguinal hernia radically cured. He was a blacksmith, 45 years of age, and had always been a hard drinker. He had had the hernia since his birth, and had always been able to reduce it until latterly, although it was the size of a large football. He came to the hospital on the 3rd April, and was kept in bed during three weeks, during which time taxis was frequently tried; but, in vain.

On 26th April Dr. Shepherd, with the assistance of Drs. Bell and Fenwick, performed the radical operation. An incision eight inches long was made into the sac, when all the intestines came out on the table. It was found impossible to return them to the abdominal cavity, although over an hour was spent on the attempt. The situation was serious until, as a last resort, the patient was suspended by the heels on the back of an athletic student, when, by manipulating the intestines in a certain way, they slipped back into the abdomen. A large piece of the omentum, however, had to be ligatured and removed. The whole operation occupied over two hours, and at

its completion the abdomen, which was unaccustomed to its contents, was as tense as a drum. A testicle was removed and the spermatic cord was ligatured, together with the neck of the sac, to the pillars of the ring. A drainage tube was left in the scrotum. There was some vomiting afterwards, but it was relieved by small doses of sulphate of magnesia, repeated every two hours. The wound at the site of the drainage tube has not yet healed, but he thought that the fistula was maintained by the escape of peritoneal fluid, as the patient wears a truss. Although a year has elapsed after the operation, and he is following his occupation as a blacksmith in the C.P.R., Dr. Shepherd thought that he was entitled to call it a radical cure. He employed silk ligatures, which had remained unabsorbed many months, one of them remaining still.

Dr. Trenholme inquired about the ligatures, as he was in the habit of employing hempen ligatures of plain shoemakers' thread, with gratifying results, they being completely absorbed.

Dr. Gardner said he did not see why in hernia operations there should follow peritoneal fistulae, while such a thing did not occur in abdominal operations generally. It was true that in the latter the abdominal drainage tube soon ceased to be connected with the peritoneal cavity, owing to adhesions. With regard to the absorbability of silk, he was convinced that, as a rule, the latter was absorbed as well as hemp, as in cases where his operation had been followed by a post-mortem the silk had disappeared completely after a very short time. He inquired whether Dr. Shepherd did not think that a puncture would have allowed the intestine to collapse, and thus facilitate the return of the intestine.

Dr. Bell was of the opinion that neither silk nor hemp ligatures were ever absorbed. It was true that in his experiments on suturing the intestine in dogs the ligatures were nowhere to be found when the animals were killed several months later, but that was due to their having ulcerated through into the bowels and escaping per rectum. In a case of a man with sutured patella, who died five months after the operation, the silk was found as on the day on which it was put in.

Dr. Sutherland exhibited a female patient in whom he had ligatured the right common carotid artery. The little bullet of a parlor rifle had pierced her neck on left side and had lodged behind the right sternomastoid whence it was removed. As there was a traumatic aneurism resulting, Dr. S. decided to ligature the common carotid and adopted the method of Treves, tying the ligature over a piece of rubber tubing on the skin. After three days pulsation still remained, so he had to pass a silk ligature in the track of the first one and this had the desired effect. The ligature which was shown to

the Society came away three months later and was perfectly sound.

*Pathological Specimens.*—Dr. Allan showed a membranous cast of the uterus which he had found protruding from the os uteri of a patient whom he had been called to attend, and who had not menstruated for three months. Some years ago she had passed a similar membrane.

Dr. Laphorn Smith said that it was doubtless a case of membranous dysmenorrhoea, in which the lining membrane of the uterus had come away entire instead of being disintegrated and coming away in impalpable shreds.

Dr. Finley exhibited a pair of hypertrophied and cystic kidneys three times the normal size. The amount of fibrous tissue in them was largely increased. Also the heart from the same case, the left ventricle of which was somewhat dilated and greatly hypertrophied.

Dr. Springle stated that the patient had been admitted to the hospital comatose, and had died a few minutes afterwards, so that there was no history to be obtained. Some water had been drawn off and it was found to contain hyaline casts and a large amount of albumen.

Dr. Finley remarked that no mention was made in the books about the heart being hypertrophied in cases of cystic kidney.

Dr. Laphorn Smith said he thought hypertrophy of the heart was an almost constant accompaniment of chronic renal inflammation, of which this was merely a variety.

Dr. Wilkins stated that it was the rule to find hypertrophy of the heart in chronic Bright's disease.

Dr. Gardner showed a cyst of the broad ligament and an enlarged ovary which he had removed from a patient suffering from pain in the left inguinal region and occasional attacks of retention of urine. The tumor was the size of an orange, and was situated behind the uterus at the left side of the pelvis. Dr. G. had at first diagnosed an ovarian cyst, but on operating found that it was situated in the broad ligament.

Dr. Laphorn Smith asked Dr. Gardner why he did not think that it was a parovarian cyst.

Dr. Trenholme thought that it was a parovarian cyst.

Dr. Shepherd thought that it would be difficult to say that this was not a parovarian cyst.

Dr. Gardner, in reply, could not say positively that it was a cyst of the broad ligament, but he could say certainly that it had no connection with the ovary.

Dr. Ruttan showed a useful improvement in the glass for holding the urine while being tested for specific gravity. It had a constriction at the middle which prevented the bulb of the urinometer from adhering to the side of it.

He also called the attention of the Society to the fermentation test for sugar which could be easily performed now with Fleischman's con-

pressed yeast, a small quantity of which was introduced into the eprouvette and allowed to remain over night, when all the sugar would be found to be converted into carbonic gas and alcohol. By comparing the specific gravity before and after fermentation, the amount of sugar could be ascertained by referring to a table which had been prepared for this purpose. He also demonstrated Eichbach's method of estimating the quantity of albumen by means of graduated test tubes which showed the actual percentage of albumen. The old habit of saying that there was one fourth or a third of albumen was erroneous, as the blood itself only contained 4 per cent. of albumen, while the worst specimen of urine never contained more than 0.7 per cent. As nitric acid had the effect of precipitating urates, Eichbach used a solution of citric and picric acids.

Dr. Wilkins asked whether mucus could not be got rid of by filtering.

Dr. Laphorn Smith emphasized the importance of heating both the nitric acid and the urine, when testing for albumen, by carefully pouring some of the filtered urine on to nitric acid in a test tube, and in which case a fine white cloud would be seen between the two limpid fluids.

Dr. Armstrong asked whether the old plan of letting down urine on top of nitric acid was not good.

Dr. F. W. Campbell said that as principal medical examiner in Canada for the New York Life Insurance Co., and others, he had had a large experience in testing urine, and he had been often struck with the fact that there was frequently no relation whatever between high specific gravity and sugar, nor between a low specific gravity and albumen.

In reply Dr. Ruttan stated that the precipitate with nitric acid represented the total proteids in the urine, while picric acid only threw down the albumen. The reagent referred to consists of 10 per cent. of citric acid and 20 per cent. of saturated solution of picric acid.

*Stated Meeting April 5th, 1889.*

THE PRESIDENT, DR. W. GARDNER, IN THE CHAIR.

Dr. Williams was elected a member of the Society.

Dr. Sutherland exhibited an extreme case of nevus, or angioma, in which the vascular growth was formerly flat, but was not pedunculated.

Dr. Laphorn Smith inquired what surgical resources were available in cases of this kind.

Dr. Sutherland replied that we might dissect out the whole diseased growth and replace it with healthy skin, by Thiersch's method, but the patient in this case had lived for 60 years with his blemish, and no longer cared enough about it to wish for an operation.

Dr. Byuler recommended electrolysis. He

had had a case of vascular tumor at the base of the orbit which he had treated very successfully by that means, as far as the nevus was concerned, although it had unfortunately set up optic neuritis and the patient had partially lost the sight of that eye.

Dr. Hingston said that he had treated these cases in a great many different ways, and that he now preferred either to remove the peduncles with the knife and hemostatic forceps, and then to remove the flat part with the actual cautery used, very boldly. This would leave a white scar instead of the red patch. When very deep he was in the habit of scarifying it either with parallel or right angle cuts, so as to completely cut off the circulation in the growth.

Dr. Gardner asked Dr. Hingston if he would not fear hemorrhage with the cautery at a white heat?

Dr. Hingston replied that he would not.

Dr. Laphorn Smith believed that since we thoroughly understood the hemostatic action of the positive galvanic pole that electricity offered the easiest, safest and best method of treating these blemishes.

Dr. Gardner thought that it would be difficult to use a strong enough current so near to the cerebral centres.

Dr. Smith replied that if we placed the inactive pole on the patient's hand or foot then the current would have to go through the nerve centres in order to make a circuit, but by placing the inactive pole on the skin as near as possible to the active pole, and by employing moist clay of sufficient surface and by taking care to increase and diminish the current gradually, so as to avoid shock, there would be no danger in getting up to twenty-five or thirty milliamperes, which was more than sufficient to make the positive needle destructive.

Dr. Finley showed a phthical lung, also a urinary tract, including the kidneys, ureters, bladder and urethra, which were loaded with tubercle.

Dr. Armstrong showed a dilated Fallopian tube which he had removed. Its condition could not be diagnosed before the operation, owing to its being curled around the back of the ovary, to which it was intimately adherent, and which was removed with it. Still, as the woman's life was rendered wretched by pain and fever, he decided to operate and was well pleased with the result, as she already felt much better. Following Tait's advice, he removed the other appendage, which was also diseased, but not so much so as the first.

Dr. Armstrong also showed a blood clot which he had removed from the internal saphenous vein; it had been occluded for over a year on both sides, and he had no difficulty in removing it.

Dr. Gardner said, with regard to the case of diseased tubes, he thought that it was sometimes

very difficult to make a diagnosis in such cases ; and even if it could be done he did not think it was always right to try to make it exactly, owing to the danger of rupturing a tube full of pus. He was glad to hear that Dr. Armstrong had removed both appendages as Tait had recommended should always be done.

Dr. Hingston said that as they all knew he was very much opposed to unnecessary removal of the ovaries and tubes, but in this case he had been present and had given his fullest assent to the operation, as on removing the tube pus was seen to exude from the cut end.

Dr. Trenholme said he had seen this case before the operation and he could not make up his mind as to the diagnosis. It had appeared to him at first very like a small fibroid.

Dr. Laphorn Smith then read a brief note on shortness of the umbilical cord as a cause of distocia, which appears in another column.

Dr. Gardner wished to say a few words on the pathology of inversion of the uterus which Dr. Smith attributed to unavoidable or injudicious tractions of the cord. He did not think that inversion was always due to this cause. In some cases it was chronic and was caused by the constant dragging on some part of the fundus by a polypus.

Dr. Mills wanted to know whether any members could offer any reason for the cord being abnormally long.

Dr. Girdwood said he had only seen one case of inversion in his life, and in that case he was hurriedly called in in the absence of the attending physician, three days after the confinement, to see a lady whose inverted womb had appeared outside of her body when she had sat up to pass water. He found the uterus firmly contracted.

Dr. Aollway inquired whether any member knew of any nervous condition which would predispose to inversion:

Dr. Hingston said he had been called to a recent case of inversion by a confrere, in which the uterus was so firmly contracted that it had required an hour's hard work to get back to its proper position. In fact it was only by the aid of a blackthorn stick, which he had in his hand when called, that he had been able to gradually depress the fundus until it went through. Dr. Hingston thought that this proved that the trouble did not depend on relaxation.

Dr. Laphorn Smith in reply said that the cases referred to by Drs. Girdwood and Hingston proved nothing. It was well known that immediately after the accident the uterus entered into a state of spasmodic contraction owing to the irritation caused by its abnormal condition. But this did not prove that the accident did not happen while it was in a state of marked relaxation. In every case he had heard of there had always been traction on the cord, and in most of them the uterine contrac-

tions had been getting weak either owing to chloroform or to exhaustion.

The reader of the paper could not conceive of such a thing as the uterus contracting itself inside out. The tighter it contracted the more impossible it seemed to him for it to be inverted.

Dr. Laphorn Smith also read a short note on the Fritz-Bozeman return flow catheter, which will be found in another column.

*Discussion.*—Dr. Trenholme did not believe in curetting after a miscarriage. The separation of the placenta was a natural process and required a little time.

Dr. Alloway was in favor of leaving miscarriages alone, provided the debris was not preventing drainage. He did not agree with the reader of the paper in thinking that patency of the tubes was a common accompaniment of diseased endometrium. He thought that in the cases referred to by Dr. Smith, in which the sound had gone in several inches farther than the known depth of the uterus the sound had gone through the fundus.

Dr. Armstrong thought that septic trouble after miscarriage was rare, so that he left them alone except when there was flooding, in which case he curetted with very satisfactory results. He thought that the best curette was the finger.

Dr. Laphorn Smith, in reply, wished it to be distinctly understood that he was a conservative gynecologist, and as such was opposed to curetting for miscarriages. It was for this very reason that he so strongly advocated the use of the Fritz-Bozeman catheter for the purpose of keeping the uterus aseptic until nature had thrown of the secundines. As to Dr. Alloway's remark about passing the sound through the fundus uteri, he begged to refer him to a very able paper by Dr. Wallace, of Liverpool, on open Fallopian tubes, their diagnosis and treatment, illustrated by fifty-three cases, *Br. Med. Jour.*, 23rd Feb., 1889. When Dr. Smith was in Liverpool two years ago Dr. Wallace had passed the sound up to the hilt into the uterus of half a dozen patients in the same ward, for Dr. Smith's information. He was sure that the uterus had not been perforated as many times, as no force whatever was used.

Dr. J. C. Cameron, then read a short paper on "drain sore throat," in which he showed that when a number of cases of sore throat broke out in the same family, and when it was of a marked adynamic character, and accompanied by a rash somewhat resembling scarlet fever, there was good grounds for suspecting the drainage system of the house. In a case which he had recently had, there were ten members of the same family affected at the same time, and he had found that it was due to a defect in the ventilator of the soil pipe. In six of the cases there was both tonsillitis and ulceration of the throat.

Dr. Blackader had had a similar experience,

Dr. Wilkins did not think that all cases of tonsillitis were due to defective drains. He thought that the weather had something to do with it.

Dr. Geo. Ross thought that the rash was a very important fact, as it might render a diagnosis exceedingly difficult. In a number of cases he had had, all the patients had been served with the same milk.

Dr. Buller thought that sore throat was frequently due to sewer gas.

Dr. Mills thought that it was more likely the solid particles floating in sewer gas which caused the disease.

Dr. Proudfoot thought that it was in some cases also due to direct contagion.

Dr. Spendlove had recently had a case in which the contagion had apparently been carried by a pet cat.

Mr. Fleming, of the Sanitary Association, testified to the fact that 75 per cent. of the sewers which he had examined in the better parts of the city had been found to be defective.

Dr. Cameron made a strong appeal to the members to promote the objects of the Montreal Sanitary Protective Association, which only cost five dollars a year.

A resolution of respect to the memory of the late Dr. R. P. Howard was moved and seconded by Drs. Hingston and Fenwick in the most feeling terms, and was carried by a silent standing vote.

## UNIVERSITY OF BISHOPS COLLEGE.

### EIGHTEENTH ANNUAL CONVENTION OF THE FACULTY OF MEDICINE.

The Eighteenth Annual Convention of the Faculty of Medicine of the University of Bishops College was held in the Synod Hall, Montreal, on the afternoon of the 3rd of April. Chancellor Hennek er presided, and was supported by Principal Adams, Rev. Mr. Norton, and the various members of the Faculty.

The attendance of ladies and gentlemen was very large, the room being filled to overflowing.

Dr. G. Tilliere Ross, the Registrar of the Faculty, then, on behalf of the Faculty, read the annual report, which showed the following result: The number of students for the year was 39, an increase of 12 over the previous year, the summary of the present students' location being as follows: 26 from Quebec; 5 West Indies; 4 Ontario; 2 Ireland; 1 United States, and 1 Australia.

The following have passed all the primary examinations: Herbert Tatley, C. R. Woods, and H. G. Spooner. The following gentlemen, five in number, passed all the final examinations, and received their degrees as doctor: Chas. E. Elliott, Quebec; James M. Jack, Montreal; W.

B. Towle, Geelong, Australia; Thos. S. Nichol, Montreal; and Dr. Alfred C. Smith, New Brunswick, received the *Ad Eundem* degree of C.M., M.D.

Part of the final examinations was passed by James Laurie, T. B. Smiley, C. A. Lauchlin, D. H. Judd, and F. E. Bertrand.

Prizes and honors were won by the following students:

Primary examinations: "David" medal, won by Herbert Tatley. Honors, C. R. Wood.

Final examinations: First class honors were obtained by Chas. E. Elliott, W. B. Towle, and T. M. Jack; second class honors, T. S. Nichol.

Practical anatomy, senior prize, Jas. Edwards. Junior prize, Wm. Burnett. "David" medal for the best examinations in all the primary branches, won by Alfred E. Mayner.

Chancellor's prize, for the best examinations in all the final examinations, won by W. B. Towle. The "Wood" gold medal, for best examination in all primary and final examinations, won by C. E. Elliott. The "Nelson" gold medal for special examinations in surgery, won by Chas. E. Elliott.

In medical jurisprudence the following obtained first-class honors: Jas. Laurie, T. B. Smiley, A. E. Mayner, David H. Judd, and F. E. Bertrand.

First-class honors in ophthalmology were taken by T. B. Smiley, C. A. Lauchlin, D. H. Judd and F. E. Bertrand.

First-class honors in pathology: Jas. Laurie, T. B. Smiley, C. A. Lauchlin, D. H. Judd and F. E. Bertrand.

The valedictory address on behalf of the graduating class was delivered by Dr. C. E. Elliott, and the graduates were addressed on behalf of the Faculty by the Dean, Dr. F. W. Campbell. Short addresses were subsequently delivered by Principal Adams and by Mr. L. O. Armstrong, a former student of the College.

A summer session opens this month.

## Progress of Science.

### MYRTOL IN TUBERCULOSIS.

Dr. Eichhorst recommends the internal administration of myrtol to overcome putrefactive processes of the air-passages. This preparation is administered in two grain capsules, two of which are taken every two hours. It can be continued for weeks, without causing any bad after-effects. Not only does it ameliorate the gangrenous odor of the expectoration, but diminishes also the quantity of the expectorated material. It does not stay the progress of the tuberculosis.—*Münchener med. Wochenschrift*; November 27, 1888.

## FOR DYSMENORRHOEA.

Dr. J. Shaw recommends a mixture of belladonna and hyoscyamus for the relief of dysmenorrhœa. It is particularly in the so-called neuralgic or spasmodic form of the affection that this mixture seems to afford the greatest amount of relief.—*Lancet*, September 22, 1888.

## MAGNESIUM-SILICATE IN CHRONIC DIARRHOEA.

This preparation is administered by Dr. Debove, in twenty-five to sixty grain doses. In the diarrhœa of phthisis, if given with milk and for a prolonged period, it will overcome the diarrhœa, and improve the appetite and digestion.—*Deutsche med. Wochenschrift*, November 22, 1888.

## FOR UTERINE HEMORRHAGE.

R.—Extract of Indian hemp 7½ grs.  
Fluid extract of ergot 1 drachm.  
Fluid extract of hamamelis,  
Tr. of cinnamon āā ½ ounce.—M.

Sig. One teaspoonful three times daily.—*Revue de Thérapeutique*, December 1, 1888.

## FOR DYSPEPSIA ACCOMPANIED WITH PALPITATION.

R.—Compound tincture of cardamon ʒij.  
Aromatic spirits of ammonia ʒij.  
Bicarbonate of soda ʒj.  
Infusion of gentian q.s. ʒvj.—M.

Sig. One teaspoonful when required.—*Revue de Thérapeutique*, December 1, 1888.

## ANTISEPTIC GAUZE.

To prepare "antiseptic gauze," used for dressing wounds, etc., Professor Gross directs:—Boil the gauze (to remove fatty matter) in a solution of ½ lb. sodium carbonate to the gallon of water, for eight hours; rinse with clean water, and keep in the following solution: To the pint of ordinary bichloride of mercury 1 to 1000, add glycerine ʒ ss, alcohol ʒ j.—*American Digest*.

## TREATMENT OF SCARLATINAL DIPHTHERIA.

Professor O. Henbuer, of Leipzig, treats the diphtheria of scarlet fever with injections of three to five per cent. solutions of carbolic acid into the tissues of the tonsils from which it passes into the lymphatics. The injections are to be continued until the lymphatics are reduced in size and the temperature has fallen nearly to normal.—*Med. Chirurg. Rundschau*, December 1, 1888.

## SIMPLE TEST FOR ARSENIC.

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

## TREATMENT OF PITIRIASIS VERSICOLOR

R.—Salicylic acid 3 parts  
Precipitated sulphhr 10 "  
Lanolin } āā 50 "  
Vasaline } —M.

To be applied to the scalp at night and washed off in the morning with soap and water. Continued for one week, this treatment will almost always effect a cure.—*L'Union Médicale*, February 21, 1889.

## ARTIFICIAL CARLSBAD SALTS.

The fulsome advertisements of these salts in various ways may have tended to obscure the fact that very cheap and effective artificial preparations can be made. One of these is that suggested by Ziemssen: Sulphate of sodium, 40 parts; carbonate of sodium, 6 parts; chloride of sodium, 1 part. This should be dissolved in hot water, then the latter evaporated, the remaining salt powdered, and a proper dose of this (one-half teaspoonful) taken in hot or carbonated water.—*Medical Record*.

## INJECTIONS OF LEMON-JUICE IN EPISTAXIS.

After having vainly tried all remedies recommended to overcome epistaxis, Dr Geneuil resolved to test the value of lemon-juice. The results obtained were surprising; nasal hemorrhages which had lasted from twelve to fifteen hours, and which had resisted all known hemostatics, were brought under immediate control.

His mode of procedure is as follows: With the aid of a small glass syringe, he first washes the bleeding nasal cavity with fresh water, in order to remove all possible clots, and directly afterward injects a syringeful of fresh lemon-juice. Within less than two minutes the hemorrhage ceases; if not, the injection is repeated.

The author does not attribute the resultant good action to citric acid (as he, on two occasions, made use of a concentrated solution of citric acid with negative results), but rather to the ensemble of substances contained in the lemon.—*Bulletin de Thérapeutique*.

### INGLUVIN IN THE VOMITING OF PREGNANCY.

Dr. Popp (*Pester med. Presse*, No. 40, 1888) reports having achieved considerable success with Ingluvin in the vomiting of pregnancy. Having a very obstinate case, upon which he had exhausted the entire resources of the pharmacopœia, he administered three times daily, one-half hour before mealtime, eight grains of Ingluvin, and directly afterward two tablespoonfuls of one per cent. hydrochloric acid solution. An improvement was observed after a few doses had been taken, and a cure effected after the treatment had been continued for three weeks.—*Deutsche med. Wochenschrift*, Jan. 17, 1889.

### BRONCHITIS.

R. Tincture veratri viridis, ℥ xv; syrupi ipecacuanhæ, spiritus aetheris nitrosi, āā fl oz. ss. M. Sig.—Fifteen drops every three hours. For a child one or two years old.—B. F. Schneck.

Another :

R. Pulveris ipecacuanhæ, gr. vj; pulveris myrrhæ, gr. xij; potassii nitratis, dr. ss. Misce et divide in partes vj. Sig.—One every fourth hour. For elderly persons.—Paris.

Another :

R. Acidi hydrocyanici diluti, gtt. j; tincturæ lobeliæ, fl. dr. j. M. Sig.—One dose. Complicated with asthmatic symptoms.—Livezey.

### AN OPHTHALMOLOGICAL TEST FOR FEIGNED BLINDNESS IN ONE EYE.

A German factory hand claimed damages for accidental total blindness of left eye. Experts proved the eye sound by the following test :

The plaintiff was asked to read, through glasses, the left being clear white the right red, some words written in green or black ground. The man read the writing readily, which he could not have done with any but the eye he claimed was defective, since the red glass adjusted to the right eye would make the green letters appear black, and of course invisible on a black ground.—*Alienist and Nuerologist* 1888 (*October*.)

### PUPILARY CONTRACTION DUE TO THE SALICYLATES.

In the January number of the *Practitioner*, Dr. G. A. Gibson and Dr. R. W. Felkin record the singular effects of sodium salicylate in the case of a middle-aged woman to whom twenty grains were given every two hours for an attack that was taken to be of a rheumatic nature. Soon after she had begun to take the drug her pupils were found to be decidedly contracted,

their reaction to light was absolutely lost, vision was distinctly impaired, tinitus aurium and deafness were present, and there was severe headache, chiefly over the occipital and parietal regions. These effects soon disappeared, and the patient made an excellent recovery. The authors remark that such phenomena might lead to an error in diagnosis, and they are inclined to explain them in their case as due to an idiosyncrasy.—*N. Y. Med. Journal*.

### PLEURISY.

The *Medical World* gives the following prescriptions :

R. Antimonii tartarati, gr. j; vin. ipecacuanha, dr. j; aq. dest., oz. viij. One teaspoonful every hour. In acute pleurisy.

R. Potass. iodidi, gr. xxxij; syr. ferri iodide, oz. j; glycerini, oz. j. One teaspoonful twice a day. In children's pleurisy.

R. Potass. nitratis, dr. ij; liq. amon. acetatis, oz. ij, dr. ij; sp. ammon. arom. dr. ij; tinct. aconiti, dr. ss; aq. dest. ad, oz. viij. Two tablespoonfuls every five hours.

R. Ammon. carb., dr. ss; sp. chloroformi, dr. iij; vin. colchici, dr. ss; liq. ammon. citratis, oz. iiss; mucil. acaciæ, oz. iv; aq. dest. ad, oz. viij. Two tablespoonfuls every four hours.

R. Pil. hydrarg., gr. ij; fol. digitalis, gr. ½; pulv. scillæ, gr. iss. Make one pill, to be taken twice or thrice daily.—*American Digest*.

### GASTRIC COUGH AND ITS TREATMENT.

Bull (*Deutsche Archiv für Klin. Med.*) asks if, as is now supposed, cough may have its origin in such diverse parts as the nose, larynx, bronchi, pleura, œsophagus, intestine, liver, spleen, the uterus and its appendages, why may not the stomach also occasionally be the seat of the afferent impulse. In reviewing the literature, he finds all authors agree as to the possibility of the gastric origin of cough, but regard it of great rarity. Bull recently encountered such a case in a young, anæmic woman, affected with a violent, dry cough excited by pressure over the epigastrium. There were no signs of pulmonary disease. Hæmatemesis and other indications of gastric ulcer had preceded the appearance of the cough. He considers it not unlikely that the cicatrices of the ulcer were the source of the reflex irritation. Chloral and morphine were used unsuccessfully in the treatment of the cough. Subsequently treatment directed to the stomach cured it. Cataplasms were applied, and internally gr. xlv of bismuth were administered four times daily in ʒ xxv of lukewarm water. The cough lessened after the first dose and then gradually disappeared. A recurrence cured by the same means.—*Poly-clinic*.

### BISMUTH SALICYLATE IN THE TREATMENT OF DISEASES OF CHILDREN.

Dr. Ebring has employed bismuth salicylate (Merck's) in 200 cases of dyspepsia, acute and chronic gastric catarrh, gastro-intestinal catarrh, enteritis, phthisical diarrhoea, acid diarrhoea, and dysentery. He gives it, suspended in glycerine or mucilage, because of its insolubility, and because children take pills and powders badly. It is not contra-indicated in constipation. The urine soon becomes more acid, and gives a distinct salicyl reaction; the stools never give this reaction, but quickly become dark in color. He has never seen symptoms of poisoning. He is far from seeing in the remedy a panacea for all cases, but says that when combined with a suitable diet it is most useful and worthy of trial. Its action on the urine suggests that its employment in cystitis may be advantageous.—*London Medical Recorder*, February 20, 1889.

### PHENIC ACID IN THE TREATMENT OF DISEASES OF THE SKIN.

Dr. Bertolus (*Thèse de Lyon*, August, 1888,) gives the results of his observations on the therapeutic action of phenic acid in skin diseases, in the following *résumé*.

1st. Taken internally, phenic acid is an excellent remedy for the prurigo of Hebra. Not only does it diminish the pruritus, but acts also upon the papules.

2nd. It modifies the exudative eczemas, and those resembling lichen.

3rd. It seems to act directly upon the nerve extremities.

It is useless to allow the daily dose to reach above five to eight grains in the young, and between seven to thirteen grains in the adult, as larger doses will not produce any greater benefit, if, in fact, they do not do harm. Small doses can be continued for weeks or months with good results.—*Revue de Thérapeutique*, December 1, 1888.

### THE REMOVAL OF CERUMEN AND THE PREVENTION OF CONSEQUENT FURUNCLES.

Lowenberg ("Practicien"; "Gaz. hebdomadaire des sciences médicales") thinks that, in view of the liability to the formation of a furuncle after the removal of a plug of cerumen from the ear by simple syringing, the mass should be treated previously for a day or two by instillations of an antiseptic solution made after the following formula:

Boric acid.	} each	100	"
Glycerin,			
Distilled water			

The solution should be warmed and dropped

in from a test-tube. It is to be applied twice a day, the liquid being allowed to remain in the ear for fifteen minutes. The patient should be informed that this may increase his deafness for the time being, on account of an augmentation of the plug by imbibition, but it softens the mass and facilitates its expulsion.—*N. Y. Med. Jour.*

### SALICYLATE OF MERCURY IN THE TREATMENT OF SYPHILIS.

Dr. Silva Arango, at a recent meeting of the General Polyclinical Society of Rio de Janeiro, read a paper on the therapeutic uses of salicylate of mercury, for which he claimed the following advantages:

1. It is easily supported by the stomach; it does not produce gastralgia, colic, or diarrhoea, symptoms which are so frequently the outcome of the administration of other mercurial preparations, including the proto-iodide and tannate of mercury, which lately have been used very extensively.

2. Salicylate of mercury never produced mercurial stomatitis.

3. Taken internally it acts with greater promptness than any other mercurial preparation heretofore used.

Hearing of Dr. Arango's statement, Dr. Carl Szadek, of Kiev, administered this remedy to twenty-five syphilitics, and from the results he obtained confirms the statement of Dr. Arango.—*L'Abeille Médicale*, January 31, 1889.

### EASY METHOD OF PRODUCING LARGE ANATOMICAL DIAGRAMS.

Mr. W. T. Thomas, in a letter to the *Lancet*, says that he has found thin sheets of mica coated with a varnish of one ounce of dried Canada balsam to two ounces of benzole to answer admirably. His mode of procedure is described as follows: Having coated the mica with varnish, lay it on the picture or engraving to be enlarged, trace the outlines on the varnished surface with a fine drawing pen and liquid Indian ink. Place this as the slide in an ordinary magic lantern (oil lamp gives ample luminosity)—I use an Argand reading light in the lantern) and the picture is enlarged to any size according to the distance of the lantern from the screen. I find it is better to use the wall as the screen where the paper or calico is hung, and it is an easy process to run over the outline on the material with a soft crayon. The tracing, fitting up, and drawing occupy on an average a quarter of an hour. Enlarging on a blackboard so that the lecturer may fill in is easily done by this method, the room being slightly darkened, absolute darkness not being necessary, as only black lines are required, and no fine features or tracery.

## TREATMENT OF ERYSIPELAS.

Dr. W. Ebstein, of Breslau, details a method introduced by Prof. Rossenbach into the Allerheiligen Hospital of that city. The basis of this treatment consists in limiting the spread of the disease to as small an area as possible. To accomplish this the healthy skin surrounding the infected portion is thoroughly cleansed with soap and water; then a strip of healthy skin, bordering on the diseased portion, is, after being thoroughly dried, anointed with five per cent. carbolated vaseline; this done, the same ointment is applied to the diseased portion, but in order to avoid infecting any healthy tissue, *the application must be made from the healthy toward the diseased portion and never the reverse.*

The result of this treatment (which was applied to twenty-seven cases of erysipelas of the head, face, neck, and leg) were most satisfactory. All recovered; the duration of the disease was relatively a short one, and in but few instances did the affection overstep the boundary line; and when it did, only for a short distance, and for a brief period.—*Deutsche med. Wochenschrift*, February 7, 1889,

## THYMOL IN THE TREATMENT OF TYPHOID FEVER.

At the Congress of medicine held in Rome last October, Dr. Testi related his experience of thymol in more than 150 cases of typhoid fever treated in the hospital of Faenza. The results were most satisfactory. The temperature was reduced not, he maintained, by the withdrawal of heat from the body, as is the case with ordinary antipyretics, but by moderating its production. The antiseptic action of the drug was also marked; it diminished tympanites, checked diarrhoea, and notably lessened the putrefactive products usually found in excreta. Dr. Testi also states that on microscopic examination he found a remarkable diminution in the number of mucous corpuscles, epithelial debris, and parasitic elements (especially glandular) in the stools. The drug has also a marked effect in reducing the excretion of urea, and as it increases the blood pressure it has no injurious influence on the action of the heart. Dr. Testi strongly recommends thymol in typhoid fever as mitigating the severity of the disease and preventing complications.—*British Medical Journal*, February 23, 1889.

## ON THE PERIOD FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION.

Dr. B. W. Richardson recently read before the Medical Society of London a paper on this subject, confining his remarks to acute attacks. He summarized his conclusions as follows:

1. That in all cases of acute intestinal obstruction the use of milder measures, such as purgatives, enemata, massage, etc., might safely be carried out until the supervention of fecal vomiting. 2. That as soon as this was established an exploratory incision into the abdomen should be made without delay. 3. That obscurity of diagnosis, in the presence of this symptom, ought not to be allowed to stand in the way of an operation. 4. That clinical experience showed that there was very little chance of recovery when once stercoraceous vomiting had declared itself unless an operation was performed. 5. That fecal vomiting was a symptom of much more gravity than would attach to the mere mechanical effect of obstruction. 6. That symptoms of collapse were not a contra-indication to operative interference.—*British Medical Journal*, February 23, 1889.

## TREATMENT OF OZÆNA.

Prof. Cozzolino, of Naples, recommends the following treatment for ozæna:

R.—Salol.	75 grs.
Boric acid	45 "
Salicylic acid	7½ grs.
Thymol acid	3 "
Powdered talc	2 drachms.

Or

R.—Bichlor. of mercury	1½ grs.
Resorcin	22½ "
Benzoic acid	30 "
Boric acid	3 drachms.

These powders are applied to the nasal passages, after having irrigated the same with carbolic or salt water, using, in so doing, a Weber's douche. At the same time the following preparation is to be applied to the nose morning and evening:

R.—Distilled water	ʒiv.
Alcohol	1½ ounces.
Chloride of zinc	30 grs.
Thymol acid	3 "
Menthol	4½ "

—*Wiener Med. Presse*, Nov. 4, 1888.

## TREATMENT OF INGROWING TOE-NAIL.

Dr. Theodore Clemens, of Frankfort, strongly recommends the employment of tinfoil in the treatment of in-growing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelopes the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course the toe has to be repeatedly dressed with tinfoil; but if

the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and cause the nail to grow more slowly and in a more healthy manner.—*Lancet*.

### HYGIENE OF THE EYES.

Dr. Lincoln, of Boston, in *The Annals of Hygiene*, formulates the following rules to be observed in the care of the eyes for school work :

1. A comfortable temperature, and especially let the feet be warm and dry.
2. Good ventilation.
3. Clothing at the neck loose ; the same as regards the rest of the body.
4. Posture erect ; never read lying down or stooping.
5. Little study before breakfast or directly after a hearty meal ; none at all at twilight or late at light
6. Great caution about study after recovery from fevers.
7. Light abundant, but not dazzling.
8. Sun not shining on desks or on objects in front of the scholar.
9. Light coming from the left hand, or left and rear, under some circumstances from in front.
10. The book held at right angles to the line of sight, or nearly so.
11. Frequently rest by looking up.
12. Distance of book from eye about fifteen inches.—*Journal American Medical Association*.

### SOME OF THE ABUSES OF ETHERIZATION.

Dr. George F. Shrady, of New York, concludes an article upon this subject with the following *rèsumé* :

1. In commencing the administration of ether, the gradual method is to be preferred.
2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.
3. After the stage of primary anæsthesia is

reached, the more pure ether vapor the patient breathes the better.

4. The shorter the time of anæsthesia, and the smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.
5. The more evenly it is administered, the less shock to the patient.
6. Anæsthesia should be entrusted to experienced administrators only.
7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.
8. The minimum amount of force should be employed to restrain the muscular movements of the patient.
9. Mixed narcosis is often advisable for prolonged operations.
10. The utility of the galvanic battery, in threatened death, is yet to be proven.
11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermatic stimulation, inhalation of nitrate of amyl, and inversion of the body.—*Medical Record*, February 23, 1889.

### GONORRHOEA.

Many are troubled with the difficulty with which this disease is combated. If it only be considered as an inflammation of a mucous membrane with a specific or microbic cause, the appropriate treatment becomes simple enough. We will first consider treatment by injections. Sulphate of thallin, four grains to the ounce of distilled water, is said to cut short the disease with a few applications.

We have found excellent results from one grain each of cocaine, morphine, atropine, chloral hydrate, sulphate of zinc, and sulphocarbonate of zinc to the ounce of distilled or rose-water. After the acute stage has subsided, withdraw the cocaine first, then the atropine, and then the morphine, continuing with the chloral and the zinc salts as long as there is any irritability of the urethra.

The king of injections for lingering subacute gonorrhœa or gleet, is the following: R Ext. hydrastis fld., f ʒ j ; bismuthi subnitrat, ʒ j ; boroglyceride (50 per cent.) mucil. acaciæ, aa f ʒ ss. M. Sig. Use as an injection.

The constitutional conditions to be considered are plethora and debility. Plethora increases the intensity of the inflammatory stage and protracts its duration. The only remedy necessary is saline laxatives during the stage indicated. Debility prolongs the subacute stage and favors chronicity. Tincture of the chloride of iron (always given some time before meals) is the most appropriate remedy for the condition, commencing with the beginning of the subacute stage.

As internal treatment, the sulphide of calcium should be given from the start, and during the

entire period of suppuration, one-tenth grain ten times daily. If debility exists, one grain of lacto-phosphate of lime should be taken with each dose.

The following is an excellent combination to be taken from the very first: R. Tincturæ opii, f ʒ ij; vini colchici seminis, f ʒ ss; liquoris potassi citratis, f ʒ viiss. M. Sig.: One tablespoonful four times a day.

The oils of eucalyptus, sandal wood, cubebs, and turpentine, and the balsam of copaiba are all useful as additional remedies in cases which show that they are not yielding readily to the regular treatment.

This is simply an outline of a course of treatment which has proven more than usually successful, omitting the long list of remedies that are objectionable for any reason.—*Medical World*.

### USES OF BORACIC ACID.

Dr. Lebovitz, in the *Weiner med. Presse*, narrates some uses to which he has put boracic acid.

1. Boracic acid acts antiseptically. Every soldier should carry one ounce of it in his overcoat pocket, and a handkerchief cut in two triangles for necessary bandages. Simply sprinkling a wound with finely powdered boracic acid suffices to insure rapid healing. This remedy being odorless and itself absorbing all odors, the author has used it advantageously in abscesses, ulcers of the feet, caries and necrosis of the bones, and in complicated fractures.

2. In anthrax and after the incision of furuncles it acts well when applied directly to the parts. Forming furuncles should be painted several times daily with the following:

R—Boracic acid }  
Water }      āā equal parts.

3. In burns, when the flesh is exposed, it is necessary to be careful with poisonous antiseptics. Boracic acid possesses the advantage of being non-poisonous. He covers the burnt surfaces with a boracic vaseline ointment in the proportion of one to five:—

R—Boracic acid (finely powdered) 20 parts  
Glycerine                                    15 "  
Mix, and add, Vaseline                    85 " —M.

Apply twice daily.

In severe burns, with fever, the author combated the fever by the internal administration of the following:

R—Boracic acid                                4 parts  
Glycerine                                        10 "  
Water    100 "  
Syrup of poppies                                25 " —M.

Sig.—A teaspoonful every two hours.

4. In skin diseases, such as pemphigus,

eczema, rhagades, rupia, and scabies, the results obtained with boracic acid have been most favorable. The formula used was:

R—Boracic acid (finely powdered) 10 parts  
Glycerine                                        20 "  
Lanolin    30 "

The treatment of scabies consists in first taking a warm bath and then rubbing the affected parts with boracic-vaseline salve (first one to two; later equal parts). The duration of this treatment averaged six days. In a case of granular conjunctivitis a cure was effected within forty-five days; a like result was obtained in some cases of pannus. Chronic scrofulous otitis is improved by lukewarm injections of concentrated boracic acid solutions; the application of boracic acid glycerine (one to ten) to stomatitis, aphthæ, or tonsillitis is followed by a curative effect.

5. For coryza:

R—Boracic acid (finely powd.) }  
Powdered coffee                                } equ. parts.—M  
Use as a snuff.

6. In some cases of chronic endometritis with leucorrhœa and sterility, the uterus was filled with powdered boracic acid, and then a boracic acid tampon applied. After removing the tampon, the cavity was irrigated with a boracic acid solution. A cure was generally effected after a three or four months' treatment, in some cases conception following.

7. In cystitis the bladder was washed out (in acute cases) with a three per cent. boracic acid solution, and in chronic cases this treatment was followed by the internal administration of from forty-five to ninety grains of boracic acid.—*Deutsche med. Wochenschrift*, January 24, 1889.—*Med. News*.

### VOCAL MUSIC AND PREVENTION OF PHTHISIS.

At a meeting of the Medical Society of Virginia, Dr. E. C. Busey, of Lynchburg, Va., read a paper on the cultivation of vocal music in schools as one of the means of preventing phthisis. He states it as a well-known fact that those nations which are given to the cultivation of vocal music are strong vigorous races, with broad expansive chests. If an hour a day in public schools were devoted to the development of vocal music, there would not be the sad spectacle of the drooping, withered, hollow chested, round shouldered children which confronts us now. There is too great a tendency to sacrifice physical health upon the altar of learning. Vocal music is gymnastic exercise of the lungs, producing increased expansion to the lung tissue itself. The lungs in improved breeds of cattle, which naturally take little exercise and are domiciled much of the time, are consider-

ably reduced in size, when compared with those animals running at liberty; and so it is with the human beings who lead inactive lives. Phthisis generally begins at the apices of the lungs because these parts are more inactive, and because the bronchial tubes are so arranged that they carry the inspired air with greater facility to the bases than to the apices. During inactivity a person will ordinarily breathe about 480 cubic inches of air per minute. If he will walk at the rate of six (*sic*) miles an hour, he will breathe 3,260 cubic inches. In singing, this increases more than in walking, as singing well requires all of the capacity of the lungs. The instructor of vocal music, in addition to his musical education, should understand the anatomy and physiology of the respiratory organs.—*Virginia Medical Monthly*.

#### FORMULA FOR CREASOTE.

Dr. Keferstein gives some formula in the *Therapeut Monatshefte*, which have proved useful in his practice.

The following formula is for administration of the creasote in pill form: R. Creasoti, ʒ i; powd. althea root, ʒ iss; licorice juice, f ʒ iss; mucilage of acacia, q. s. ut fiant pil. No. 120; coat with gelatine. Sig. Six pills three times a day.

When there is much cough and diarrhoea, the following may be given: R. Creasote, gr. xv; acetate of lead, opium (pure) āā gr. ivss; licorice juice, f ʒ iss; mucilage of acacia, q. s. ut fiant pil. No. 50. Sig. Five pills three times a day. Five pills contain one and one-half minims of creasote.

Instead of giving the creasote in cod liver oil, Keferstein has the following emulsion made, which can be taken even by children: R. Creasoti, ʒ xx; solve in olei amygdalæ f ʒ viiss; pulv. acaciæ, ʒ v; aq. destil. f ʒ iiiss. M. Ft. emulsio. Adde, tinct. aurant. comp. ʒ xv; oleosach. menth. pip. f ʒ i. M. Sig. A tablespoonful from two to five times a day.

In the case of children it will be sufficient to make up half the quantity, and give a teaspoonful of it at a time. One tablespoonful of this emulsion contains one and one-half minims of creasote. If the taste of oil is detected, black coffee may be given after it.

The following formula is suitable for giving creasote in the form of drops: R. Creasoti, ʒ xl; tinct. cinnamomi, f ʒ viiss. M. Sig. Fifty drops three times a day, or one-half teaspoonful in a cup of warm milk, added while the milk is vigorously stirred. Twenty-five drops of this mixture contain one and one-half minims of creasote. Instead of milk, warm sugar and water may be used; but if alcoholic fluids are used they should be cold, while if non-alcoholic fluids are used—the best of which are mucilaginous—they should be warm.—*Wiener med. Presse.—Medical and Surgical Reporter*.

#### THE CONNECTION BETWEEN POLLUTED WATER AND TYPHOID FEVER.

The wide distribution of typhoid fever over the surface of the globe, amongst civilized nations at least, and the great mortality which it causes every year, have imparted to the question of its prevention a very general interest. As prevention depends upon a knowledge of the cause, the discovery of the potential agent and the mode of its propagation and the means of its communication are the prime objects of investigation. The germ theory of the origin of typhoid fever seems to have been established upon a substantial basis. The media by which the affection gains access to the human body are various. The digestive tract is the main avenue of entrance of the microorganism, which is frequently contained in water and food.

From the liability of water to contamination, it has been the principal subject of investigation in all attempts to discover the origin of epidemics of this disease. The well-authenticated outbreaks of typhoid fever dependent upon the use of water polluted by the dejecta of fever patients would seem to leave no room for doubt that water is a common means of conveying the pathogenic organism which incites the disease; and while our knowledge of the subject is not sufficiently precise to warrant exact deductions, there is not wanting evidence of the cumulative sort in connection with recent outbreaks of typhoid fever, which is so conclusive of the mode of infection by specifically contaminated water as to justify its acceptance even without the positive demonstration which improved methods of bacteriological investigation will some day be able to furnish.

At the International Congress for Hygiene and Demography, recently held in Vienna, the relation of the water-supply to the origin of diseases formed a prominent subject of discussion. Numerous instances were related of the influence of drinking-water in spreading infectious diseases, especially typhoid fever. Most of the epidemics described were of recent occurrence, and the evidence seemed to indicate that polluted water was the starting-point of all these outbreaks. The absence of proof of the existence of the specific bacillus in the water before the epidemic occurred, and our inability to differentiate with certainty between the typhoid bacillus and similar bacteria found in water and in the soil, were mentioned by Hueppe and Emmerich as weakening the chain of evidence. The section, however, unanimously adopted the following proposition: "In view of the demonstrated possibility of drinking-water and water used for domestic purposes giving rise to disease, the provision of good unsusceptible waters is one of the weightiest measures of public health."

It would be well if the water purveyors of

our cities would adopt this maxim as a guiding principle. Sewage contamination of our rivers, which are the chief source of domestic water supply, is increasing year by year. The increasing prevalence of typhoid fever would seem to point to this unwise and pernicious practice as the cause. Foreign countries have learned by disastrous experience the unwisdom of this practice. Shall we profit by this experience, and, without waiting for the inevitable, prevent that which it will be infinitely more difficult to remedy in the future?—*Medical Progress.*

### THE SUSPENSION TREATMENT OF LOCOMOTOR ATAXIA.

Dr. Paul Blocq has recently read a paper at the Société Médico-Pratique (*Rev. Gén. de Clinique*, Feb. 14, 1889) on the results of Dr. Motchonkowsky's treatment of locomotor ataxia by suspension, as carried out for the last few months at the Salpêtrière. The treatment was suggested to Dr. Motchonkowsky, of Odessa, by observing the benefit which an ataxic patient, also suffering from spinal curvature, derived from the suspension required in applying a plaster jacket. On suspending other ataxics in a similar manner, he found that very marked improvement in the lightning pains and the motor incoördination followed, and vesical and sexual power was restored.

At the Salpêtrière fifteen patients have been submitted to 900 suspensions since last October, with marked benefit in many cases. The most usual signs of improvement were the reestablishment of sexual function, the disappearance of bladder troubles, diminution and disappearance of the lightning pains, with improvement in motor coördination, so that patients who had only been able to walk with the help of an attendant on one side and a staff on the other, could leave the hospital after treatment without help of any kind.

Dr. Paul Blocq has also applied suspension with benefit in Friedreich's disease. The suspension was applied two or three times a week for periods varying from thirty seconds to three minutes each time. Improvement in walking began in the case of a girl, aged fourteen, in the second week of treatment. Later, a spoon could be carried to the mouth with the eyes closed, and she now learns the piano, writes with little tremulousness, can walk better, can stand with the eyes closed, and the catamenia have become established. The tendon reflexes are, however, still wanting, and scansion and nystagmus remain.

As Professor Charcot remarked, these results in a disease which has always been slowly progressive and almost invariably fatal, are worthy of attention. He suggests that the suspension may act by modifying the circulation of the spinal cord, or by stretching the nerves as they

leave it. Whatever its *modus operandi* may be, it is certain that suspension is an agent of considerable power, since serious accidents have occasionally happened during the application of a Sayre's jacket, and it is, therefore, to be used with discretion and care.

We understand, also, that a number of patients suffering from various forms of chronic degeneration of the nervous system are being treated by suspension in various London hospitals. It is, of course, too early to form any definite opinion of the value of this treatment; but, so far, the results have been encouraging. A patient at present in St. Mary's Hospital was "suspended" on January 22nd, and at intervals from that day, by Dr. de Watteville, physician in charge of the electro-therapeutical department, who has reported the case as progressing satisfactorily. The most apparent improvement consists in the increase of gait and equilibration, as manifested by the ease with which the patient can turn around when ordered to do so. Dr. Althaus informs us that he has found it beneficial in two cases of tabes; lightning pains in the one case, and in the other gastric crises, have ceased. In a case of severe paralysis agitans the tremor ceased for thirty-six hours after the first suspension.—*British Medical Journal*, February 23, 1889.

The *Berliner klin. Wochensch.*, No. 8, reports that the suspension treatment has been tried in the clinics of Professors Eulenberg and Mendel with equally favorable results, the suspensions, which took place three times a week, being at first of one minute's duration, increasing by half a minute up to three minutes. About twenty patients have thus been treated; and although, of course, the time is too short to announce any very positive results, two facts have been found to follow the treatment, viz: 1. A certain number of patients have, immediately after the suspension, a readier and freer gait, less staggering, and complain less of lancinating pains (in some, also, improvement was noted in visual symptoms). 2. No ill effects have followed the practice. Our contemporary warns physicians and the public from hasty and exaggerated hopes in its efficacy.—*Lancet*, March 2, 1889.

### MACEWEN'S OPERATION FOR RADICAL CURE OF HERNIA.

Dr. H. L. Burrell, in a paper read before the Suffolk County Medical Society, and published in the *Medical and Surgical Reporter*, said that:

He had operated in eight cases, all of which had been successful so far as heard from. In two of them scrotal abscesses formed. In the others union was by first intention. They have been in adults and in children; complicated and simple. As to permanency of cure, suffi-

cient time has not elapsed to be sure. Personally, he felt that at least three, and better, five years, should have elapsed. The operation is an attempt to restore the inguinal canal to its normal condition, and then the placing of an intra-abdominal pad in apposition with the internal surface of the internal ring. It is distinctly and strictly an operation devised and applicable to oblique inguinal hernia. As applied to femoral hernia the operation is incomplete, in that it does not close the crural canal. Dr. Cushing's operation fills this gap.

The intrinsic difficulty in closing a hernial opening is the preservation of the cord and its accompanying vessels; and previous to Macewen's operation he had come to the belief that the only satisfactory way of absolutely closing the hernial canal would be to enucleate the cord and testicle, and close the inguinal canal by a direct attack upon its intra-abdominal surface. This operation he once performed on a priest, but on account of the necessary mutilation it is not applicable to the ordinary patient.

The indications which had governed him in advising Macewen's operation have been: uncontrollable by truss hernia; painful truss hernia; and in one case he operated where there was great mental depression associated with the hernia.

The following points of importance have suggested themselves to my mind as bearing on the technique of the operation: *a*, the finding of the sac; *b*, the isolation of the sac; *c*, the troublesome hemorrhage and manipulation of the tissues; *d*, the introduction of the sutures; *e*, the dressing; *f*, the question of wearing a truss.

*a*. The finding of the sac. The strictest antiseptic precautions have been attempted. An incision of 2 or 2½ inches is made directly over the extreme ring, great care being exercised to bring the incision directly over the middle of the lozenge-shaped opening and running in its direction. The wound is deepened until he met a rather thick white layer, which, on being divided, showed that he had entered a cavity, when he knew that the sac had been reached. He never attempted to isolate the sac without opening it; for the recognition of the cavity is the distinguishing point. Therefore the whole attention of the surgeon from the time he makes the primary incision should be devoted to the finding of the sac. This saves time. If he cannot readily find the sac he allows the patient to partially recover from the ether and the sac is quickly distended.

*b*. The isolation of the sac. Once in the sac he prepares it for restoration to the abdominal cavity. When adherent, he fills the sac, through the small opening, with iodoform gauze, and thus distended there is no difficulty in dissecting it from the cord and the adjacent vessels.

When, however, the sac is filled with omentum, congenital cases directly on or about the testicle, one has a difficult, tedious dissection to carefully separate it from the testicle and return it to the abdominal cavity. Occasionally he has had to divide the omentum into various parts and return the carefully secured ends to the peritoneal cavity.

*c*. The troublesome hemorrhage and the manipulation of the tissues, both of which may be avoided by the packing of the sac with iodoform gauze.

*d*. The introduction of the sutures. This is one of the most difficult points in the whole operation, and he has found that he could place them most accurately by a Hagedorn needle in a good holder. After carefully separating the sac the whole length of the inguinal canal and for half an inch around the intra-abdominal surface of the internal ring, he placed a stitch in the very extremity of the sac and transfixed it through and through and brought it out, after traversing the inguinal canal, through the muscles of the abdomen, pulling up the sac inside the abdomen in much the same way that a Venetian blind is raised. This suture is not fastened in position until the end of the operation, but it is temporarily secured by a pair of pressure forceps. Then he carefully attempts to restore the valve-like form of the inguinal canal by stitching the conjoined tendon with strong silk or stout catgut to the aponeurotic structures of the transversalis, internal and external oblique. He usually places two, if not three sutures in position and, as he ties them, the assistant introduces his finger in the canal to determine how tightly he brings the parts together.

*e*. The dressing. The operation proper is finished when the inguinal canal has been closed. Lately he had dispensed with drainage, but after a thorough and effective flushing with a weak solution of corrosive sublimate, the superficial wound is closed with continuous catgut sutures. The dressing proper consists of six sterilized gauze pads 6x8x½ inches superimposed, covering the wound surface and the scroto-femoral cleft. This is held in place by a carefully applied gauze bandage 4 inches wide, just tight enough to steady the dressing in place. Over this is laid a piece of mackintosh with a hole for the penis. This is covered by sterilized sheet wadding. This is secured in position by a cravat gauze bandage 6 inches wide and long enough to form a double spica bandage. Over this is another piece of mackintosh with a hole in it for the penis. This is secured in position by safety pins as necessary.

*f*. The question of wearing a truss. There is little doubt that the wearing of an ordinary truss after hernia operation is open to the objection that pressure on cicatricial tissue is usu-

ally followed by gradual absorption; but as he does not feel safe with nothing, he has adopted the movable truss, such as recommended by Pye, which does not exert any undue pressure on the cicatricial tissue.

### PELVIC PERITONITIS.

In the *American Journal of Obstetrics*, Dr. Joseph Eastman states that from his experience in the past year he feels warranted in emphasizing the importance of pelvic peritonitis—a disease often overlooked, yet the most common disease of the female pelvis. According to the text books, pelvic cellulitis more frequently follows labor than pelvic peritonitis. Post-mortem examinations, and, within the past few years, abdominal sections, are demonstrating that without some pre-existing peritonitis, the traumatism of child-birth, and other causes heretofore related, would less frequently result in cellulitis. He refers to the autopsies (for all diseases) made by Winckel—well marked pelvic peritonitis was found in one-third of the cases. The same authority found pronounced disease of the Fallopian tubes in 182 cases, out of a total of 575, which were examined post-mortem. These instructive statements should lead to the early medical treatment of salpingitis, which so frequently causes inflammation of structures contiguous to the tubes, owing to their movements and periodical engorgement.

The sharp, stitch-like pains felt by young women, before, during and after menstruation are, as in the chest, significant of more or less inflammatory adhesion of some portions of the serous covering of the pelvic structure. The term pelvic peritonitis may be applied to a circumscribed spot of inflammation, or signify co-existence of perimetritis, perisalpingitis, perioöphoritis, pericystitis, and periprocititis. The delicate silky membrane at first becomes opaque, then adheres to the fold of peritoneum nearest in contact. Thus the uterus, rectum, tubes and bladder may become adherent one to the other, or all together: and each recurring attack of inflammation strengthens the adhesions. The serum poured out may become purulent, forming abscesses in the broad ligament, or between coils of intestines; these seriously impair various functions, sometimes causing intestinal obstruction. Should they discharge into the bowel or bladder the ultimate cure is seriously complicated.

Congenital defects in the sexual organs may favor the development of peritonitis. The brain cramming of our school systems is also a predisposing cause, since it interferes with the normal development of the pelvic organs in young girls. Allusion is made to the observation of Tait that disease of the tubes is at times due to the exanthemata, which probably act by causing catarrh of the tubes, or by interfering with the proper

development of the epithelial lining of these organs. Dr. Eastman has removed diseased tubes from several cases in which the history clearly showed that scarlet fever was the cause of the disease. While gonorrhœa is admitted to be a frequent cause of pelvic peritonitis, the extreme views of Noeggerath and Saenger are not accepted. Still there is reason to shudder at the fate of marriageable young ladies, when it is remembered that a large percentage of marriageable young men have suffered from gonorrhœa, and have been imperfectly cured, or rather, not cured at all. The teaching, heretofore extant, that gonorrhœa in the female is less serious than in the male, is wrong, and must be rewritten. The statement of Van Buren and Keyes that gonorrhœa sends more to the tomb than syphilis" is quoted with commendation, and it is added that the same foul virus sends twice as many women to the grave as men. While serious lesions in the urethra (resulting from gonorrhœa) are less common in the female than in the male, the Fallopian tubes and ovaries furnish a secret lurking place for the gonorrhœal virus, where its work of destruction is beyond the reach of remedial agents. Means used to prevent conception, especially cold water injections used after coition, cause many cases of tubal and ovarian inflammation. Indeed, abortion is a prolific cause of peritonitis from which many deaths result.

The treatment given refers more particularly to advanced stages of the disease, in which operative treatment alone offers a prospect of benefit or cure. Opium is still accorded the first place in the treatment of acute peritonitis; but we are warned against its use in chronic cases, lest the "opium habit" be induced. Hot applications to the hypogastrium, combined with hot antiseptic vaginal douches, given with the Hildebrandt douche (which instrument allows the use of water ten or fifteen degrees hotter than can be borne by the external parts) are also regarded with favor.

In case that each recurring menstrual period rekindles the inflammation, removal of the uterine appendages, to relieve the pelvis of its periodical congestion, is undoubtedly a warrantable operation, if all other methods of treatment have failed. In answer to the claim that uterine appendages are being removed without sufficient cause, Eastman states that from his limited experience he believes that for every case in which these structures have been removed, unnecessarily, ten women have gone to the grave whose lives could have been saved by timely removal of the appendages by skillful hands.

The attention of those who condemn salpingo-öophorectomy is called to the following propositions, and they are requested to use anatomical, physiological, pathological, and therapeutical common sense in the consideration. Could the ovaries and Fallopian tubes, like the testicle and

epididymis, descend during early life and remain within reach of poultices, iodine, suspensory bandages, etc., and if they could remain free from monthly engorgement, they also might be relieved of congenital defects, physiological abuses, the destructive sequelæ of mumps, the fevers of childhood, and the pernicious gonorrhœal virus, before disorganization had so far advanced as to necessitate their removal. After suppuration has occurred, whether the pus is discharging by the rectum, vagina or not, the treatment instituted by Tait—to open the abdomen, drain the abscess from its fountain source (whether in the broad ligament or between coils of intestines) by stitching the peritoneal margins of the abscess to the abdominal wound and using the drainage tube—is considered the safest and most satisfactory method of treatment. It is preferred to opening the abscess *per vaginam* with the trocar or bistoury; also to enlarging sinuses communicating with the vagina and rectum when such exist. Martin's method of drainage through Douglas' pouch may be more suitable in some cases.—*Medical and Surgical Reporter.*

#### ELECTROLYSIS IN FACIAL BLEMISHES.

One of the most annoying blemishes upon the female face is superfluous hair.

A manly form or voice or face is rarely coveted by a woman; and it is utterly absurd, even cruel, to tell a lady that such a thing is of very little moment, or a disease that will not kill her.

A mole upon the face, a growth of hair, a slight mother's mark, a sallow complexion or a few wrinkles even have produced such a mental condition in a proud, sensitive woman as to demand the utmost skill of some of our ablest surgeons to combat.

In such a condition, as in all other diseases, the first thing to be done is to remove the cause. Not so very many years ago the only remedy for hypertrichosis was either the razor, the tweezers or a depilatory; not really remedies at all, hardly palliatives. A depilatory is only a deep shave, removing the hair apparently; but seldom in reality, unless it has also destroyed the papillary layer of the skin, which it sometimes does, by setting up such an amount of inflammation as to produce this result. Depilatories thus frequently produce a worse disfigurement than the one intended to be cured, are always unsafe, and their use cannot be too strongly condemned.

The tweezers, like the razor, afford only temporary relief, and in some cases really seem to stimulate the growth.

What relation does this form of blemish bear to the general system? It is found in all types and conditions, and not by any means confined

to the masculine appearing woman.

Strumous persons often present a superabundant growth of the natural hair, and it seems to be generally conceded that an excessive growth is an evidence of an aberration of nutrition, and not of increased vitality.

A moustache upon a lady's face is said by some of our close observers to indicate an enlargement of the ovaries, or at least a derangement of the menstrual function. Cases are on record where a general growth appeared subsequent to the suppression of the catamenia, and disappeared from other parts of the body upon the re-establishment of the menses; but not from the face, though apparently not increasing much. Others where the growth appeared after the re-establishment of the periods; not, however, attributed to such return, but rather to the disturbance to the nervous system caused by the cessation.

Among insane women facial hypertrichosis is of frequent occurrence, but generally appears after the insanity. There appears to be some curious relation between the over development of this form of the epithelium and nervous disorders. As the will power declines, the vegetative functions predominate, and often the sexual power is greatly increased after that change which we call somatic death, the skin in many instances retaining its vitality for a comparatively long time, its vegetative function goes on, and hair and nails are said to have been developed enormously. This is denied by some of our dermatologists. I shall not stop to discuss the point, confining myself to live subjects, only noting the fact before alluded to, that excessive growth of hair is not considered as indication of either strength of body or mind; as Dr. Fox says:

"The Sampsons of our day are clean-limbed and naturally short haired, and an abnormal growth of hair in length or location indicates an abnormal condition of the nervous system."

The razor, the tweezers and depilatories having all failed to remedy this difficulty, Dr. Michael, of St. Louis, in 1875, first suggested electrolysis as a safe and sure method for eradication. Dr. Hardaway was the first to put the suggestion to practical use, followed by Dr. Hentzman and others, until now it is quite extensively practised. Dr. Fox, of N.Y., has written a very concise and plain essay upon this and kindred subjects, issued in the Leisure Library Series.

In this form of electrolysis only very weak currents are used. Most writers say that any good galvanic battery will do, but I think that the ordinary acid battery gives a current of too great quantity. A dry chloride cell, or a Leclanché or a Partz, would in my judgment be much better.

A very small needle should be used, the finest

and best obtainable, and flexible, so as not to break easily.

Some operators prefer a platinum needle. It is certainly flexible and non corrosive, but I prefer the fine steel needles furnished by the dealers. They are sufficiently elastic, and of different grades of fineness, so one can choose according to the work to be done, whether on downy hairs, or removal of a mole, wart., etc.

The needle-holder is a simple but delicate insulated handle, with or without an interrupter. As making and breaking the current on the metal connections always gives a little shock, a plain handle might be preferable; but with an interrupter the operator always has the control more perfectly.

The needle-holder is attached to the negative pole of the galvanic battery, the positive pole being attached to a sponge electrode, which is to be well wetted and applied to the cheek, the neck, or the hand of the patient.

As the sponge rapidly loses its moisture, I prefer a bowl of water conveniently placed, connected with the positive pole, and have the patient touch the water with the tips of one or more fingers, as may be required.

Have everything in readiness, insert the needle directly into the hair follicle, tell the patient to put the fingers to the water, and note the effect. If the current is too strong, the blanching of the tissue immediately around the needle will be very marked; if too weak, very little or no effect will be observable.

The exact number of cells required cannot be stated. Experience must be the guide, but commence with three or four and add as needed. If an acid battery is used and the plates are bright and the fluid fresh, unless care is exercised, the face may be burned, before the hair is killed, especially upon a delicate skin. We do not want a caustic effect, but an electrolytic one. If everything is right the first thing noticed will be a slight redness, then a corresponding blanching, and in from ten to twenty seconds little bubbles of hydrogen will appear around the needle, looking like froth, and the hair should now come out with very gentle traction. If it does not, but requires force, let it alone and withdraw your needle. The probabilities are that it was not in the follicle. Do not operate twice on the same hair at one sitting. Be careful not to insert the needle too far, but just far enough to include the follicle.

The operation gives some little pain, but not more, if as much, as having one's teeth filled, and most ladies say they do not mind it in the least, so anxious are they to have the beard removed.

Some of the hairs may return, but by careful observation it is estimated that not more than five per cent. really reappear if carefully re-

moved. New hairs may come that would in more or less time appear anyway, thus seeming to favor the idea advanced by some that electrolysis is uncertain.

On the contrary it is most certain and satisfactory if skilfully done.

From twenty to twenty-five hairs, sometimes less, sometimes more, are removed at each sitting of from half to three-quarters of an hour, depending upon their size and location.

It is a very delicate operation, exceedingly trying to the eyes of the operator, so the patient should sit in an easy position and a good light, face on the level with the eyes of the operator, both being comfortable in their positions.

No blood should be drawn as a rule, although at times a small capillary will be punctured. Minute scars or cicatrices scarcely perceptible necessarily follow. Sometimes a soothing ointment is ordered, but generally the little punctures heal readily and rapidly without any application.

One operator sometimes left the hairs in after using the needle, when, if they had been killed, they would fall out before the next operation. By passing the hand over the face the little elevations on the skin will indicate what hairs have been operated upon. These exudations will disappear in a short time, generally leaving no trace except the very slight cicatrices before alluded to.

Objection has been made to the method that it acted injuriously upon the facial nerves.

Whilst there may have been a very few cases where such a result seemed to follow electrolysis, the mass of testimony is against any such tendency. It has also been proven that as the blemish disappeared the general health of the patient improved; her spirits, before so much depressed, became buoyant, and other troubles, if present, yielded more readily to appropriate treatment.

The operation may be repeated every day, or even twice a day, if time be of importance; but every other day is preferable, the number of sittings depending upon the amount of work to be done. Half hour sittings are, as a rule, long enough, as one's eyes get very tired even in that short time.

It all seems very simple and easy, but it requires a great deal of care, skill and patience. One may insert the needle and whip out the hairs very rapidly at first, only to find that they were merely pulled out, and not electrolyzed at all. Again, too strong a current may be used, and wheals, ulceration and quite a cicatrix result. This is very likely to follow attempting to remove all or most of the hairs in a mole, or of operating upon hairs too close together at one sitting, even if the current be of the proper strength.—*Dr. William H. Walling in Medical World.*

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### CORNS AND BUNIONS.

Although the disease called "corns" is one of the oldest specialties, it has not hitherto attracted to its ranks any surgeons of the higher order. We cannot find any satisfactory reason for this, for a man with an inflamed corn on his toe is quite as great a sufferer as another with wax in his ear. Perhaps it is because the patient can generally diagnose a corn himself, while wax in his ear is about the last thing a deaf man thinks of. Perhaps if bunions were grouped with the specialty of corns, and formed into a sub-specialty of orthopedics under the title of pediologists, their study might be placed on a higher footing.

Our present object is to call attention to the fact that both these diseases are altogether preventable, simply by wearing proper shoes. A shoe that is too short will throw the great toe outwards, sometimes as much as forty-five degrees from the straight line, thus exposing the delicate meta-carpophalangeal articulation to all kinds of violence, the result being a chronic inflammation of the joint and an effort of nature to protect the latter by exuding a fibrous deposit. Although the sufferer from bunions may be relieved by the application of lotions, the only cure lies in the undoing of the harm which has been done; that is, to insert a packet of cotton between it and the next toe, and gradually press it back to the straight line again.

### THE ABUSE OF ANTIPYRETICS.

At a recent meeting of the Medical Society of Montreal, Dr. Alloway stated his conviction that in cases of rise of temperature due to septic absorption it was a fatal error to employ antipyretics (instead of antiseptics) and he thought this error had cost society many valuable lives, and much after-suffering in those whom it did not kill. We desire to call the attention of our readers to this point as we heartily concur in the above opinion. The rise of temperature is the warning note which tells us that pus is accumulating and that poison is being absorbed, or that zymotic germs have set the whole blood fermenting. To lower the temperature by a degree or two by the aid of antipyretics, without removing the cause, is simply blinding ourselves to the real condition of affairs. To us it seems very doubtful whether high temperature alone is really the cause of death in those cases in which death has been attributed to it. We remember a case of a nurse in the East London Childrens' Hospital during our term of residence there who felt perfectly well and did her work with a temperature of one hundred and ten degrees which lasted a month or longer, the figures being stamped as authentic by the Committee of the Clinical Society which was appointed to investigate this freak of nature. There are many other cases on record of what is generally considered a fatally high temperature being without any serious consequences. But even one case, if authentic, would be enough to prove that a high temperature alone is not fatal. In the case of the girl referred to there was simply an hysterical vaso-motor disturbance allowing increased combustion, but there was no poison in the blood causing paralysis of the vaso-motor nerves. If we could come to adopt the view of removing the cause, when removable, as pelvic abscess, retained placental debris, etc., instead of treating the fever which is merely an effect, we believe that many valuable lives might every year be saved.

## TREATMENT OF TYPHOID FEVER.

With so many specialties being developed, one of the few remaining diseases of importance left to the family physician to treat is typhoid fever. As the disease is due to the planting of vegetable spas in the small intestine near the ileo cœcal valve, it is quite impossible by any means yet known to cut the disease short until these plants have run the natural course of their existence, which occupies about three weeks from the time the patient takes to the bed.

The treatment which we recommend may be summed up, in the words of Cullen: "Obviate the tendency to death." Let us inquire then to what accidents death may be due.

1. Hemorrhage of the bowels.
2. Perforation of the intestines.
3. Failure of the heart's action.
4. Pulmonary or bronchial complications.
5. Hyperpyrexia.

For the first complication Dr. C. G. Comegys, of Cincinnati, says (*Pacif. Med. Jour., March*) that he knows of nothing superior to the use of castor oil in small doses every half hour, till the oil appears in the passages. To this may be added to cold applications to the abdomen.

Since the importance of a strictly milk diet has been understood, deaths from perforation are becoming rare. Too much stress cannot be laid on the rule of giving no solid food. In order to impress this regulation upon the patient and all the numerous friends from whom it is our duty to save him, we have been in the habit of hanging up at the head and foot of the bed a card inscribed as follows:—

NO FRUIT.	NO VEGETABLES.
NO SOLID FOOD.	
ONLY MILK AND WATER!	
NO BREAD.	NO MEAT.

As we have had five deaths in nearly one hundred and fifty cases, and four of them were directly traced to the breaking of this rule, we speak feelingly on the subject. On the above card beef tea is not mentioned. The omission is intentional. A hospital nurse once called our attention to the fact that the temperature nearly always goes up one degree if beef tea enters the diet list, and, with few exceptions, we have found the observation correct.

As failure of the heart's action is probably one of the commonest causes of death, and as we possess in digitalis the most powerful of cardiac tonics, we consider the drug to be of the greatest value, during the third week especially, and sometimes after defervescence has set in. Alcohol is also nearly always useful, if properly handled; that is to say, if it is given in small but often repeated and gradually increasing doses.

The pulmonary complications, bronchitis and hypostatic congestion at the bases of the lungs at the back, may be diminished by attention to the position of the patient, taking care to have the patient frequently turned over on to the sides and face, instead of leaving him for days motionless on the back.

We have placed hyperpyrexia as the last among the causes of death because, in our opinion, temperature which is fatal *per se* is rarely reached. It must be admitted, however, that typhoid patients appear better and more comfortable when the temperature can be kept down. The way to do this, which seems most grateful to the patient, is to sponge him by sections, under the clothing, with some evaporating liquid, such as whiskey and water, or even soap and water, and allowing the moisture to evaporate instead of drying it off. Another means is to allow the patient to drink an unlimited quantity of iced milk and water. The temperature of the total mass of the body is lowered by just so much as it takes to heat so many quarts of liquid at 32 de-

grees up to 103. It should be remembered, however, that this does not diminish the combustion but merely abstracts the heat. In the foregoing remarks we must be understood not as having attempted to write a treatise on the treatment of typhoid, which would be out of place in these columns, but merely to have thrown out a few practical observations which might prove of use to the family physician.

### OBITUARY.

DR. R. PALMER HOWARD.

It is with a sense of almost irreparable loss that we chronicle the death of Dr. R. P. Howard, Dean of the Medical Faculty of McGill University, which occurred on the 28th March, after a short illness from pneumonia. The crisis of the illness was reached on the ninth day when instead of a rally, heart failure intervened, and he gradually sank. From the beginning of his sickness Doctors Kuttan, Roddick, Findlay, Sutherland, and Osler, in addition to the attending physicians, Drs. Ross, MacCallum, and Craik, took their turn at his bedside night and day. In conversation with one of his *conféres*, Dr. Howard stated that he fully realized the seriousness of his sickness and feared that he would not recover. He thanked them all for their attention, hoping that he had not trespassed too much on their kindness. At no time, he said, did he suffer any physical discomfort, only extreme mental anxiety as to whether when the crisis came he would rally. In fact, Dr. Howard appeared to understand his case better than those attending him. He was perfectly conscious till within a few hours before his death, and bore his sickness with wonderful patience and fortitude. The news of his death will be received with profound sorrow by hundreds of McGill College men throughout the Dominion. He had a long and honourable career. He was born in Montreal on the 12th of January, 1823. His father carried on business here as a merchant, having settled in the city some years before on his arrival from Ireland, of which country both he and his wife were natives. Having a desire to follow the medical profession Robert on leaving school entered McGill College, pursuing his studies later on in the medical schools of Great Britain and France. Returning in 1849, he practised as a general practitioner for over 30 years, until in 1880 he gave up entirely the practice of surgery. He first appeared as a teacher in 1853, when he was appointed demonstrator of anatomy in McGill College. He

subsequently filled the chair of clinical medicine and medical jurisprudence. On the death of Dr. Holmes in 1860 he succeeded that gentleman as professor of the theory and practice of medicine, a position which he occupied till the day of his death, and on the death of Dr. Geo. W. Campbell in 1882 he was elected Dean of the Medical Faculty. Three years ago the honorary degree of LL.D. was conferred upon him in recognition of his services in the University. During his career Dr. Howard has figured prominently as an office bearer in the leading medical societies. He was at one time president of the Canada Medical Association, president of the College of Physicians and Surgeons of Quebec, president of the Medico-Chirurgical Society of Montreal, and at the time of his death was one of the vice-presidents of the Association of American Physicians. Two years ago he was elected Fellow of the College of Physicians of Philadelphia on the occasion of the celebration of their centennial anniversary. The Montreal General Hospital was the object of his special attention, he having been 22 years an attending physician, though for some years past one of the consulting staff, and 33 years secretary of that institution. As a member of the Board of Governors of the Medical Council of the Province of Quebec, Dr. Howard did his utmost to elevate the standard of medical education and requirements, and it was his earnest desire to have a general medical council established for the Dominion of Canada. As an author Dr. Howard contributed largely to medical literature during the past 30 years. His studies on pneumonia, phthisis, and on heart disease have made him a recognized authority in the profession. The work on Anæmia which he prepared for the International Medical Congress in 1876 was one of the important contributions to the subject. The most elaborate article on rheumatism and allied affections from his pen published in the "System of Medicine" by American authors, 1885, is perhaps the most exhaustive in the English language. The Canadian and American journals contain many lesser contributions from his pen. As a teacher, Dr. Howard has been eminently successful. To him are due many of the improvements of and advancements in medical education in Montreal, the endowments in the Medical Faculty of McGill College being one of the results of his energy and perseverance. One of the most, if not the most, prominent English representatives on the Medical Board of this Province, Dr. Howard was always in the front in the endeavours of the members to establish that body on a proper basis. As a practitioner Dr. Howard was well and favourably known, and had the distinction of being one of the leading consulting physicians in the Dominion.

## BOOK NOTICES.

THE DIAGNOSIS AND TREATMENT OF HÆMORRHOIDS WITH GENERAL RULES AS TO THE EXAMINATION OF RECTAL DISEASES. By Chas. B. Kelsey, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, New York. George S. Davis, Detroit, Mich., 1887. Price 25 and 50 cents.

THE USE OF ELECTRICITY IN THE REMOVAL OF SUPERFLUOUS HAIR AND THE TREATMENT OF VARIOUS FACIAL BLEMISHES. By George Henry Fox, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, &c. George S. Davis, Detroit, Mich., 1886. Price 25 and 50 cents.

A SKETCH OF THE MANAGEMENT OF PREGNANCY, PARTURITION AND THE PUERPERAL STATE. By Paul F. Mundé, M.D., Professor of Gynecology at the New York Polyclinic, and at Dartmouth College; Fellow of the American, British and German Gynecological Societies, etc. Second Edition. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

THE MODERN TREATMENT OF DISEASES OF THE KIDNEY. By Prof. Dujardin-Beaumez, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine; Editor of the Bulletin Général de Therapeutique, Paris, France. Translated from the fifth French edition by E. P. Hurd, M.D., Newburyport, Mass. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM. By Prof. J. M. Charcot, Professor to the Faculty of Medicine, Paris, France, Physician to the Salpetriere, Member of the Institute and the Academy of Medicine, Honorary President of the Anatomical Society, etc. Translated by E. P. Hurd, M.D. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post-Graduate Medical School and Hospital. D. Appleton & Co., New York, 1889. For sale by Wm. Foster Brown & Co., Montreal. Price \$1.50.

This is one of the handiest and most complete books for its size that we have seen on this subject. Every student and most practitioners should obtain a copy.

SPINAL IRRITATION (Posterior Spinal Anæmia) By William A. Hammond, M.D., Surgeon-General U.S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc. George S. Davis, Detroit, Mich., 1886. Price 25 and 50 cents.

The author says: "Spinal Irritation is so common an affection, and the advantages to be derived from its proper treatment are so great, that I hope to be excused for presenting to the medical profession the results of my researches on the subject. The form in which they appear is such as to

admit of general circulation, and I am therefore not without the hope that they may prove of use to my brethren and to the patients under their charge."

THE THEORY AND PRACTICE OF THE OPHTHALMOSCOPE. By John Herbert Claiborne, Jr., M.D. Detroit, Mich.: Geo. S. Davis. 1888. (Physicians' Leisure Library.)

The employment of the ophthalmoscope in the practice of medicine, outside of its special application in diseases of the eye, has now been made so essential to the general practitioner that a knowledge of its principles and some familiarity in its application are required in order to satisfactorily practice medicine. To substitute the instruction of a competent teacher to overcome the difficulties that beset the beginner in endeavoring to obtain a knowledge of the ophthalmoscope and its use is certainly very often desirable, and any attempt in this direction is commendable. This small book, by Dr. Claiborne, seems to be well suited for the purpose for which it was written; his experience in teaching has given him an opportunity to learn the wants of beginners, and he has succeeded in writing a very useful book.

INTERNATIONAL POCKET MEDICAL FORMULARY, with an appendix containing Posological Table; Formulæ for Inhalations, Suppositories; Nasal Douches, Eye-Washes, and Gargles; Hypodermic Formulæ; Table of Hypodermic Medication; Use of Thermometer in Disease; Poisons and their Antidotes; Post-Mortem and Medico-Legal Examinations; Artificial Respiration; Ligation of Arteries; Obstetrical Table; Urinalysis; Differential Diagnosis of Eruptive, Typhoid and Typhus Fevers; Tables of Pulse, Temperature, Respiration; Motor Points, etc. By C. Sumner Witherstine, M.S., M.D., Associate Editor "Annual of the Universal Medical Sciences." Philadelphia and London: F. A. Davis, Publisher. 1888. Price, \$2.00.

This little book, no larger than an ordinary visiting list, contains no less than 1,650 prescriptions recommended by leading specialists from many lands. These are so grouped and letter-indexed that the treatment for any disease can be found instantly. It is interieaved for new prescriptions, and has, besides, pithy articles on a whole host of subjects. In fact one must see it to realize how much information can be got into a work of so little bulk. It would be a god-send to the young practitioner, who has often to prescribe without having a chance to consult his authorities.

THE MODERN TREATMENT OF DISEASES OF THE HEART. A manual of Clinical Therapeutics. By Prof. Dujardin-Beaumez, member of the Academy of Medicine, and of the Council of Hygiene, and Salubrity of the Seine, &c. Translated from the fourth French edition by E. P. Hurd, M.D., President of the Essex North District Medical Society, &c., &c. (The Physicians' Leisure Library Series.) Geo. S. Davis, Detroit, Michigan.

This little work on such an important subject, and written by so renowned an authority, cannot fail to prove of great interest to physicians. When the frequency of cardiac affections and the difficulties attending their treatment are considered, the utility of hand books of this kind is apparent. Although the primary lesion, the valvular altera-

tion, is itself incurable, it is in the power of the well-informed practitioner to do much to alleviate and remove the multiple morbid manifestations which result from the disturbance of the circulation, and it may truly be affirmed that in no class of chronic and essentially incurable diseases are the benefits of rational therapeutics more conspicuous. The author does not claim to have added much that is new to the established treatment of valvular affections, but has endeavored, 'concisely' and plainly, to lay down rules and give directions which will enable the practitioner to administer the cardiac medicaments with the greatest chance of success and the least risk. Chapter I. is devoted to studying the treatment of Compensated Mitral Affections. Chapter II. goes deeply into the action of heart tonics e.g., digitalis, caffeine, strychnine, &c. Chapter III. takes up the treatment of dropsies due to diseases of the heart. Chapters four, five and six are equally interesting and instructive.

### PAMPHLETS RECEIVED.

A copy of any of these would probably be sent by their respective authors if requested to do so by any of our readers:—

- Cases in Orthopædic Surgery. By Ap Morgan Vance, M.D., Louisville, Ky., 1885.
- Message of Gov. Robert L. Taylor to the Forty-Sixth General Assembly of the State of Tennessee.
- Biennial Message of Richard J. Oglesby, Governor of Illinois, to the Thirty-Sixth General Assembly.
- Pressure Forceps *versus* the Ligature and Suture in Vaginal Hysterectomy. By E. C. Dudley, M.D., Chicago, 1888.
- Regulations of the Provincial Board of Health, for the direction of Local Boards of Health of the Province of Quebec.
- A Defence of Electrolysis in Urethral Strictures, with documentary evidence. By Robert Newman, M.D., New York.
- The Training of Nurses. By Hal C. Wyman, M.S., M.D., Professor of Surgery, Michigan College of Medicine and Surgery, Detroit.
- Yellow Fever. Absolute Protection Secured by Scientific Quarantine. By Dr. Wolfred Nelson, 32 Nassau Street, New York, N.Y.
- Osteotomy for Anterior Curves of the Leg. By De Forest Willard, M.D., Lecturer on Orthopædic Surgery, University of Pennsylvania, etc.
- Femoral Osteotomy for the Correction of Deformity resulting from Hip-joint Disease. By Ap Morgan Vance, M.D., Louisville, Ky., 1888.
- The Comparative Merits of Tracheotomy and Intubation in the Treatment of Croup. By George W. Gay, M.D., Visiting Surgeon to the Boston City Hospital.
- Note on Rumbold's Method of Treatment of Catarrhal Inflammations of the Upper Air Passages. By Ely McClellan, M.D., Surgeon United States Army.
- A New Method of Treatment of Diseases of the Urethra, Bladder, Uterus and Rectum—Dry Medication, Dry Treatment. By Elmer Lee, M.D., of St. Louis, Mo.

On the Relation Between the General Practitioner and the Consultant or Specialist. By L. Duncan Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital, etc.

Success and Failure of Electrolysis in Urethral Strictures, especially Dr. Keyes' Method Reviewed. By Robert Newman, M.D., Surgeon to the North-Western Dispensary, New York.

Vaginal Hysterectomy; Report of Four Cases. By J. H. Etheridge, A.M., M.D. (Rush), Professor of Materia Medica, Rush Medical College; Gynecologist to the Presbyterian Hospital and to the Central Free Dispensary.

### PERSONAL.

We are glad to hear that the health of Dr. Richard MacDonnell has been all but completely restored, and that it is his intention to return to Canada early in May.

Dr. Duquet, of Longue Pointe Insane Asylum, accompanied by Dr. L'Esperance, left Montreal on the 5th of April for a six months sojourn in Europe. Dr. Duquet will pass some time at the Morningside Asylum, near Edinburgh.

It is reported that Dr. George Ross will be transferred to the Chair of Practice of Medicine in McGill College, rendered vacant by Dr. Howard's death, and that Dr. Richard MacDonnell will replace Dr. George Ross in Clinical Medicine. If such is the case, we think a mistake has been made in the removal of Dr. Ross.

Dr. Robert Craik has been elected Dean of McGill Faculty of Medicine in place of Dr. R. P. Howard, deceased. The appointment is an excellent one, the new Dean possessing qualities of head and heart which must make him very acceptable to his colleagues, while (as he was when entirely engaged in lecturing) he will surely be the students' friend. Dr. George Ross was elected Vice-Dean. This latter is a new office.

Dr. Clarence R. Gillard, C.M., M.D. M.R.C.S., Eng., L.S.A., London, has begun practice in Montreal, having rented the office of the late Dr. Kennedy. We understand that Dr. Gillard was for eleven years in the service of the British Government in Jamaica, but the climate proving too severe for his health he was compelled to move north. Having married a Canadian lady several years ago, he was naturally induced to choose Canada for his home. He is an M.D. of Bishops College, 1885.

LITTLE WORDS OF KINDNESS.—It affords us great pleasure to be enabled to present to our readers the valuable article of Dr. A. Laphorn Smith, of Montreal, on "Some Minute but Important Details in the Management of the Continuous Current in Gynecology," found in the current number. To Dr. Smith, more than to any other American Gynecologist, belongs the credit of having established upon a scientific and exact basis the use of the continuous current in gynecology in this country. He was an earnest student of Apostoli at Paris, and has given to us a faithful translation of his work. Dr. Smith read an interesting paper before the gynecological section of the Ninth International Congress which provoked considerable discussion and favorable comment, and also another before the Association of American Obstetricians and Gynecologists, at Washington, September, 1888.—*Editor Albany Medical Annals, March, 1889.*