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## Original Communications.

### WHAT CIVILIZATION IS DOING FOR THE HUMAN FEMALE.\*

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S. Eng., F.O.S. Lond.; Lecturer on Gynecology in Medical Faculty of Bishop's University, Montreal.

At the outset of this paper the writer wishes to disclaim having any grudge against civilization. On the contrary, he enjoys the luxuries and comforts which it affords him, and in return is quite willing to pay the price in shortness of life and diminished health, which it demands.

The object of this paper is merely to call attention to the fact that civilization is slowly but surely working certain changes in the human animal. His wish is to record, not to criticise. As his observations have been made upon the human female, he will limit his remarks as much as possible to that branch of the subject.

For the purposes of this essay, the word civilization will be taken to mean the ensemble of social customs, habits, refinements of manners, comforts and luxuries which are not practised or enjoyed by human beings in the savage state.

That these altered circumstances are changing the nature and health, as well as giving a different complexion to the diseases of women, is tolerably well known.

\*Read before the Southern Medical and Gynecological Association, at Nashville, Tennessee, 14th Nov., 1889.

The writer will endeavor to point out in what manner this is coming to pass. In the savage state the human female possesses a muscular system quite equal to, and in some countries where it is the custom for the women to perform all the hard work, even stronger than the men. When the tribe is moving from one point to another, in search for food, she has not only to transport herself, but also one or two, or even more, of the smaller children, while, when stationery for a time, it is her duty to grind the corn, gather fuel, carry water, and cultivate the ground in a rude way, while the men occupied themselves with warfare or the chase. In such women there are no muscles that are never called into play, and all the physiological processes are carried on with regularity and ease.

Under the influence of civilization the woman gradually exchanges her life in the open air for close confinement in the house, with its deprivation of fresh air and exercise, and instead of a light waist cloth or a simple covering suspended from the shoulders, she has gradually acquired the art of changing her form from the natural to the artificial shape, and to hang from her constricted waist not only a large amount of heavy clothing, but also many hundred yards of ornamental trimming.

In the savage state the female child is

born with equal chances with the male. The daughter of civilization, on the contrary, inherits at her birth the diminished lung capacity and breathing power of her highly educated mother. From the age of two or three till ten or twelve she is treated pretty much the same as her brother, although both are too often treated badly enough, being kept in close confinement in a poisonous atmosphere for many hours a day when they should be running about in the pure air. About the age of puberty, however, the civilized female becomes heavily handicapped, for she is then taught that any but the slightest movements are ungraceful, and in order to give her a so-called nice figure she is fitted with a corset, a sort of irregular shaped band which is so tightly laced around the middle of the body as to prevent the lower ribs and diaphragm from acting. This gives rise to a limited form of breathing known as costal respiration, which was formerly thought to be natural to all women. Owing to the experiments of Kellog, it has been established that among women who have never worn corsets there is no such thing as costal respiration as opposed to abdominal respiration. On the contrary, they use the abdominal breathing just as much as men do.

Not only does the corset diminish the effectiveness of the lungs, but indirectly it lessens the nutritiousness of the blood by decreasing its supply of oxygen. Besides that, it directly interferes with the usefulness of the blood in another way; the compression of the chest by the corset actually limits the diastole of the heart. We have only to remember that the heart has no power of its own to dilate, but merely expands by the very slight *vis a tergo* of the blood flowing in from the large veins to understand why syncope and death from this cause are by no means rare.

Congestion and enlargement of the liver are important factors in the production of diseases of the female pelvic organs. Here

again the corset and civilization have much to answer for. In the normal woman the diaphragm is free to rise and fall, alternately drawing in and forcing out the blood; without this suction action of the diaphragm the liver becomes congested. This means enlargement. At the same time, the enlarged organ is forced back against the spine so as to compress the inferior vena cava which passes behind it. As this vein receives all the blood coming from the internal generative organs, compressions of the inferior vena cava must cause congestion of the womb and ovaries.

That the corset must hamper the peristaltic movements of the intestine is evident, leading to constipation, malnutrition and poisoning of the system, to which Sir Andrew Clark, with his happy faculty of calling old things by a new name, has termed *foecal anaemia*.

Apart from the pressure of the liver upon the main venous trunk, the passage of blood and lymph from the uterus and ovaries, already battling against heavy odds in the shape of gravity, has still further to contend with the artificial strictures at the waist, so that the large, loose plexus of veins lying between the folds of the broad ligament known as the pampiniform plexus, is frequently over-distended with blood, amounting to varicocle, and causing excruciating pain. Many a time the removal of the corset would render unnecessary the removal of the ovaries. Some writers have denied the existence of varicocle of the broad ligament, which the writer was one of the first to describe, and which he has not the slightest doubt is a much more common disease among women than varicocle of the spermatic vein among men. In several previous papers he has called attention to the greater frequency among women of pain in the left side, and to the explanation of it, partly by the fact that the left ovarian vein, like the left spermatic, empties into the left renal vein at right angles to the current, and consequently at a disadvantage; the

other reason being the pressure of a loaded rectum and sigmoid flexure upon the left common iliac vein, as well as in the left ovarian, as they pass between the bowel and the brim of the pelvis.

The evils of the corset are very much increased by the error of suspending the greater part of the clothing from the waist instead of from the shoulders, as men do. The clothing of a fashionably dressed civilized woman, in winter street costume, has been estimated to weigh 37 pounds, 19 of which hang from the waist, so as to increase abdominal pressure. It is needless to add that less than half of that weight, if judiciously laid out, would answer all the purposes of covering and warmth.

During many hours a day for many years civilization requires that the female child should be kept at a desk, supporting the weight of her head and shoulders on her left arm, while the right is employed in writing. The result is atrophy of the dorsal muscles of one side with lateral curvature. At the age of puberty the corsage is applied, when the dorsal muscles of both sides having their work done for them atrophy, in accordance with the physiological law, in virtue of which unnecessary organs disappear. These erector spinæ muscles then disappear, as may be seen by the spines of the vertebræ becoming prominent, instead of being buried in muscle, as they are in the savage state. What with street cars, cabs, railways and elevators, the muscles of the limbs are hardly used at all, and they atrophy. The levator ani, the principal muscle of the pelvic floor, and therefore sometimes called the pelvic diaphragm, is so seldom called upon to raise the anus or to constrict the vulva that it too generates and becomes thin and weak. On this continent, where civilization has reached its highest phase, the muscular system has been replaced by fat and nerves, principally nerves. As Dr. Herman of London says (B. M. J., June, 1889): "Under civilization, a new type of disease has sprung

up among women who are accustomed to have everything done for them and to do little themselves; persons who think and feel a great deal but act little. Over-sensitive nerves and weak muscles, he says, are partly inherited and partly the result of training; of a training which instead of making the child into a good animal has been, perhaps not intentionally, directed towards developing the mind and hindering the growth of the body; a training which develops complexity of nervous structures instead of nervous energy. It is the result of a childhood spent in learning a great deal and doing very little." Instead of training women to be tall strong and muscular, with good appetites and the power of sleeping well, the whole tendency of civilization is to depress and mortify the flesh in order to exalt and cultivate the spirit.

This supremacy of the nervous system amongst the most highly civilized women gives a peculiar complexion to almost all their ailments, their symptoms as a rule being altogether out of proportion to their actual disease; for instance, when the muscles which support the uterus are a little tired, instead of a feeling of fatigue, the highly civilized woman complains of unendurable pain, so that slight functional disorders are frequently subjected to treatment which should only be required for severe organic disease. Nervous sedatives have become so necessary, that in one town in the United States the writer has seen half a dozen ladies come into a drug store within half an hour and consume a dose of bromides on the premises. They appeared to be regular customers. This hyper-irritability of the nervous system is so prevalent among the most highly civilized people, that domestic happiness is not so common as it once was. The writer would suggest that bromide of sodium should take the place of common salt upon the table of this continent.

If civilization with its luxury and ease, and the possibilities which its accompanying wealth gives women of having things

done for them instead of doing them themselves, makes women more sensible to pain and less capable of exertion, it would not be surprising to learn that such a complex process as labor, depending as it does upon the nervous and muscular system, should be affected injuriously thereby; such indeed has been the writers experience. The process of dilatation of the os uteri which among savage and slightly civilized women goes on quietly and without sufficient pain to prevent them from attending to their occupation, becomes in the highly civilized a long and agonizing process, owing to their increased sensibility with diminished contractility. Their muscles make a great outcry but do very little work. Owing to defective nutrition the amniotic membrane breaks very often at the very beginning of labor, so that the waters escape and dilatation must take place by the direct pressure of the child's head instead of by the beautifully equalized pressure of the bag of waters. The pressure of the child's head being greater at certain points than at others the stretched cervix is lacerated. In the writers opinion laceration of the cervix could not possibly occur if dilatation were performed by the bag of waters, and if neither fingers nor instruments were introduced within it. If the bag of waters were strong enough to remain intact until the perineum is also dilated, as he has seen it occur among the lower classes in Canada, rupture of the perineum would not happen either. The writer does not think that the importance of preserving the amniotic membrane until dilatation is complete is sufficiently understood, there are even text books which recommend wilfully rupturing the membranes before dilatation is finished. The rupture of the membranes really retards labor, tempts the attendant to make many injurious examinations, followed at last by the application of the forceps very often before dilatation of the cervix is complete, because the woman is exhausted, and causing rupture of the cervix. Then the

head is dragged through the perineum without allowing as much as a tenth part of the time which nature requires for its stretching. Then, again, civilization makes the parturient woman remain for from ten to twenty days on her back with the discharges accumulating in the pelvis, or leaking through the fallopian tubes into the peritoneal cavity, instead of having her up and about all the time with the uterus well drained, as in savage woman among whom puerperal salpingitis, ovaitis and fixation of the uterus by local peritonitis are unknown. Apart from the injudicious rupturing of the membranes labor is prolonged in the civilized woman owing to the badly nourished condition of the muscular tissues of the uterus and abdominal wall.

In yet another way is civilization making labor more laborious. According to the law of the survival of the fittest, a woman with a pelvis narrower than the average, if left to nature, would probably perish in her first confinement, so that that breed of women would at once die out. By the intervention of art, women with small pelvises are preserved to give birth to many children of which some will be females with pelvises even smaller than their mothers'. It is true the removal of the uterus, as recommended by Lawson Tait, now that it can be done with so much safety, would put a stop to such vicious breeding.

On the other hand, civilization, while it is making the pelvises of women smaller, is making the heads of male infants larger; for, in the struggle for existence, the man with the big head, and not the one with the strong arms, wins the battle of life. As every new idea that enters a man's head occupies brain space, it is tolerably certain that the average circumference of the male head is increasing. As male children inherit the qualities of their fathers to a greater or less degree, some of the big-headed man's offspring will be born with larger heads than their father had at his birth.

While nature, if left to herself, would exterminate at their birth these big-headed men who are able to amass so much wealth, civilization comes to their rescue and saves them.

Labor is prolonged in the civilized woman, owing to the badly nourished condition of the muscular tissues of the uterus and abdominal walls.

We now come to a delicate question, but one which no feelings of false modesty should prevent us from looking squarely in the face. There can hardly be one physician here who has not been consulted either by a wife, or by a husband for her, on account of lack of sexual feeling. Anyone who has had a large experience with highly civilized women can not have failed to learn that very few of them care anything for sexual intercourse. It may be argued that those who come to consult the physician for frigidity are sick women; but, in order to ascertain the truth on this point, the writer has had enquiries instituted among healthy women, and the result has been the same; that the higher one rises in the grade of civilization, the less the sexual instinct remains. This is partly the result of training, by which the civilized female is taught from her earliest years to repress every resemblance to the healthy animal and partly the result of heredity, as shall shortly be seen.

As sexual feeling in the woman is in no wise necessary for the preservation of the species, and as the women who have no such feelings are perhaps the best off, the writer does not complain of this condition of things. He merely wishes to record the fact that a great change is coming over women in that respect. It is easy to explain this by the aid of the Darwinian theory, one of the axioms of which is that qualities which are not necessary or advantageous to propagation and preservation will die out, while those which are advantageous will be preserved.

Now if there are two daughters in a family, one of whom has a strong predilection for men and the other cares nothing for them, and if only one of these girls is to be married the highly civilized man will, for reasons easily imagined, choose the latter, who will have several daughters who will inherit their mother's qualities in a varying degree. The former, on the contrary, though a great favorite, is not married and dies childless. Applying the same rule to several succeeding generations we will see that under civilization the sexual feelings will gradually die out among women. The same rule does not apply to men, for in them reproduction is an active process and only those men have progeny, who have strong sexual feelings. For, owing to the keenness of the struggle for existence, in greater part due to extravagance, no man will enter into the expense and responsibilities of matrimony unless compelled to do so by the force of his sexual feelings. Men who have little or no passion, on the contrary, die childless; so that that class of men are dying out, while there survives only the men who have inherited strong sexual propensities. So, if the argument is clear, it will be seen how men are becoming more passionate while women are becoming less so. The writer knows of several families where for three generations the process of losing sexual feeling among the females, and of acquiring it more strongly among the males, has been steadily going on.

For the sake of clearness, these thoughts have been presented very briefly; and although the writer does not wish to criticize, we can hardly fail to learn a lesson from them.

The lesson to be learned by the study of these facts is that the majority of diseases of women which we are called upon at the present day to attend were not only not known, but did not exist, among the women of four centuries ago.

That most of them are but the logical and to be expected outcome of the altered

and vitiated circumstances by which civilization is surrounding them.

That the first step to be taken in their treatment is to undo as far as we can in one generation the wrong that civilization has done to their bodies. And that we should use all the influence we possess to save the coming generation of women from the mistakes and consequent suffering of the present one, and which education, luxury and fashion are busily at work preparing for them.

### PSORIASIS.

Clinical Lecture at the Montreal General Hospital by F. Wayland Campbell, M.D., L.R.C.P. London, Professor of Medicine Faculty of Medicine University of Bishop's College.

The boy now before you was, about a year ago, a patient in the out-door clinic, coming and going for several months, and seemed to be improving. He suddenly ceased attendance, and I did not again see him till a week ago yesterday, when he once more presented himself. His case is one of skin disease, and the particular form under which he is suffering is known as Psoriasis. It is also called *Lepra* by some authors, though German authorities apply this term to the many forms of Leprosy. Among the public it is known as "Dry Tetter." Skin diseases are particularly difficult to diagnose, there are so many varieties, each often bordering upon another variety. It is advisable, therefore, to study carefully every case that presents itself, and in this way impress on your eye its special characteristics. Psoriasis, however, is a skin disease which is generally easily recognized. It is characterized by profuse silver-gray or mother of pearl-like scales, more or less packed together, situated on a reddened base, and are elevated to a slight extent. The larger scales can generally be very readily detached by the finger nail, and the smaller ones by gentle friction with a towel. The quantity of scales vary with the duration of the disease. With its first appearance they are most numerous, and

decrease with its duration. Any number of divisions of Psoriasis have been given, but I will content myself with directing your attention to five varieties.

1st. *Psoriasis Punctata*.—In this variety the scales are very small; not larger than the head of a pin.

2nd. *Psoriasis Guttata*.—This variety is not regular as regards the size of the patches. They look very much like drops of mortar thrown upon the skin. This form of the disease is the one this boy is troubled with, on the arms, though on his thigh (left) he has one very large patch. After a time the patches of this variety increase in size, when it is known as the

3rd. *Psoriasis Nummularis*, because the patches take on an appearance like coins.

4th. *Psoriasis Orbicularis*.—This form either appears in the shape of a ring with a centre of healthy skin, or a patch of Psoriasis heals in the centre, leaving a circle of diseased skin.

5th. *Psoriasis Diffusa*.—In this variety the patches are large and of varied shape, the whole surface being covered with scales. This form is at times most extensive. I have seen it so bad that, on a rough calculation, there was more diseased surface than of healthy skin.

Psoriasis is an exceedingly common disease in some of its milder forms. Hundreds have spots of it who seem hardly aware of the fact. It is most common about the elbow and knee-joint, but it is often met with on the body, scalp, and even the face, though fortunately it is rare on the latter situation. Very obstinate patches of a deep red wine or violet color are often met with on the calf of the leg in persons who have to stand a great deal, and who have varicose veins. The disease causes very little trouble, and, on this account, is very often neglected. It is only when the eruption is coming out that the patient has a stinging feeling, followed by itching. When fully out the itching is slight, or there is none. If the patches are extensive, and of

long duration, and in situations where movements affect them, large, deep cracks occur, which are very painful. There is a form of Psoriasis which is syphilitic, and the diagnosis between it and ordinary Psoriasis, depends on the fact that in the former the scales are small and of a dirty grey color, and below the skin is coppery in color and of a sombre hue.

The cause of the disease is obscure, but heredity influences it. Some authors say it is due to a specific poison. One thing is certain, it is met with, as a rule, in healthy, vigorous subjects, and does not cause much annoyance, unless very extensive. It has been known to disappear from a healthy subject when, from sickness or any other cause, nutrition decreased. The disease is usually relapsing in its character. It is seldom cured permanently. We can, however, completely remove all the morbid changes in the skin, even although the disease be most extensive. The period of relapse varies—in some only a few months, in others two or three years, and again it has been known to be entirely absent for ten years.

*Treatment.*—This is divided into internal and external, and includes a very great many medicines. I will only speak of a few of the most important, and therefore the most generally employed. First on the list of remedies for internal use stands arsenic, which is often able, without the aid of local means, to cure the disease. Fowler's solution of arsenic, which is the ordinary liquor arsenicalis, should be given in doses of three to five drops, after meals, combined with a few drops of spirits of chloroform, some bitter tonic and peppermint water. If the remedy is well tolerated the arsenic may be increased one drop every few days, up to twelve drops. If the disease seems inveterate, increase still further till twenty, or even thirty, drops are taken. This latter increase must also be by single, and not more than once in seven or eight days. As the patches commence to disappear, gradu-

ally return to the original dose. If the larger dose should induce conjunctivitis, dryness in the throat, or gastric disturbance and pain, at once diminish the dose. During the administration of the arsenic, acids, spiced articles of diet, and those which are laxative; also beer must be avoided. The remedy is contra-indicated in chronic diarrhoea and dyspeptic symptoms. Arsenious acid is recommended by a great skin authority, viz., Helion, to be given in pill form. It is best combined with opium. A good formula is one grain of arsenious acid, four grains of opium made with soap into sixteen pills, of which two should be taken night and morning. Arseniate of soda and arseniate of iron are both recommended. Donovan's solution—a combination of arsenious acid, iodine and mercury—is sometimes used, but I do not think it so generally useful as the simple arsenious acid in solution. The ordinary liq. arsenicalis, cod liver oil, combined with iron and quinine, according to Tilbury Fox, has given excellent results.

*Local Remedies.*—Tar is used in the shape of the unguentum picis, the scales having previously been removed by protracted baths. Sometimes, however, tar disagrees. This is indicated by marked irritation, or the development of tar acne. Pyrogallic acid in the form of ointment is a useful application. It leaves behind considerable staining of the skin, which can be removed by benzine. It must be used with caution in extensive Psoriasis, as by absorption it may give rise to grave symptoms. Good results, I have often seen follow, the use of the ordinary Dilute Citrine Ointment. Somewhat recently the therapeutics of this disease have received a valuable addition in chrysophanic acid, which is the active principle of Goa-powder, the Indian remedy for ring worm. It should be used in the form of ointment. It must not, however, be used on the scalp, as it discolors the hair. It sometimes induces great irritation—not so much in the patch as in the neighboring



skin. When this occurs the ointment must at once be suspended. Liquor potassæ in doses of 20 to 30 drops, three times a day, is advised, and Dr. McCall Anderson, of Glasgow, speaks highly of carbonate of ammonia in doses of ten grains at first and gradually increasing to forty grains.

*Wry Neck.*—The little boy before you is aged ten years, and presents himself to-day for the first time at the clinic. You will observe that his appearance is peculiar, his head being twisted to one side, and he is unable to return it to its proper position, and this condition has persisted for some weeks. This condition is known as Wry Neck or Porticollis, and consists either in a temporary or permanent shortening of the cervical muscles, especially the sterno-cleido-mastoid. The result is that the head is twisted to one side. The head is nearly immovably fixed, so that if the patient desires to look at any object, unless it is directly in front of him, he must turn his entire body. It is said to sometimes be congenital, but such a cause is very rare. More often it is the result of a position assumed in consequence of an enlarged and painful condition of the lymphatic ganglions of the neck, compelling the patient to keep the cervical muscles in a constrained and rigid state. No matter what be the cause, these muscles soon become permanently contracted and indurated. If you examine them you will find that they feel like dense, rigid cords, and their outline is easily seen. Not only is the sterno-cleido-mastoid affected, but very often also the platysma, trapezius, scalene, splenius, and sometimes the elevator of the scapulae.

The *Prognosis* is doubtful. In recent cases, caused by muscular spasm, and due to cold, a cure very often takes place, especially if the case be early placed under treatment. On the other hand, if the deformity is complicated, and a large number of muscles are involved, the outlook is very gloomy.

*Treatment.*—If the disease seems to be

due to rheumatism, iodide of potash, with colchicum wine, is useful. Atropia in a dose of  $\frac{1}{200}$  of a grain is recommended for this class, to be hypodermically used. At the same time employ local applications of soap liniment, belladonna liniment, and opium. Failing success by medicinal treatment, then resort must be had to surgical. This consists in dividing the inferior attachment of the muscle, and allowing the head to regain its normal position. After this the head must be kept in proper position by an apparatus, many forms of which have been devised.

*Eczema Palmaris.*—This man came to the out-door clinic complaining of pain at the tips of the fingers, especially on movement, which has troubled him for some time. If you examine them you will find them creased by irregular fissures, fairly deep, and some of which, from their position, are opened and closed by the movements of the hand. The disease in this case is comparatively mild to what I have often seen, and is known under the name of Eczema Palmaris. The hands are very often the seat of the most varied forms of Eczema, acute as well as chronic. The many irritating substances with which they come into contact, prepares them for its frequent appearance on this place. Here we find the disease most obstinate to treatment; the thick epidermis of the hand prevents the eruption of vesicles, and at the same time preventing the action of local applications.

*Treatment* is both internal and local. The internal is specially directed to improving general nutrition, while the local includes the benzoated oxide of zinc ointment, carbolic acid ointment, borax, alum and glycerin in form of ointment. Sometimes the fissures are so deep that they require to be touched with the solid stick of nitrate of silver, and afterwards brushed over several times daily with a moderate solution of sulphate of zinc in glycerine and water.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, October 18th, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Dr. Bell brought before the society a boy, aged 12, with a most marked double talipes equino-varus. He had undergone several operations and spent a great part of his childhood in apparatus of some kind or other. All failed, however, to remedy the deformity, and he was able to walk so little that the leg muscles became atrophied. In this condition Dr. Bell decided to operate, and enable the boy to walk on the soles of his feet, by removing as much of the tarsus as might be necessary to secure this result. On the 26th of April last Dr. Bell operated on the left foot by removing the astragalus scaphoid, cuboid, portion of the head of the os calcis and outer cuneiform bones. In six weeks the wound was healed, and a strong boot having been secured, the patient was discharged for a few months before operating upon the other foot. Upon the 16th July last the other foot was operated upon by removal of the cuneiform bones and the cuboid, with the head of the fifth metatarsal bones. In two months he was discharged, with a well fitting boot for the right foot. He now (less than three months after the operation) walks well on the soles of his feet, and the leg muscles are increasing in size and strength.

Dr. Roddick suggested that to prevent any relapse a properly suited instrument should be worn.

Dr. Mills pointed out that the case raised many interesting questions, both physiologically and psychologically, when it is remembered that there is a "muscular sense" of the greatest importance in regulating muscular efforts and imparting a knowledge of the relations between these and the forces opposing them. When, again, every sense-impression, even of vision itself, may be said to be associated with muscular contractions, (ocular muscles) it is impossible to avoid the conclusion that the complexity of the movements of consciousness was dependent in part on the relations between movement and sensation.

The importance of recent agitation in reference to muscular training in schools became apparent. It was also comprehensible that the muscular movements carried out systematically might improve feeble intellect or aberrant moral natures, and it has been found to be the case by actual experiment. One would naturally expect in the case of the child before the society, that now, when his lower extremities with their muscles,

joints and cutaneous surfaces placed in new relations there would be added avenues of sensory impressions which would be available in building up the intellect and moral nature. The question was not whether it was so, that was beyond controversy, but whether the growth was susceptible of observation by us amid the complexities of the child's physical life. It was worth while to see what could be done in this direction, as it bore so directly on the fundamental problems of education.

Dr. Bell said his patient compared very favorably in intellect with that of other children.

Dr. Shepherd stated that he cut irrespective of the bones, and disregarded the articulations.

Dr. Trenholme cited the case of a boy ten years of age who could not sit up in any position, through spinal affection, who showed wonderful mental ability, and he thought that our most muscular men were not the most intelligent.

Dr. Mills, in replying to others, said that he had not made himself understood, judging by the character of the others' remarks. He asked consideration for the single fact that almost every skin sensation was associated with a corresponding muscular movement; that the mere retinal image would of itself go but a little way towards what is implied in "vision." The importance of the muscular sense and general cutaneous sensibility has been much underestimated as purveyors of the materials for building up the mental fabric.

*Pathological Specimens.*—Dr. W. Gardiner exhibited (1) Cyst of the broad ligament without involving the ovary. It lay within the layers of the broad ligament and was easily shelled out; no pedicle. The excesses of tissue of the broad ligament was ligated and excised.

(2) Small multilocular cyst of ovary, which, previous to the operation, had been mistaken for a fibroma of the uterus. It was very adherent to the retro uterine pouch and bladder.

Dr. Johnston related a case in which he had performed an autopsy in a man aged 27, very powerfully built, killed by a packing case falling on his abdomen. Left os innominatum was fractured through the acetabulum. The sacro iliac articulation and the symphysis pubis were all dislocated.

Dr. Roddick showed a vesical cystine calculus removed by lithotomy.

Dr. Ruttan did not think from the external appearance that the calculus was cystine.

Dr. Mills asked Dr. Roddick if he could discover anything in the patient's method of living to account for this formation.

Dr. Bell exhibited a specimen showing the lower end of the humerus removed in excision of the elbow ten weeks after an accident, which resulted in ankylosis, in a position of extension and pronation and partial dislocation inwards. On removal, the lesion was found to have

been a separation of epiphysis of the lower end of the humerus. It was displaced forwards and inwards, and had become attached to the front of the lower end of the shaft and at right angles to it. The sigmoid cavity of the olecranon fitted upon the inner epi condyle and the head of the radius rested upon the outer half of the articular surface. The patient's age was 12 years.

Dr. Gurd exhibited a macerated foetus of rather more than three and a half months' gestation, from a case of missed abortion. The following history was given: The patient is a very large, healthy woman, mother of four living children, had menstruated last on January 23rd, and believes she became pregnant on the 5th of February. She was troubled with uncomfortable symptoms of pregnancy until about the 25th of May, when these suddenly stopped and her abdomen ceased to enlarge. From this time till September 23rd she complained of weight and coldness at the lower part of the abdomen. Every evening she had chills, but says she had no fever. Dr. Gurd was sent for on September 25th, and found a bag of membranes presenting. In about three hours afterwards the foetus was expelled. The cervix was hard and unyielding, so that he was unable to remove the placenta with the fingers. Dr. Alloway's assistance was sought, and under ether removed the closely adherent placenta piecemeal. The placental mass was unusually firm and hard in texture.

Dr. Trenholme said, with regard to this interesting specimen, the question arises how can such a dead and decomposed foetus be retained for four months. This can occur in but two ways; first, by the occlusion of the cervical canal; and, secondly, by the imperfect development of the decidua. The first mode he would not dwell upon, as it could not have existed in this case. The second cause of retention is of deep interest, and will never be found apart from exhaustion, general or local, and is due to imperfect and abnormal development of the decidua. In these cases he believes the foetus is destroyed for lack of uterine vitality whereby the reflex decidua fails to expand and give the required space, and thus the membrane must give way or the child perishes. Again, the question arises, why should this take place? and my reply would be that this is due to the lack of the union of the reflex and the true decidua. In these cases Dr. Trenholme has found the decidua smooth—not congested—and the uterine muscular tissue cartilaginous. In short, no predisposition on the part of the uterus to carry on the work it undertook to perform. This state of things enables us to understand how such a foetus is so long tolerated; also, how it is that such patients may menstruate regularly, have attacks of metrorrhagia, and even conceive again.

Drs. George Ross and Johnston suggested that a committee be appointed to ascertain the age of the foetus.

Dr. Major exhibited for Dr. Corsan a membranous cast of the trachea which had been coughed out after intubation in a case of diphtheria.

Dr. Major then read a paper on "The use of peroxide of hydrogen in diphtheria." This paper will be published at length.

In the discussion which followed, Dr. Corsan stated that he had used it frequently in nasal cases and found it very useful in keeping the passages clear.

Dr. Birkett remarked that Vogelsang had in 1885 used peroxide of hydrogen as an internal remedy in cases of diphtheria with remarkable success.

Dr. Major then read a few notes on "Two cases of deformity of the nasal septum, which will appear in full in our next issue.

The publishing committee was then appointed by the President as follows: Drs. James Stewart, F. W. Campbell and James Bell.

Dr. W. Gardner then read his retiring address, in which the work of the past session was carefully reviewed.

#### *Regular Meeting, November 1st, 1889.*

DR. SHEPHERD, FIRST VICE-PRESIDENT, IN THE CHAIR.

Dr. Johnston exhibited a pathological specimen from a case of chronic suppurative otitis media, in which there was, on the anterior surface of the right petrous bone, posterior to the edge of the semi-circular canal, and anterior to the region of the mastoid cells, a perforation a quarter of an inch in diameter, with thickened, rounded edges. At the edges slight adhesions exist between the petrous bone and the corresponding portion of the dura mater; but the dura mater readily removed, and is intact. The superior petrosal sinus is plugged with a recent thrombus; the right lateral sinus is filled with greyish-brown, fetid fluid, extending half way up to the torcular herophyli. The inferior petrosal sinus and the internal jugular vein are filled with a similar material, their walls thickened, rough and, in places, necrotic. On the external aspect of the inferior petrosal sinus the bone is exposed. On sawing into the temporal bone the cavities of the middle and internal ear are filled with a cheesy, fetid mass, which consists microscopically of leucocytes, crystalline fatty acids and bacteria; the drum membrane represented only by a few fibrous bands holding the ossicles in place. The tympanic cavity, the Eustachian tube, obstructed by granulations, and its surfaces, in places, have become adherent. Near the mastoid process the soft parts are free from oedema and infiltration. The external auditory meatus shows no obstruction. The

results of further examination of the organs of the body are as follows: Heart contains very little blood; organ anæmic but muscular; substance and valves normal; right lung partially consolidated at lower lobe behind; left lung crepitant throughout; pulmonary vessels free, no infarcts; spleen greatly enlarged, measures eight inches by four and a half; weight 520 grammes; organ very soft; the anterior shows several infarcts each with thrombosed vessels at its apex; splenic artery and vein free from clot; kidneys in a state of parenchymatous nephritis; brain itself shows nothing beyond a single small white firm spot of infiltration, the size of a bean, in right optic thalamus, half an inch posterior to its anterior extremity. The rest of the P.M. gave negative results.

Dr. Mills inquired whether there was any P.M. appearances to explain the heart murmurs heard during life?

Dr. Johnston replied negatively.

Dr. Mills thought that the explanation of murmurs in such cases, especially as they increased towards death, was dilatation, with possibly weakness of action. The dilatation was due probably to defective nutrition leading to loss of elasticity. He had noticed this tendency to dilatation in the hearts of dying animals on which he had experimented.

Dr. Bell mentioned an analogous case of septicæmia following perityphlitis, in which cardiac murmurs developed under observation, and became very marked before death. No valvular or other cardiac lesion being found on P. M. examination.

Dr. James Stewart saw the patient for 24 hours before death, and coincided with the view expressed by the physician in attendance that the case was one of ulcerative endocarditis. There was a loud systolic murmur at the base not propagated into the vessels of the neck. The heart's dulness was increased and the apex displaced downwards and outwards. All the signs pointed to dilatation of the heart. It appears to me highly probable that such dilatation can easily be accounted for by the fever and anæmia.

Dr. Buller said: I notice the aperture leading from the antrum into the cranial cavity is a pretty large one, and has probably been forced quite gradually, as the edges are smooth and rounded. I would like to know what was the nature of the contents of the tympanic ant-

dilated, from the fact that the beat was considerably displaced beyond the nipple line. The patient had never at any time complained of any symptom of ear disease.

Dr. Johnson replied that the heart, at the autopsy, was not dilated nor displaced to the left. The displacement of the apex beat might have been caused by pressure of the enlarged spleen, which might possibly also have influenced the murmurs. The cheesy material filling the tympanic cavity contained no epithelial cells nor cholesterine crystals. There was no doubt of the bone disease being chronic.

Dr. Alloway exhibited (1) a specimen of a large multilocular ovarian cystoma, weighing forty-five pounds, which he had removed some weeks ago from a patient forty-eight years old. The adhesions were extensive and the drainage tube used. Recovery was uninterrupted.

(2) Two cystic ovaries with their tubes. The case was one of recurrent pelvic inflammation. The chief symptoms caused by this condition were constant vomiting, headache and pelvic pain. All other methods of treatment had been tried unsuccessfully. It is now three months since the operation, and there has been no return of symptoms.

Dr. England gave a history and exhibited specimens of a case in practice. The history was as follows:—

Mrs. A. J. B., aged 26, is a healthy-looking and rather stout woman, who always enjoyed the best of health until five years ago, when she gave birth to a child. She had a long and severe labor, the medical man in attendance finding it necessary to deliver her with forceps (no anæsthetic was used). Both the perineum and cervix uteri were severely lacerated. Her recovery was slow, and ever since she has suffered a great deal from abdominal pelvic and reflex pains. She could walk no distance nor allow the least pressure on her abdomen so great was the hyperæsthesia of all the pelvic organs. Dysparennia and menorrhagia were also present, the flow recurring every two or three weeks and keeping up from five to seven or eight days.

Three years ago I repaired the lacerated cervix with some benefit to all symptoms. She continued to menstruate regularly, however, every three weeks until January, 1889. Then for three months she saw nothing, and considered herself pregnant; during this time she had more or less nausea and vomiting. About the end of March, i.e., two and a half months after her menses ceased, the patient was in Montreal, doing a good deal of running about the city, and while here she was taken with a sudden flow of blood accompanied by some pain, for which she consulted me in my office. I advised rest in bed for a week, and gave her a few morphia pills for the pain, which I afterwards learned had the desired effect, stopping both the pain and discharge. In July her husband, who lives

in the country, was in town and called on me, saying that he was pleased to be able to report that Mrs. B.'s health was excellent, and better than it had been for years before; that she expected to be confined about the middle of Oct., and he had called to engage me to attend her. I heard no more from my patient until Oct. 10th, when I received a note reminding me of her case and saying my services might be required at any time. Eight days later I received a telegram asking me to leave by the first train.

I arrived at 6.30 p.m., found my patient had been suffering pains from 11 a.m., which had steadily increased in frequency and severity until they were almost constant and expulsive in character, causing her to seize hold of some support, and force down, as is usually done in the second stage of labor. Losing as little time as possible I got the patient into bed and made an examination, finding, to my astonishment, an empty vagina; a small, firm, retroverted uterus, bound down by old inflammatory adhesions, which was very sensitive to the slightest pressure. The cervix was sufficiently open to admit a number 10 gum elastic catheter to the extent of four inches. No abdominal tumor or change in the breasts could be made out. The pains continued, or even increased, in severity in spite of large doses of morphia frequently repeated throughout the night. During the night the cervix dilated somewhat, and in the morning I was able to feel some soft body in the uterine cavity. Being obliged to return home, I left my patient under the care of Dr. Brown, of Acton, P.Q., and from him I learn that the pains continued until 4 p.m., when he drew from the cervix the specimen with a pair of forceps, giving complete and immediate relief of pain. While the pains lasted there was a little bloody discharge, but nothing of any account. The specimen is triangular in shape, about two inches in its greatest length, showing a complete cast of the uterine cavity.

Dr. Johnston said the specimen showed distinct traces of amnion and chorionic villi at an advanced stage. This would probably be recognized by microscopic examination. No foetus was present. The intense pain might be accounted for by the supposition that if the case were one of missed abortion the condition of the uterine mucosa might be similar to that in menstrual dysmenorrhœa.

Dr. Alloway said that the case was most probably one of missed abortion; that pregnancy ceased about the third month, and that the uterus did not expel its contents for several months afterwards. The retroplaced uterus incarcerated in the pelvis might have accounted for the delay in expulsion. This would also account for the very severe pain experienced. He (Dr. Alloway) had reported a similar case to the society some three years ago, and he thought,

under the circumstances, that Dr. England had adopted the proper treatment, but would advise in another similar case that every effort be made to replace the uterus before the induction was resorted to. As a rule, the uterus in such cases is not absolutely fixed by adhesions at the fundus; it is simply impacted in the pelvic cavity, otherwise sterility would more than likely have been absolute.

Dr. McConnell related a case of a somewhat similar nature. Mrs. S., aged 42, has large family; six months previous to my seeing her the menstrual flow had not come on, nor did it the following; but a week or so after she had pains and a profuse flow, and she supposed she had had an abortion. She was regular at the next four periods, when I was again called to see her; pains and flowing had continued for some days and she became alarmed. I found, on examination, a membranous sac projecting from os, which was easily removed; it was about the size of an egg; a bladder-like sac filled with fluid, and a small foetus floating in it. The foetus had perished at the time of supposed complete abortion, and although menstrual periods had come on regularly after (there had been more lost than usual) it had remained four months after.

Dr. Roddick exhibited a mass of tuberculous glands removed from the neck of a young girl. Both sides of the neck were engaged in the disease, and were operated upon simultaneously. Upwards of eighty glands being removed through the two incisions. The patient was discharged well on the eleventh day after the operation. There was no evidence of tubercular disease elsewhere. Her maternal uncle died of phthisis.

Dr. Mills exhibited a dozen small calculi, of the size of very small peas, several like duck shot, taken from the urethra of a dog, after death. They had been diagnosed during life by the catheter. Operation not being permitted, the dog died comatose. Bladder greatly distended.

Dr. Ruttan here mentioned that the examination of Dr. Roddick's specimen of vesical calculus exhibited at the last meeting proved that it was purely cystine.

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## Progress of Science.

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## SUBSTITUTE FOR CARLSBAD SALT.

R. Sodii sulph., ʒj; sodii chloridi, sodii bicarb. āā ʒ ss. M. Ft. putv. Sig.—Take in half a tumblerful of tepid water.—*Coll. and Clin. Record.*

## VOMITING OF PREGNANCY.

In the treatment (medicinal) of the vomiting of pregnancy Prof. Parvin prefers three to five drops of tinct. nucis vomicæ given *ter die*.—*Coll. and Clin. Record.*

## COLIC.

A mixture for colic, suggested in *St. Louis Journal of Medicine* is the following: R. Tinct. opii, tinct. rhei, spirit. menthæ piperit, spirit. camphoræ, spirit. chloroformi, tinct. capsici, āā m. v.; tinct. catechu comp., q. s. ad f ʒj. M. Sig.—A single dose.

## THE TREATMENT OF CORNS.

Dr. C. McDermott writes to the *British Medical Journal* that a saturated solution of salicylic acid in flexible collodion is an excellent remedy for corns. The corns should be painted twice a day. It takes about twelve days for their complete removal.

## CHRONIC CATARRHAL RHINITIS.

For chronic catarrhal rhinitis this combination is highly recommended: Salicylate of zinc, tannate of bismuth, of each sixty grains; powdered borax, thirty grains; salol, twenty grains; powdered talc, two drams. Mix and use as a snuff.—*Kansas City Medical Index.*

## RINGWORM.

The use of salicylic acid, as a local application in the treatment of ringworm, has been very efficient, but attended by severe pain in some instances. This can be avoided by the addition of cocaine if there is an abrasion of the skin, or oleate of morphia.—*New Orleans Med. and Surg. Jour.*

## TO REMOVE TATOO MARKS.

The *Medical World* says that tatoo marks may be entirely obliterated by pricking each spot with a needle until it bleeds, then injecting a solution of tannin, and finally cauterizing with nitrate of silver. The mark is effaced in about four weeks after passing through many shades of color, like the slow disappearance of a "black eye."

## THE DIAGNOSIS OF HERNIA.

Dr. Multanovski suggests the addition of a new diagnostic sign to the classical method of

diagnosing abdominal hernia. Having made observations on 152 cases of hernia in Professor Bogdanovski's wards, he states that in all these, when the finger was passed up into the abdomen, a more or less tightly stretched strap-like band could be detected connecting the contents of the sac with those of the abdomen.—*Lancet.*

## CREASOTE WITH COD-LIVER OIL AND SACCHARIN.

Dr. Seitz gives the following formula in the *Therap. Monatshefte*, 1889, No. 48:—

Creasote,	2.5 parts
Cod-liver oil,	200 "
Saccharin,	1 "

Dose: A tea to a tablespoonful, 1 to 3 times daily for adults; for children the amount of creasote should be less.—*Med. and Surgical Reporter.*

## TREATMENT OF SCIATICA.

A case of sciatica following exposure, and nine weeks' duration, was treated by Prof. Da Costa in the following manner: Apply a strip of blistering plaster in the course of the nerve, and administer

R Tinct. colehici seminis,	gtt. xv.
Potassii iodidi,	gr. x.
Tinct. zingiberis,	gtt. x.
Aquæ,	āā q. s. ad. f ʒij.—M.

Sig.—Take with water three times a day, between meals.

## TREATMENT OF GANGLIA.

Dr. Barth has successfully treated ganglia, lipomata, and other small tumors by injecting one or two drops of Fowler's solution, after disinfection of the surface. The injection is followed by considerable pain and swelling of the cyst and periphery, but these soon subside and the tumor diminishes rapidly in size. The procedure is indicated in the case of patients who are unwilling to submit to a bloody operation; its chief disadvantage, the pain, may be prevented by adding to the injected fluid an equal quantity of a 1 to 2 per cent solution of cocaine.—*Union Medic.*

## TREATMENT OF MALIGNANT DISEASE OF THE UTERUS.

Dr. G. E. Schoemaker (*Polyclinic*) states that from an operative point of view there are three periods in any form of malignant disease of the uterus.

1. Early, when operation should be immediate and as radical as possible, without extirpation of the uterus.

2. Intermediate, when, eradication being impossible, nothing should be done unless demanded by severe hemorrhage or extreme pain. The length of this period is indefinite, and depends on the rapidity of growth.

3. Late, when scraping and burning may be done repeatedly, to palliate symptoms and retard growth.

#### CHLOROFORM IN DYSPEPSIA.

Chloroform is administered in various forms of dyspepsia, fermentation and flatulence, and has been found especially useful in the treatment of the painful dyspepsias which occur in dilatation of the stomach. Drs. Regnault and Laseque suggest the following formulæ :

R Chloroform water, 150 parts  
Orange-flower water, 5 "  
Water, 100 "

M. S. One dessertspoonful to be taken, at intervals of fifteen minutes, until the pain ceases. Or,

R Chloroform water 150 parts  
Tincture of anise 5 "  
Water, 145 "

M. S. As above.

—*Revue Gen. de Clin. et de Therap.*

#### METHOD OF REDUCING DISLOCATION OF THE JAW.

Dr. Gerin, in a case of unilateral dislocation of the jaw, employed the following method. The patient, being seated, the physician stands behind him, and with the left hand placed on the patient's forehead, he fixes the head firmly against his chest. A compress folded to several thicknesses is placed over the lower teeth on the affected side. The surgeon then introduces his thumb between the dental arcades in such manner that the palmar surface of the thumb rests upon the molar teeth, while the other fingers grasp the horizontal portion of the lower jaw. Then bending a little forward over the patient he presses on the maxilla, combining with this downward pressure a slight backward movement. Almost immediately the bone is returned to its articular cavity.—*Bulletin Gen. de Therap.*

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

R. Potass. nitratis, dr. ij; liq. ammo. 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. Ammo. carb., dr. ss; sp. chloroformi, dr. iij; vin. colchici, dr. ss; liq. ammon. citratis, oz. iiss; mucil. acaciae, oz. vi; aq. dest. ad., oz. uiij. Two tablespoonfuls every four hours.

R. Pil. hydrarg., gr. ij; fol. digitalis, gr. ½; pulv. scillae, gr. iss. Make one pill, to be taken twice or thrice daily.

#### CANCERUM ORIS, AND ITS SUCCESSFUL TREATMENT BY THE LOCAL APPLICATION OF CORROSIVE SUBLIMATE.

Drs. Yates and Kingsford report in the *Lancet* of May 4, three cases of this fatal disease, which were successfully treated by corrosive sublimate in the following manner: The sloughs were immediately cut away, as far as possible, with scissors, and the surface freely swabbed with a 1 in 500 solution of perchloride of mercury, and dressed with lint kept constantly wet with a similar solution (1 in 1,000). This dressing was continued every twelve hours until the surfaces were perfectly clean and healthy, when the mercurial lotion was discontinued. The first of the author's cases was treated by the application of fuming nitric acid, without any marked result, and it was then decided to try the efficacy of the solution of the perchloride of mercury, on the assumption that the disease was probably due to some micro-organism.

#### IODOFORM IN BURNS OR SCALDS.

In the Moscow therapeutic weekly, *Novosti Terapii* No. 10, 1889, p. 147, Dr. Afanasy S. Shtcherbakoff, of Rostov-on-Don, warmly recommends the local use of iodoform as an excellent and innocuous means for burns and scalds of any degrees and kinds, both in adults and children. He employs an ointment made of one drachm of iodoform to one ounce of white vaseline. Having freely spread the salve over a sufficiently large piece of iodoform gauze, he applies it to the part injured, covers the gauze with a layer of hygroscopic cotton wool, and fixes the dressing with a roller bandage. Having resorted to the treatment in a large number of cases, the author never yet observed any unpleasant accessory symptoms pointed out by Koenig, Winiwarter, etc. Hence, he emphatically suggests to give an extensive trial to the method, which, in addition to its being effective and safe, is very simple and convenient.—*Provincial Med. Journ.*

## THE INFLUENCE OF STROPHANTHUS ON UTERINE HÆMORRHAGE.

A. Williams M.D., of Elk Ridge, Md., read the following paper before the Baltimore Medical Association :—

In strophanthus we have one more drug that can be added to the small number that in any degree control the discharge of blood from the uterus. In properly selected cases it has a decided influence to stop and control uterine hæmorrhage. The cases are such as have been very much debilitated from long continued and profuse menstruation, or from loss of blood at other than menstrual periods where the uterus is heavily congested, a condition common to these patients. In these it acts well.

In the treatment of these cases it is essentially important that they be made to lie down or be put in bed to rest, for the best results are not obtainable when the woman is allowed to be about.

I think strophanthus acts through its influence on the general circulation, which is that of a heart stimulant or tonic. Through this action on the feeble circulation, found in these cases, blood stasis and local congestions are removed.

It is best administered in the form of a tincture or of powdered seed. Of the tincture (strength 1 to 20), 5 to 6 drops, can be given every six hours. Of the powder,  $\frac{1}{4}$  to  $\frac{1}{2}$  grain, at the same intervals, though I have given as much as one grain with satisfactory results.—*Maryland Med. Jour.*

## THE TREATMENT OF CARBUNCLES.

Dr. E. P. Hurd says: The method of crucial incisions has long been a favorite method of treating carbuncles, and certainly, when thoroughly done, greatly abbreviates the duration of the malady. Some time ago I remember to have read in some medical journal a recommendation not to poultice a carbuncle when opened, but to apply a large sponge wet in some disinfectant solution, carbolic acid or corrosive sublimate. This is a very sensible procedure, as I can testify from experience. The sponge should be large enough to completely cover the carbuncle and may be cut into shape so as to fit over it like a cap. Before being applied, it is dipped into a sublimate solution, 1 part to 2000, or a two per cent. carbolic solution; a little iodoform may then be dusted into the cavity of the carbuncle, down to the bottom of the incision, and the sponge is then adjusted and confined by a few turns of a roller bandage. There is no need of poulticing, for pain and tension are removed by the incisions; the microbes are more effectually stopped in their destructive depositions by the antiseptic liquid which is thus enabled to penetrate every part, than they can be by any other method; the dead shreds of tissue will rapidly separate under

the disinfectant dressing, and all the discharges will soak into the sponge and be kept from putrefaction. Night and morning the dressings are renewed; the sponge, full of purulent matter is thrown into a bucket of boiling water, and afterwards cleansed and again soaked in the sublimate solution for a fresh application. Simultaneous with the separation of sloughs, granulations make their appearance, and *restitutio ad integrum* rapidly takes place.—*Medical Age.*

## TREATMENT OF ACNE WITHOUT ARSENIC, SULPHUR OINTMENTS OR LOTIONS.

Dr. G. H. Fox, in a paper read before the Medical Society of the County of New York, said :—

It was not to be inferred from the title that he objected to the use of arsenic, sulphur ointments, or lotions; he simply believes their field of usefulness to be limited. On the average, it is probable arsenic does more harm than good in these affections, because it is administered without discrimination.

He divided acne, for convenience in treatment, into two forms, the irritable and the indolent. In the irritable form the skin is usually fine and soft, quickly inflamed by applications, and admits of no other than the most soothing treatment. This form of the disease is largely of a reflex nature, due especially to disorders of digestion and of the sexual organs. It is chiefly benefited by diet and internal remedies. The indolent form shows usually a coarse, doughy, often greasy skin. In these cases the glands, which are the seat of comedones and pustules, should be evacuated; in other words, the skin should be kept clean; soap and water ointments and lotions are not sufficient.

Most physicians place much reliance upon arsenic as an internal remedy in acne, but on the whole it is probable that patients would get along better if it were unknown. Sulphide of calcium has been recommended highly, but is likely to lead the physician to neglect more important measures. Ergot possesses greater value than is generally attributed to it, its chief benefit being achieved in the indolent form. In irritable acne, Dr. Fox now seldom uses the many internal remedies with which he has formerly experimented. The chief principles of treatment to be followed in acne, are the regulation of the diet and the use of local massage. Massage can be applied by squeezing out the comedones, emptying the pustules, and scraping with the round curette, kneading with the fingers, etc. But no fixed plan of treatment can be laid down for all cases.—*Medical and Surgical Reporter.*



### PROF. SÉE ON HEART DISEASE.

In resuming his winter course of lectures on clinical medicine, M. Germain Sée commenced a general review of the diseases of the heart. Diseases of the heart, said the professor, are not distinct from one another. It is the same affection presenting itself under different aspects, and offering different types. Whether the case be one of subacute or acute endocarditis, ulcerative or vegetating, the disease is always parasitic, and this view leads to a no less revolutionary deduction, that of the negation of their inflammatory nature. Under the latent and sometimes the remote influence of a specific disease, especially of articular or choreic rheumatism, the endocardium is exposed to the action of the microbe, easily defined in this part, although not so readily recognized in the joints. At other times the cause is typhoid fever, or an attack of diphtheria long forgotten, scarlatina, infectious pneumonia, or even syphilis. There is no exception to this rule of the parasite origin of valvular or myocardial mischief, except in chronic affections of the aortic orifice of old people, which coincide and result from the fatty, atheromatous, sclerous changes of the arteries. Like all other cardiac diseases, those of the aortic orifice in the young are parasitic. It is degeneration without a trace of inflammation that is found in all heart lesions, whether acute or chronic, and to this condition Prof. Sée would give the name of "endocardie." The same parts, the same elements and the same spots are invaded, the permanent lesion consisting of a hyperplasia of the conjunctive tissue. The disease is a continuation of the morbid process, which began in an acute or subacute form, perhaps unperceived by the patient or medical attendant. There is consequently but one cardiac disease presenting two types—the endocardial and the valvular types. A third type is due to sclerous, atheromatous and other changes in arteries, comprised under the general term "arteritis," due to age, alcoholism, gout, diabetes, etc. The fourth type, and to which M. Sée assigns the most important place, is that condition of the heart which is caused by sclerosis of the coronary arteries, leading to degeneration and narrowing of the vessels, and ultimately to sclerosis of the myocardium—the fifth type. In the sixth class Prof. Sée places the hypertrophies and dilatations consequent upon primary valvular disease. The seventh class comprises the nervous troubles. Prof. Sée does not think, however, that palpitation and acceleration of the heart's action ever leads to hypertrophy. A pulse of 140 may exist without producing this effect. Nor does exophthalmic goitre lead to the slightest lesion or fatigue. The eighth type is the pericardiac, the cause being always parasitic. In the ninth and last

category come dilation and aneurism of the aorta.—*Lancet*.—*New Orleans Med. and Surg. Journal*.

### CLINICAL SIGNIFICANCE OF COLORLESS STOOLS.

At a recent meeting of the Royal Medical and Chirurgical Society, a paper by Dr. T. J. Walker was read by Dr. Andrew Clark as to the "Clinical Significance of Colorless or Clay colored Stools unaccompanied by Jaundice, their Connection with Disease of the Pancreas and on the part played by the Pancreas in eliminating Bile from the Intestines." (*Lancet*.) After referring to the accepted views of the significance of clay colored stools, the author gave particulars of two cases in which during life a persistent symptom was the absence of color in the fæces, and in which the diagnosis made of obstruction of the pancreatic duct, with a healthy condition of the bile duct, was confirmed by the necropsy. From these cases he concluded,

1. That the formation of hydrobilirubin, the coloring matter of the fæces, depended on the mutual reaction of the bile and pancreatic fluid, under the influences met with in the intestinal tract.
2. That in disease a deficiency of pancreatic fluid would, equally with a deficiency of bile, cause the pathological condition of colorless or clay colored stools.
3. That, since, according to the most occult physiological researches, that portion only of the colored constituents of the bile which had been converted into hydrobilirubin was excreted in the fæces, while the unchanged bilirubin, bilifuscin, and biliverdin were absorbed, it followed that if hydrobilirubin, could not be produced without the aid of the pancreas, that organ must have an important rôle in regulating what proportion of the bile entering the intestines should be absorbed and what thrown off in the fæces.

Dr. Walker then pointed out that these conclusions received confirmation from the records of other published cases, that Claude Bernard recognized that the pancreas had a part in causing the color of the fæces, and that the state in which the bile pigments were found in the meconium of the fetus, while the pancreatic function was in abeyance, also accorded with these conclusions.

He further pointed out that the fact of the pancreas influencing the excretion of the bile in the fæces would, if accepted, reconcile the discrepancy between the clinical observation that certain drugs produced copious bilious stools, and the physiological observation that these drugs had little or no influence on the secretion of bile by the liver; and that the same fact would explain those hitherto inexplicable cases in which, with no evidence of arrest of the bile-secreting functions of the liver

or of obstruction of its ducts, the symptoms of white or clay colored stools was persistently present.

In conclusion, Dr. Walker indicated the practical importance of the views he had endeavored to establish in the treatment and diagnosis of pancreatic disease and of all forms of bilious disorder.—*Therapeutic Gazette*

### THE DIAGNOSIS OF CANCER.

Although the introduction of antiseptics and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chance of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the usefulness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gumma," be abandoned, since these syphilomata (as he terms them) more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year Prof. Esmarch classified all the cases of sarcoma of the muscles occurring at his clinic, and found that at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors (tuberculomata, the author calls them) not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast and larynx without going on to ulceration. Of course, in the case of actinomycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make a thorough microscopical examination of the growth before a radical operation is undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform exploratory operations of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommended an

energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring operations.—*Internat. Jour. of Surg.*

### THE METHOD OF CONDUCTING POST-MORTEM EXAMINATIONS.

Before beginning the post-mortem examination on the body of an infant that was three months old and was supposed to have died of congenital syphilis, Dr. Hirst remarked that the body should always be weighed first; he also said that the liver and spleen in congenital syphilis are not, as in health, one-thirtieth and one-three-hundredth respectively of the whole weight, but bear a much larger ratio, the former reaching sometimes so large a ratio as one-sixth of the whole body weight. There are certain anatomical peculiarities in an infant's body with which one should be acquainted. The bladder, sigmoid flexure, and vermiform appendix are much larger proportionately in infants, while the position of the stomach is vertical, thus rendering vomiting so easy as to be mere regurgitation.

Upon external examination of the child nothing noteworthy was found. On opening the abdomen, the spleen was found to be of normal size, as was also the liver, so that there proved to be far less ground for suspicion of congenital syphilis than had been looked for. The kidneys were, as usual, lobulated. The respiratory organs were examined from the mouth down, in order to detect a foreign body, as a curd of milk, in the trachea, if the child had during life inspired some solid substance. The lungs were healthy, thus excluding pneumonia, which is a very frequent cause of death in infants. The thymus gland was normal. Dr. Grawitz has reported two cases in which this gland was so enlarged as to choke the infant. The heart was normal. The ductus arteriosus was closed. Dr. Hirst had seen it open in an infant four weeks old, and again at the third month. The foramen ovale, which remains patulous for a few days in all cases, was found reduced to an opening the size of a pin. It is not rare to find an opening the size of a pin-hole at the site of the foramen ovale as late as the twelfth month. The dura mater being, as usual, adherent to the sutures, the cranium was hard to remove. A knife was passed down the coronal and saggital sutures, and the frontal and parietal bones thus removed. The brain was

slightly congested, but not to a degree sufficient to have caused any serious symptoms.

Dr. Hirst thought that the cause of death in this child, which had had diarrhoea, was either an ulcerated condition of the mucous membrane of the large intestines or an inflammatory infiltration of their connective tissue, causing atrophy of the absorbent glands, which latter condition a microscopic examination would be necessary to show. He also referred to the common occurrence of post-mortem intussusception in young infants and remarked that the difference between ante and post-mortem intussusception is that the latter are without signs of inflammation or congestion.

He regards sterilized milk as the great remedy to prevent diarrhoea in infants, and he has recently devised a cheap and efficient apparatus for its preparation.—*Med. and Sur. Reporter.*

### RAILWAY SPINE.

One of the most curious developments of modern medical study, and one with an extremely important practical bearing, relates to a form of disorder following railway accidents, which is known by the name of "railway spine."

To those unfamiliar with the manifestations of this disorder, it would appear almost incredible that it should play so serious a rôle in the lives of persons who have received injuries which often seem far from severe, and be so often the occasion of protracted medico-legal contests. But one who has studied its phases, under circumstances favorable to a just discrimination between actual and morbid phenomena and the simulations which are sometimes practised in order to wring money from a rich corporation, will not wonder that it is regarded as a very grave matter by medical experts, and that they warmly resent the common impression that it is frequently only a form of malingering.

There can be no doubt that instances occur, in which an avaricious patient and a willing or pliable physician unite to over-estimate the damage done by a railway accident; but these cases are far more rare than is often supposed, and there is, on the whole, more danger of error in being too skeptical of the real existence of a condition for which no better name has yet been suggested than "railway spine," than there is in recognizing it and endeavoring to estimate it justly.

The cases which give most trouble are those in which there are few or no evidences of gross lesions in the spinal cord or its surrounding hard and soft parts, but in which there are manifestations of nervous disorders, following an accident and attributed to it, which may be deliberately affected from motives of cupidity. To discriminate between sufferers and pretenders, under these circumstances, is by no means an easy or a pleasant task for most medical men.

But help may be gained for the task by a study of what has been written by men of experience in such cases. A valuable paper on the subject, by Dr. Dercum, of Philadelphia, is in the Department of the *Reporter* for Pamphlet Notices, No. 296. In this pamphlet Dr. Dercum describes the classes of injury which are likely to follow blows or falls upon the region of the spinal column, and gives a very instructive review of the principles which should guide a medical witness in deciding upon the actual condition of a person who claims damages for such injuries. We cannot repeat, or even summarize, his conclusions; but would call attention to one point in particular in regard "railway spine," and this is, that there are not a few cases in which, with no gross lesions whatever, a person who has never been nervous, or timid, or hypochondriacal, develops all these characteristics after a railway injury. In women—as L. Durcum points out—this alteration of character sometimes takes the form of hysteria, while in the case of men precisely the same condition sometimes follows participation in a railway accident. To give the condition the name of hysteria may be—except for the etymological error of the term—scientifically correct; but to permit this to blind one to the realness of the misfortune would be a grave injustice to the subject of it.

Here is the most delicate question which can arise in the mind of a medical witness; and we believe that it is not untimely to say this word, to fortify any of our readers who may find it hard to meet the objections of counsel for railroad companies, who often honestly think medical men too prone to testify to the existence of evils which are not actually present. The medical witness ought not to ignore the possibility that a claimant for damages may be assuming or exaggerating the appearance of real nervous disorders; but no more ought he to permit himself to be deterred from doing justice to the victim of a railway accident, because there is a natural prejudice against charging whatever follows such and accident to it.—*Med. and Surg. Reporter.*

### Items of Interest to the Profession.

#### LECTURES ON THE DUTIES OF NURSES.

Miss Alice Stone, of the School of Nursing, Edinburgh, and the Royal Infirmary, Manchester, will give, in this city, a series of lectures, of which the first and second will be devoted to the nurse's duties in the sick room, and the moral and physical qualifications they demand; the third lecture will be addressed to the ailments of the young and their special treatment; the fourth lecture will indicate the modes and precautions proper to be observed in the pre-

paration of food for the sick-room; whilst the fifth and sixth lectures will deal respectively with zymotic diseases and injuries arising from contusion and fracture.

#### THE LATE DEAN OF M'GILL.

Mr. Harriss, the artist, has finished the portrait of the late Dr. R. P. Howard. He is represented as standing at the bedside of a patient in the Montreal General Hospital. The portrait is intended for the Board Room in the Hospital.

#### THE M. G. H. APOTHECARY.

Mr. Joseph Bruce, late apothecary to the Montreal General Hospital, has opened a drug store in Morrisburg, Ontario. Mr. Watson is the present apothecary to the Hospital.

#### THE ONTARIO MEDICAL BOARD EXAMINATIONS.

The last batch of candidates who went up for the Ontario Medical Board examination were "plucked" by the wholesale. Only 40 per cent. passed!

#### RICORD.

"To the younger generation the name of Ricord has no particular significance. To maturer readers it brings to mind one of the greatest of specialists, whom thousands of patients journeyed to Paris to meet, twenty and thirty years ago, and who was summoned in consultation whenever the Emperor Napoleon and the crowned heads of Europe discovered that the divine rights of kings offered them no protection against maladies that afflicted alike sailor and sultan. Ricord, who died in Paris, October 22nd, was, as most people will be surprised to learn, an American by birth. He was a native of Charleston, descended from old Huguenot stock, and he came into the world with the century. His vast and gloomy *hôtel* in the Rue de Tournon witnessed, morning, afternoon and evening, an endless procession of wretched mortals. All around the doctor's consulting room were tiny ante-chambers, for no one of Ricord's patients cared to meet another. Ushered into the sacred presence, the visitor beheld a small, and, of late, aged and decrepit man, who questioned him, submitted him to a brief examination, and gave his decision with the laconism and certainty of science. On a table near by lay a black velvet cushion, and on this—and sometimes in a porcelain jar—the patient dropped the regulation 20 franc piece, which represented the minimum consultation fee. When the caller's face and manner pleased the Esculapius, he would chat with him a few minutes and show the stranger some choice pictures adorning the walls. But, as a rule, Dr. Ricord, in his *cabinet* attended strictly to business. If he has left any memoirs, what strange stories they may tell of imperial and royal *amours*, begun amid all the splendor of passion and ended in suffering and death."—N. Y. Paper.

#### A KEEN-SIGHTED WOMAN.

There is in the Hotel Dieu Hospital, Paris, a woman who can see two different sets of objects at one and the same time. While one eye is gazing at a given point the other remains perfectly still, and *vice versa*.

#### WHO SIGNED THE MEDICAL CERTIFICATE?

An individual who was a clerk in the India House with Charles Lamb and John Stuart Mill has just died at Ventnor, England, after having enjoyed a handsome pension for fifty four years. He had been allowed to retire, in consequence of broken health, in 1835!

#### THE HOSPITAL FOR DISEASES OF THE THROAT, LONDON, ENG.

At the festival dinner in aid of the Hospital for Diseases of the Throat, Golden Square, W. London, held at the Hotel Métropole, in July, Lord Randolph Churchill, M.P., the Chairman, in giving the toast of the evening, said that this was the twenty-sixth year of the operations of the hospital. During the first ten years of its existence it enjoyed the honor of being the only hospital for the special treatment of diseases of the throat, and it had attracted students from the continent and from America. Since its foundation over 110,000 poor persons had received relief within its walls, and last year, whilst 314 persons were treated as in-patients, there were 6,500 new cases as out-patients, and the total attendance of patients was close upon 30,000. It was the first hospital which established and carried into effect the principle of obtaining from the person benefited payment for the treatment received. The absolutely poor were, of course, not charged anything at all. This hospital was not in debt, and had never been in debt.

At the dinner Mr. Henry Irving presented Sir Morell Mackenzie (the founder of the hospital) with a handsome George II. silver bowl, subscribed for by several prominent actors and actresses, whose fac-similie autographs were inscribed on the inside. He observed that there had always been a deep sympathy between actors and doctors, but he did not know why, unless it was because the doctors regarded the players as a little mad. (Laughter.) Actors were on the free list of the doctors' skill, and the present to Sir Morell was intended as a slight token of the great regard in which he was held by them. Without his aid some of them would have been unable to speak, which many persons might possibly think a great advantage. (Laughter.) He had heard many suggestions regarding the interpretation of "Macbeth," but upon one point there could be no dispute. He thought that if Macbeth's family physician had belonged to the Clan Mackenzie, Macbeth would never have told him to "throw physic to the dogs," and certainly the raven which croaked with such fatal in-

fluence on Duncan's battlements would never have been so hoarse had Sir Morell Mackenzie taken him in hand. (Laughter.) Sir Morell was bound to the stage by family ties, and his uncle, Henry Compton, was one of the most valuable actors of our time. He was a generous spirit, unwearied in doing courtesies, and actors' voices required no doctoring in sounding his praises. (Cheers.) Sir Morell Mackenzie returned thanks, and remarked that doctors were able to appreciate the difficulties actors often encountered in having to appear before the public. He had been an actor himself, having played the King in "Bombastes Furioso," and Gratiano in "The Merchant of Venice." On both occasions the entertainment would have been a frost except for the strength of the rest of the cast. (Laughter.)—*London Daily Telegraph*.

#### BALL—RANKIN.

At the residence of Dr. A. S. DuBois, in San Leandro, California, on October 24th, Dr. Charles Dexter Ball was united in marriage to Miss Emma Louisa Rankin. Dr. Ball is a native of Stanstead, Que., but for two years past has been a resident of Santa Arra, Cal., and has built up a fine practice. Miss Rankin is a native of Richmond, Que., and has been a resident of Oakland and San Leandro for three or four years. Dr. Ball graduated at Bishop's in the class of 1884.

#### THE MAYBRICK CASE.

"Speaking at one stage of his speech about the comparative inexactness of medical science as opposed to mathematics or to legal argument, Mr. Justice Stevens capped his observations by quoting that popular definition of a medical man which made him out to be a person who 'puts drugs of which he knows little into a body of which he knows less,' adding that there was a degree of truth lying at the bottom of it. Now, what justification was there for this condemning utterance? There is no doubt, from the evidence, that Mr. Maybrick died from gastro-enteritis, or acute congestion of the stomach. In this case the question was whether it arose naturally or was produced by an irritant poison. The illness commenced on April 28th and fluctuated somewhat until the end of the first week in May, and continued to grow worse until the 11th, the day of Mr. Maybrick's death. It was on May 7th that arsenical poisoning was suspected, but it cannot be said that the course of treatment was adapted or modified in accordance with the suspicion. From the beginning of the illness the medical attendants had been hitting at the symptoms, changing the medicines almost daily, so that in the course of the thirteen days' illness the poor man had gone through the following appalling list of remedies:—Morphia suppositories, antipyrin, specacuanka wine, tincture of jaborandi, papain and iridin solution, bismuth,

casacara sagrada, sulphonal, nitro-hydrochloric acid, cocaine, tincture of nux vomica, nitro-glycerine, Fowler's solution, dilute phosphoric acid, Plummer's pill, solution of chlorine, dilute hydrocyanic acid, Sanitas glycerine, tincture of heubanes and Condy's fluid, bromide of potassium as mouth washes. The old school and the new, allopathy and homoeopathy, vegetables and minerals, coluratives and purgatives, acids and explosives, were tried; the whole thing a jumble of irrational empiricism, utterly destitute of scientific order or design and bringing home to us far too forcibly the fact that the medical treatment of to-day is as great a toss up as it was in the days of poly-pharmacy."—*Ex-Chemist and Druggist*, Aug 10th.

#### CLASS-ROOM NOTES.

(From the College and Clinical Record.)

For the reduction of high temperature in erysipelas, Prof. Da Costa advises antipyrine, administered in  $7\frac{1}{2}$  grain doses every hour until reduced.

Although iodoform is not an antiseptic strictly speaking, it forms an unfavorable soil for the growth and multiplication of the tubercle bacillus. (Prof. Gross.)

In the livid form of asphyxia of the new-born, apply hot frictions, camphor and water; if this fail, cut the cord and allow one or two teaspoonfuls of blood to escape. (Prof. Parvin.)

As an anæsthetic during labor, Prof. Parvin prefers ether to chloroform, and also insists that in ordinary cases the anæsthesia should be obstetrical and not carried to a surgical degree.

In a case of trifacial neuralgia in a female patient at the clinic, Prof. Da Costa ordered a full diet and five drops tinct gelsemium t.d., increasing the dose gradually till double vision resulted.

In the treatment of internal hemorrhage, when the patient is unable to swallow and the hemorrhage continues, Prof. Gross advised

R. Ergotinae, gr. iij.  
Morphina sulphat, gr.  $\frac{1}{2}$ . M.

Sig.—Use hypodermatically.

For a case of leucocythemia, Prof. Da Costa ordered 1-40 grain arsenite of sodium, t.d. and—

R. Iodini, ℥j  
Ol. Bergamot., gtt. j  
Lanolin, ℥j. M.

Sig.—Rub over the spleen at night.

For a case of acute pleuro-pneumonia, Prof. Da Costa ordered poultices to the chest, quinine to reduce the temperature, this being 105°, and

R. Quinise sulph., gr. ij  
Pulv. digitalis, gr. j. M.

Sig.—Every four hours.

Prof. Da Costa, in a case of gustatory paralysis, prescribed gr. 1-80 strychniæ sulph, t.d.; a stimulating mouth-wash of capsicum; and galvanism, five cells, one electrode to the back of the neck, the other over the tongue.

In the treatment of fracture of the patella, it is important to obtain union between the ends of the divided tendon. This may be done by a suture introduced through the ends subcutaneously, and then drawn together.—Dr. Mears.

In the case of a boy, æt. nine years, with pseudo-hypertrophic muscular paralysis, Prof. Da Costa directed alternate hot and cold douches to the part, with thorough rubbing subsequently, warm baths, and extract. pilocarpi fluid, gtt. v, t.d.

Never use strands of catgut for drains; horse-hair is preferable. This may be prepared by boiling for eight hours in a solution of 1 oz of carbonate of soda to the gallon of water, and afterward keeping in 1 to 1000 bichloride solution.—Prof. Gross.

For a girl, æt. 13 years, with nocturnal and diurnal incontinence of urine, the patient being weak and anæmic, Prof. Da Costa ordered, t.d.

R. Ferri sulph. exsicc.,  
Potassi carb.,   āā       gr. j.   M.  
Ft. pil. j.

Treat condyloma of syphilis (which is simply a papular eruption in a moist situation) as follows: Wash well with soap and water, then with bichloride, 1 to 1000; then touch with the following solution:—

R. Hydrarg. chlorid. corrosiv.   Ḑj  
  Aquæ destillat                   iʒj.   M  
—Prof. Gross.

For a case of commencing exophthalmic goitre, accompanied with chlorosis, Prof. Da Costa directed three drops tinct. strophanthus, t.d., to control rapid action of the heart, and

R. Ferri sulph. exsicc.,  
Potassii carbonat.,   āā       gr. iij.   M.  
Ft. pil. j.  
Sig.—Ter die.

In the case of a man suffering with uræmic vertigo aggravated by constipation, Prof. Da Costa directed a diet to consist exclusively of milk, vegetables and fish; 20 drops of dilute nitro-muriatic acid, t.d., and the following for constipation:—

R. Extract. colocynth. comp.  
  Pulv. rhei,           āā       gr. j  
  Extract. taraxaci,   gr. ss  
  Extract. belladonnæ., gr. 1-16.   M.  
Ft. pil. j.

Sig.—One at night.

## THERAPEUTIC BRIEFS.

(From the College and Clinical Record.)

Gonorrhœa, which has resisted other treatment, has frequently yielded, says *The Lancet*, to irrigation, twice daily, with a solution of creolin of the strength of 5 to 8 per cent. administered through a hollow sound.

Dr. Fothergill recommends the following diuretic mixture:

R. Potassii citrat.,                   ḑ iiss  
  Spirit. juniperi comp.,           f ʒ j  
  Tinct. digitalis,                   f ʒ iiss  
  Infusi buchu,                   q. s. ad f ʒ viij.   M.

Sig. One to two tablespoonfuls three or four times daily.

A writer in the *Southern California Practitioner* recommends for eczema of the genitalia and anus the following: Hot sitz baths and washing with soapy water, followed by inunction twice a day of four and one-tenth parts of oleate of cocaine, twenty parts of olive oil, and one hundred parts of lanolin.

An excellent ointment for red hands (*Pharm. Era*) is the following:

R. Lanolin,                   100 gm.  
  Paraffin (liquid),           25 gm.  
  Vanillin,                   0.01 gm.  
  Ol. rosæ,                   gggt. j.   M.

The Parisians apply a thin coating of this at bed time.

*Revue de Therap.* suggests the following for migraine:

R. Quiniæ sulphat.,  
  Sodii salicylat. (crystal), āā gr. iv.  
  Morphiæ muriat                   gr. 1-24.   M

Sig. One every half hour until four have been taken.

Immediately after last dose has been taken, let them take gr. 1-240 of hydrobromate of hyosine.

According to the *Jour. de Pharm. et de Chimie.* (in *Pharm Era*), the preparations of lanolin most in vogue are the following:

*Borated Lanolin.* Boric acid, in fine powder, p.x.; benzoinated lard, p. xxx; lanolin, p. lx. Melt the lard, add the lanolin and acid, pour into moulds, and keep in metallic boxes.

*Phenicated Lanolin.* Phenic acid, p. v.; benzoinated lard, p. xx; white wax, p. xx; lanolin, p. lv. Melt the lard and the wax, add the lanolin and then the acid; mould and pack as in the preceding.

*Salicylated Lanolin.* Salicylic acid, p. ij; benzoinated lard, p. xxv; white wax, p. viij; lanolin, p. lxx. Melt the lard and wax together, add the acid and then the lanolin; pack as before.

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MONTREAL, NOVEMBER, 1889.

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**GOELET'S STEEL SOUNDS.**

Dr. J. R. Walker, of Ingersoll, Ont., writes to know what is our experience with Goelet's steel sounds for applying electricity?

Our experience has been limited to carbon as a substitute for platinum. We like the carbon tips better than platinum for the reason that they cost almost nothing and can therefore be made any size, regardless of cost. The size of surface of the electrode makes a great difference in the strength of the current that the patient can bear. By increasing the surface of both abdominal and intra-uterine electrodes, doses of 200 milliamperes can easily be borne.

**"THE CANADA MEDICAL RECORD."**

We beg to call the attention of our readers to the title page and index to our seventeenth volume, issued with the October number. We would strongly recommend our subscribers to preserve the numbers of the *Record*, as they will in after years become valuable as a book of reference. The *Record* contains the cream of all the leading journals in Europe and America, and is published for the benefit of the sub-

scribers. If the latter appreciate our efforts they can show their appreciation by asking one of their medical brethren to subscribe. We have arranged to bind a certain number of volumes at the rate of seventy-five cents in the city and one dollar in the country. Those who wish to avail themselves of the offer can mail the twelve numbers to the publishers, when they will receive a handsomely bound volume by return mail in exchange.

**ELECTRICITY IN GYNECOLOGY.**

Dr. Dunklin, of Springfield, Missouri, writes:—

DEAR DR.,—I would like to ask you two or three brief questions.

1. In a chronic case. Condition, endometritis metritis; bilateral laceration of cervix, with narrowing (or contraction) of cervical canal; induration of entire neck of uterus; pelvic exudation and pelvic pain, the result of an old cellulitis; uterus only slightly moveable, bound down by adhesion. Would you use negative or positive pole in the uterus?

2. In a case of cystic adenocele of mammary gland, would you expect any result from electrolysis—needle to negative pole introduced to center of tumor?

1st. In the first case the main trouble is the bilateral laceration of the cervix, which sooner or later should be repaired. Before doing so, however, a course of preparatory treatment must be gone through. This might consist of the usual measures, with the addition of eight or ten applications of the current, with one pole in the uterus and the other on the sacrum or on the abdomen, according as the exudation binding the uterus is at the back or front of the uterus. For the current to do any good to exudations it is necessary that it should pass through them, which it will not do if both poles are placed in front of them. A good many failures are due to this point not being appreciated. As a rule, the positive pole does most good in the uterus when there is endometritis; because, as a rule, there is menorrhagia. The positive pole contracts and dries up the dilated blood vessels. When there is stenosis of the cer-

vical canal mild negative currents will relax it. When endometritis is accompanied by amenorrhoea the negative pole in the uterus has an equal absorbent action with the positive and, besides, it has the faculty of bringing on the flow again. In applying electricity to adhesions it is a good plan to insert a cotton wrapped electrode, dipped in salt and water, high up into the posterior vaginal cul de sac, and to place the other pole on the abdomen. In a case such as you describe, a current strength of sixty or seventy milliamperes is quite sufficient.

2nd. In non-malignant and non-specific glandular swellings, *v. g.*, orchitis, goitre, &c., a continuous current of twenty or thirty milliamperes generally gives marked relief. It is not necessary to puncture.—[ED.]

#### THE CHOICE OF AN ANÆSTHETIC.

Although no one subject in the domain of medicine has been so thoroughly discussed as this, there still remains, it seems, much to be learned. In some countries chloroform is the only anæsthetic used; in others, ether alone is employed. It is pretty generally admitted that the latter is eight times safer than the former, but, unfortunately, ether has its drawbacks, the three principal of which are its tendency to congestion of the air tubes, of the kidneys, and what is most important to the one who administers it, although not a very valid objection against it, the long time it takes to get the patient under the influence, or, as it was recently put by a surgeon when asked why he used chloroform when he knew ether was so much safer, and who replied by asking another question: "Why do not people travel in stage coaches instead of railway trains, as the former are far safer. Another writer in the *British Medical Journal* considers it nothing short of downright blind obstinacy or recklessness to adopt the most dangerous anæsthetic alone. In abdominal operations, ether has another great disadvantage, that of causing severe vomiting afterwards, which puts so great a strain upon the sutures that the in-

cluded tissues are bruised, which is probably the cause of abscesses following in their tracks. All these dangers and difficulties may be avoided by the adoption of the *A. C. E. Mixture*, which was first brought before the notice of the profession in Canada by the editor of this journal in a paper read before the Medical Chirurgical Society, which was based on the experience of one hundred cases. Since then we have used it constantly with the most satisfactory results, and many of our *confreres* inform us that they are equally pleased with it. Others, however, have ventured to use instead the Vienna mixture, which is not an *A. C. E. Mixture*, but an *A. E. C. Mixture*, that is to say, the mixture we recommend contains *one* of alcohol *two* of chloroform and *three* of ether, while the Vienna mixture contains *one* of alcohol *one* of ether and *three* of chloroform, in using which, for any length of time, patients' color is often found to be bad. Of course the fact of it containing one-half instead of one-third of the dangerous element, chloroform, renders the Vienna mixture less safe than the *A. C. E. Mixture*. The proper formula is easily remembered by putting *one, two, three* under the *A. C. E.* With the *A. C. E. Mixture* the patient goes under it quickly without excitement, the pulse remains good, the breathing natural, and if the patient has been properly prepared, there is an entire absence of vomiting either during or after the operation. Another advantage is the rapidity with which the patient throws off its effects. Dr. Spendlow of Montreal, who has used it exclusively for several years past, writes:

"In reply to your question regarding the use of the *A. C. E. Mixture*, I beg to state that I have used it almost exclusively as an anæsthetic for the past four years and find it eminently satisfactory. To avoid vomiting, I have found it best to have the mixture freshly prepared, and to bring the patient under its influence as speedily as possible."



We cannot too strongly recommend it to the notice of our readers.

### APOSTOLI'S METHOD IN MENORRHAGIA.

Dr. I. L. Watkins, of Montgomery, Alabama, writes as follows:—

"1. I have been engaged in a limited way, certainly, in the application of this remedy, as taught by Apostoli, through yourself, for the last two months. In some instances my expectations have been realized, while in others I have been disappointed. If your time is not too much taken up, I would be glad if you would give me a suggestion. In one case of metrorrhagia in a negress with doubtful habits, the first three applications, beginning two weeks before menstruation, resulted in a very satisfactory period—just little in excess of normal, positive galvano cauterization having been used at a strength of 25 to 50 milliamperes. I continued the same treatment the next month, with favorable symptoms, until a few days before the time for her period; she then began to flood, and continued for six or eight days, although I gave her one positive galvano cauterization during that time. Was this the fault of the remedy or the application? Should I have left off the treatment after first menstruation; or should it have been changed? I am having a similar result in a case of fibroid, with menorrhagia, which I treated every five days with positive applications from 25 to 125 milliamperes. Result: Satisfactory, with the exception that she flooded for five days after a normal period. I am using Martin's platinum electrode. Is the partial failure due to the electrode becoming firmly fixed in one part of the endometrium, thus allowing some vegetations to go unaffected by the current; or should I use a different current?"

"2. Are the evil symptoms of sub-peritoneal fibroids relieved?"

"3. How would you apply this treatment to cancer of the uterus? I can't get my patients to stand the high currents spoken of by Dr. Massey."

As these questions are very much to the point, and are of interest to a large number of our readers, we answer them in our columns.

1st. Our correspondent will find that his success with this treatment will increase with his experience of it.

2nd. That even with a great deal of experience the result is very often as he has described it. At first the patient feels better, generally. Then the periods are

postponed gradually until the interval reaches four weeks; then the duration of the period is diminished until it comes down to three days. But, during the treatment, several relapses will probably occur although, on the whole, the improvement will be decided. These relapses are probably due, as our correspondent surmises, to the electrode only shrinking a certain number of the vegetations at each sitting, while the others may be bruised by the passage of the electrode. For that reason, and because the larger the electrodes the stronger the current can be borne, we prefer to use as large an intra-uterine sound as can be introduced. As large platinum sounds are expensive, we prefer carbon ones, which can be obtained from Jannard, electrician, 667 St. Lawrence street, Montreal. When the patient cannot bear a strong current, then the duration of the weak one should be lengthened. Make sure that you are using the positive current, and never use any other when there is bleeding.

Sub-peritoneal fibroids and fibrocystic tumors of the uterus are the least amenable to this treatment, as it is difficult to pass the current through them. They are better treated by removal, with extra peritoneal treatment of the stump. If they are accompanied by bleeding endometritis, electricity will do them much good.

To apply this treatment to cancer of the uterus, we would recommend positive intra-uterine galvano cauterizations three times a week, with boracic acid tampons to the vaginal surface of the cervix, and, at the same time, not to neglect to improve the general condition.

We should never allow this or any other method of treatment to prevent us from attending to the body as a whole.—[EDITOR CANADA MEDICAL RECORD.]

### PERSONAL.

We learn that Dr. Trenholme, who for many years has devoted a large part of his time to gynecological works, and especially to abdominal surgery, has decided to retire from general practice, and will in future only attend cases of diseases of women and consultations in midwifery.