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CANADA MEDICAL RECORD

MARCH, 1897.

Original Communications.

NEPHROLITHIASIS.*

Report of a case by J. Bradford McConnell, M.D.

Associate Professor of Medicine and Neurology, University of Bishops Collège.

Rev. A. M. P., aged 49 years. He is engaged in active ministerial work as pastor of one of the city churches. He first consulted me on May 6th, 1895, when the following notes were taken: Complained of passing unusually large quantities of urine, which at intervals contained blood. He is tall, has black hair, and a dark complexion, skin of a pale yellow hue, and his appearance that of one insufficiently nourished. He worked on a farm until 17 years of age. He had some intestinal inflammation in 1879 and again in 1880, and pneumonia in 1882. He once had blood poisoning following the plugging of a nostril for epistaxis, and had La Grippe a year ago.

He first became aware of the presence of some kidney affection in 1881. He was taken suddenly with excruciating pain in the right side shooting towards the bladder. Pain was felt in the penis and in the testicle which was drawn up, and also on the inner side of thigh. The pain continued for an hour, when he was relieved by a physician. No calculus was found, but a quantity of brick dust deposit appeared at the bottom of the chamber for several days after. There was no hæmorrhage. He was free from any urinary trouble until some fifteen months after, in 1883, when, while out driving, he was seized in a similar manner, the pain being again in the right side; it continued for three hours, when it was relieved by a hypodermic injection. No calculus, sediment or blood was observed at this time.

* Read before the Medico-Chirurgical Society, January 15th, 1897.

About a year after his second marriage in 1886 he had another attack; it came on during the night, about 3 a.m. No changes were observed in the urine and no calculus found. Six months after this was again relieved by a hypodermic injection of morphia. A year after this, 1888, had another attack, it occurred while engaged at a meeting; he went out to a physician's office, and was again relieved by a hypodermic. Considerable brick dust deposit was found in the urine after this attack, which like the others was in the right side. He then drank mineral water for some time, and had no further attacks of renal colic, and remained well until the autumn of 1894, when he suffered from an attack of La Grippe; about this time noticed a whitish deposit in the urine, which has continued to the present. Since that time he has complained of feeling tired and weak, and his health was not up to normal.

During the past winter he has attended gymnastic classes which met on Monday afternoon, and he noticed that the urine contained blood each evening after taking the exercise, but did not observe it any other time during the week. Present condition: has a somewhat anæmic appearance, is depressed and melancholic, appetite fair, bowels regular; nothing abnormal to be observed in the nervous, vascular, respiratory, or digestive systems. States that he sometimes feels a peculiar sensation in the region of the right kidney, but no pain. No tenderness can be elicited on palpation or percussion, nor could either kidney be felt. At this time he passes two quarts of urine daily, sp. gr. 1010, neutral to alkaline, containing pus cells and some earthy phosphates. Examined after exercise, sp. gr. 1013, brownish red in color, neutral to slightly alkaline, traces of albumen. Sediment contained pus cells and red blood corpuscles. Urea 4 grains to the oz.

The urine was examined from time to time with somewhat similar results, and the condition remained much the same up to the present year. During the past summer (1896), he travelled through England, mostly by bicycle, which he has ridden for a couple of years. While away he had occasional hæmorrhages, and returned feeling in somewhat better condition. He suffered no pains in the region of the kidney at any time after the last attack of renal colic in 1888, and during the

past year he was using mostly distilled water as a drink, which he sometimes drank copiously. He took Turkish baths from time to time. Oct. 8th, 1896, 2 quarts of urine was passed in 24 hours;—yellow, hazy, slightly acid, 1013 (sp. gr.), urea 5 grs. to the oz.; traces albumen in the filtered urine. No red corpuscles, abundant pus. After exercise there was in addition red blood corpuscles and fibrinous clots. At this time his health was not so good, and he consented to an operation. He had not taken his regular gymnastic exercises, but nevertheless he observed blood in the urine from time to time; but there was no pain, only a feeling of uneasiness in the right side, and at no time was his attention drawn to the left kidney. There were no vesical symptoms. He would not require to rise in the night more than once to evacuate the bladder.

The operation was performed at the Montreal General Hospital on Dec. 10th, 1896, by Dr. Geo. Armstrong. Ether was administered, but it was over half an hour before he could be anæsthetized, and altogether he was some two hours under its influence. Great difficulty was experienced in removing the calculus; it came away in segments. The patient seemed to be doing fairly well for two days, but then gradually merged into a semi-unconscious, restless, delirious condition, and succumbed six days after the operation. The wound was kept perfectly aseptic; urine flowed from it freely. The amount of urine passed daily from the bladder varied from fifty to sixty ounces, urea six to seven hundred grains. The cause of death was thought to be due to a condition of post-operative mania, rather than to any insufficient elimination of urea. The kidneys were examined post mortem by Dr. Wyatt Johnston, the chief change found being more or less fatty degeneration and some sclerotic changes. There were three large cauliflower-shaped calculi in the right kidney, and thirteen small ones, weighing altogether six hundred and sixteen grains. In the left kidney were found also two similar large calculi and a large quantity of gravel. A chemical examination of the calculi by Professor Ruttan showed them to consist entirely of phosphate of lime, with no evidence of nuclei of uric acid or oxalate.

These cases of nephrolithiasis are always interesting, and often tax the keenest diagnostic powers of the observer

in order to arrive at correct conclusions in regard to the particular condition one is dealing with. In this case, although in the beginning a diagnosis of calculus was made, it was supposed to be one of the mulberry-shaped oxalate of lime varieties, while others suspected papillomatous disease of the kidney.

The purely phosphatic calculi are not common, and are said to be the cause of more pain than other forms, and to occur where the urine is alkaline. In this case the urine was more frequently neutral than alkaline, and on some occasions was acid. The freedom from pain is remarkable when one considers the amount of material which existed in the kidney, and which formed a complete cast of the interior, the dendritic mass fitting into the infundibula of the pelvis.

It is remarkable that so much foreign material could exist in the left kidney, and neither patient nor medical attendants suspect its presence at all. The fairly comfortable condition of health which the patient enjoyed previously would raise the question as to the advisability of surgical interference, and whether it would not be better practice to await urgent symptoms; and it is a matter for consideration as to what effect the ether anæsthetic may have had on the result in this case, and whether chloroform would be a safer anæsthetic in these cases. With either, the prognosis of the case would probably be improved in the reverse ratio of the length of the time occupied by the operation. The slight changes in the parenchyma of the kidneys enabled them to perform their functions soon after the necessary mutilation required to extract the stone, and hence if the shock of operation and anæsthesia could be minimized, the outlook would, I think, improve accordingly.

CLINICAL LECTURE ON A CASE OF THREAT- ENED PUERPERAL ECLAMPSIA.

Delivered at the Women's Hospital by Dr. H. L. REDDY,
Professor of Obstetrics, University of Bishops College.

GENTLEMEN,

The case we are now about to consider brings prominently before us the question of the prophylaxis of eclampsia.

Most if not all of you have had an opportunity of witnessing in this case the prophylactic treatment adopted, its failure to benefit and the operation following, with most happy results to mother and child.

This patient, Mary—, aged 18, II para, general servant, was admitted into the hospital January 11th. Her history is as follows:—Last menstrual flow was about the middle of April, 1896, so that if her statement had been correct we might have looked for her confinement about the middle of January. As we have seen, her account is probably inaccurate, for we find on the 28th January there was not the slightest appearance of labor, the cervix not being shortened and the os undilated, although she was probably within a fortnight of it. Previous history: She was delivered when 16 years old by an easy and normal labor of a healthy child, there being left as a result of this labor, a bilateral laceration of the cervix. From that time until the middle of last December she enjoyed good health, when after a fall she complained of pains in her back and chest, shortness of breath and general weakness, which continuing, she entered the hospital. History otherwise negative. Condition on entrance: Severe frontal and parietal headache. Severe pain in the lumbar region, nausea and dyspnoea, flashes of light and diplopia, twitching and jerking of the limbs,—in fact, all the symptoms we might expect in a case of approaching puerperal convulsions. Urine examined shows no albumen, no sugar, specific gr. 1020. Urea 220 grains excreted in 24 hours. As the case was urgent she was at once freely purged, placed on a strict skimmed milk diet and a mixture containing 5 drops of tincture of digitalis and 10 drops of tincture of ferri mur. t.i.d. For about the first fortnight the treatment seemed to be giving good results and all the urgent symptoms diminished. The quantity of urea excreted daily was increased by about 100 grains, and we hoped that the case might terminate normally, but all the former symptoms began to return in increasing severity, and on the afternoon of the 28th of January, as she seemed to be verging on a convulsive seizure we proceeded to deliver her. After emptying the bowels by an enema and having the urine drawn off, an anæsthetic (the A. C. E. mixture) was administered. All aseptic pre-

cautions having been taken we dilated the os with a Goodell dilator (as the os was only large enough to admit the dilator) until we were able to dilate bi-manually, we then dilated until we were able to apply the Axis Traction Forceps. On applying traction they slipped, when we easily turned and delivered the child (and I wish here to call to your remembrance an interesting though not very important fact, that on introducing the hand into the uterus to deliver the child it was distinctly heard to cry by those standing around). The child was born alive, and has lived. The patient recovered slowly but well from the narcosis, but had rather a severe post-partum hemorrhage. During the first 12 hours after delivery she suffered with severe dyspnoea which was at once relieved by inhalations of pyridine. After-pains were present for the first 24 hours after delivery. The patient made an uninterrupted recovery. The quantity of urea increased from 416 grs. the day after delivery to over 600 on the third day.

We naturally ask to what pathological condition or conditions do we owe the serious state in which we found the patient on admission to the hospital?

We find in some cases post-mortem that nephritis has existed, but in many cases no lesion has existed ante-partum to which death may properly be credited. Experience has demonstrated that when the urea excreted falls below a certain quantity per day (in round numbers say 500 grs. per day), that certain symptoms appear and rapidly become grave. Therefore it becomes of prime necessity to examine the urine of every pregnant woman for urea in the last two or three months of pregnancy. Formerly only albumen was sought for, and if not found, all was considered to be well with the patient, and that there was no danger of a convulsion. I have often pointed out to you the fact that there may be albumen found in even large quantities (the quantity of urea being normal), and no convulsions take place, and again as in the present case no albumen was present, and undoubtedly had we not operated on the woman she would have had convulsions. Such is the experience of those of our profession who have had the largest experience in obstetrical work. Now if a favorable prognosis depends on the quantity of urea

excreted daily you might very well ask : does not the urea *per se* cause the poisoning? By no means, for to quote from Prof. Bouchard, we find that there are 7 toxic principles in the urine. Firstly, a diuretic known as urea. Now, urea, although it is a product of disassimilation, plays a useful role in the economy; it possesses the property of forcing the renal barrier, of removing whilst it makes its own escape from the organism both the water in which it is dissolved, and the other toxic matters which are united with it. In fact, although poisonous, it takes an enormous dose of it to act as such, and it has been calculated that to be poisoned by urea alone it would take 19 days of complete retention of urea in a patient weighing about the same weight as the case we are considering. Secondly, a narcotic; it is fixed, of organic nature and has not been given a name. Thirdly, a sialogenous substance; it produces salivation. No name given for it. Fourthly, we find two substances endowed with the property of causing convulsions, one is fixed, stable, organic, it might belong to the group of coloring substances from the manner in which it behaves. It is really an alkaloid. It is found in less quantities in the urine of the day. But it is of less physiological activity, the narcotic substance in the urine when injected causing death before the convulsive substance can produce convulsions. We do not know the names of these substances. Fifthly, there is a substance which causes contraction of the pupil; fixed, organic, probably belonging to the coloring matter series; name unknown. Sixthly, there is a substance which reduces heat, by diminishing heat production. It is fixed, organic, and may be a color substance. Seventhly, another convulsive substance, fixed, inorganic. It is, briefly, potassium, whose convulsive and toxic properties we have known for a long time. Nevertheless we cannot attribute to it alone the convulsions. In every case there is good cause for taking into account potassium in the toxic phenomena, consequent upon the retention of substances which ought to be eliminated by the urine; for the accumulation of potassium may go on more rapidly than that of other substances coming from the organism. If in consequence of failure in the elimination of the substance in the urine which reduces calorification, disassimilation of the tissues diminishes, the potassium which

continues to be introduced into the organism by the food and drink may soon be found to be in a predominating proportion, and may induce convulsions, which is one of its properties.

It has been shown that urea is a powerful diuretic (which, however, fails to act on a diseased kidney); and when we find that the quantity of urea is diminished, we know that the excretion of the other toxic principles is also diminished, and herein lies the danger.

In conclusion, we have found by experience that the treatment adopted in this case on her entering the hospital is generally sufficient to cause the case to terminate naturally. Indeed probably no other form of treatment is so generally recommended by authorities on the subject. The indications are to produce free diuresis as well as to support the heart's action by digitalis. To improve the quality of the blood which in these cases is always abnormal by iron, of which the best preparation is the muriated tincture of iron. To freely purge with some of the salines, which not only act directly on the bowels, carrying off a large quantity of the toxic matters as well as watery constituents of the blood (water itself, when in excess, acting as a poison), but which also act to a large extent as diuretics. A strict skimmed milk diet is found by experience the best, and it also tends to act as a diuretic. Amongst many of the other remedies recommended is bleeding; but I would advise you against it, as its action is only temporary, and you can see in this case it might have been serious, as she had a post partum hemorrhage. *Veratrum viride* is uncertain. Nitroglycerine is of temporary value. It might possibly have been of service in this case to relieve the dyspnoea, but the pyridine acts much more promptly.

Should you meet a similar case, I would advise you to proceed at once to the forced delivery of the woman, rather than wait until convulsions break out, providing always that you have first attempted to relieve the serious symptoms by treatment.

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology University of Bishop's College;
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THE CLINICAL SIGNIFICANCE OF RENAL CASTS.

Dr. Geo. Barrie, Washington, discusses this subject in the *Medical Record*, January 23rd, 1897. He refers to the modification of our views as to the seriousness of this condition, owing to the frequency with which they are met with when looked for with the centrifuge in those apparently healthy. He examined the urine in fifty cases of apparently healthy persons confined in prison. Traces of albumin were found in 40 per cent., and casts mostly hyaline and granular were found in 26 per cent. In another group, when the persons were ailing and consulted him for some abnormal condition, but where no kidney affection had been suspected and no evidence of such existed other than the albumin and casts, he found the former in 20 per cent. of the cases, and the latter in 8 per cent., and by the centrifuge he has been able to discover casts in 15 per cent. of these cases. Prof. Shattuck, in 297 patients who sought his advice, not including fevers or cases where bile or sugar was present, found that at different ages the percentage in which albumin and casts were found ranged between 23 and 100, all the result of a single examination.

Dr. Landon Carter Gray has also reported cases of persistent albuminuria and glycosuria, with frequent hyaline casts in functional nervous diseases, but there was no nephritis, nor did the cases result in nephritis. Casts were found in half the cases (31) of neurasthenia, albumin in thirteen, and faint in fourteen; in five cases of melancholia, albumin was present in all, and casts in four; in three cases of insomnia, albumin in all, casts in two. In cases of neuralgia, neuritis, nymphomania, torticollis, tic douloureux, syphilis, alcoholic meningitis, general paresis and subacute mania, albumin and casts were found in the majority of cases. Dr. Barrie does not agree with Brewer, that the presence of casts always means a damaged constitution, as in these cases all the functions of the kidneys are performed normally,

the epithelial casts are usually absent, and are present only in genuine parenchymatous nephritis. While traces of albumin and casts do not point to a serious condition in the neuroses, they should be a note of warning that the kidneys require watching and rest.

He then refers to cases having all the symptoms of Bright's disease where recovery has occurred, especially in the cirrhotic form where casts and albumin are sometimes absent or sparingly present, with renal insufficiency.

He concludes that in the two groups of people referred to, the discovery does not usually indicate anything serious, and agrees with Flint Senator, and Johnson, that cases of chronic nephritis are not necessarily hopeless, and that by a more general routine examination of the urine, incipient cases may be discovered and aborted in the early stages.

ON THE TREATMENT OF GRAVE'S DISEASE BY MEANS OF THE THYMUS GLAND.

Dr. Mackenzie, M.A., M.D., Cantab., F.R.C.P.L., of London, England, gives a paper on this subject in the *American Journal of the Medical Sciences* for Feb., 1897. Fifteen cases are reported from the experience of other observers, the results of which are thus summarized:—

It will be seen from the preceding that the treatment was followed by considerable improvement in the patient in every case but one. In this case the calf's thymus was used in large doses, averaging about three-quarters of an ounce a day. In seven of the cases a very striking fall in the pulse-rate is explicitly recorded.

In three cases the exophthalmos disappeared, in one case it nearly disappeared, and in four cases it was lessened. In the remaining eight cases the result, as regards the eyes, is not specially mentioned.

As regards the goitre, in four cases in which it was large there was no change; in four cases no effect is noted; in three cases a slight enlargement disappeared; in two cases there was diminution in size; in one case the swelling was noted as never much, and in another as only occasional. Improvement in the general condition of the patient was noted in fourteen.

As regards the dose given, it varied between $\frac{1}{4}$ lb. and $4\frac{1}{2}$ grains in the day. Lamb's or sheep's thymus was given in six cases, in four slightly cooked and in two raw. In six cases thymus was given in the form of tabloids, and in two cases in the form of fluid extract. In the remaining case calf's thymus was given raw.

Large doses in two of the cases were successful where small doses failed. Two of the English firms who make thymus-tabloids inform me they use the calf's thymus, so that it is probable where tabloids were given that it was calf's thymus which was made use of. I have ascertained that the preparations used in 5 cases were derived from the calf. It must be borne in mind, in judging of the remedy, that it is probable it has been used without benefit in a considerable number of cases which have never been published. On this account it would be hardly fair to compare these cases, as I shall presently compare my own, with cases treated by other methods.

Dreschfeld, in a recent article on Grave's disease, remarks that he has tried thymus gland in three cases without any marked benefit. Möbius, in his recent work on Basedow's disease, mentions that he has treated several patients with slightly cooked calf's thymus for a shorter or longer time. They improved, but not more or sooner than under other modes of treatment.

In regard to the cases treated by himself, his conclusions are :

Of the twenty cases I have now recorded under my care, treated by the thymus gland, one died, and in six no improvement was observed. In thirteen cases there was some improvement. In none of these, however, have I observed any such decided effect produced on the most important symptoms, and on the progress of the disease, as could lead me justifiably to conclude that the thymus had any great therapeutic activity. For the sake of comparison, I propose to contrast the progress of these twenty cases with a similar number treated by other methods.

In the beginning of this paper I stated that the symptom which, up to the present time, I have found most intractable is the rapidity of the pulse-rate. One must, of course, avoid the error of taking the diminished frequency resulting from rest as a result of a remedy. In my cases I have endeavored to avoid this fallacy. In twelve of the cases no alteration in the pulse-rate was observed, and in two it increased slightly. In six it diminished; in all but one of these the diminution was only slight. In the one case in which there was very considerable slowing this improvement was only observed after the remedy had been taken for some months, and it seems doubtful whether the thymus had anything to do with the change, as the pulse-rate subsequently increased again while the remedy was still continued in large doses. Of the twenty comparison-cases no alteration in the pulse-rate was observed in eleven, and in two it increased slightly. In four cases there was marked but gradual diminution, and in three

there was slight lessening of the frequency. It would therefore appear that, as regards the effect on the heart, there is nothing in favor of the thymus treatment.

As regards the thyroid gland, in only three cases was there a material diminution in size. In two cases the goitre actually increased in size while fairly large doses of thymus were being given, and in another it increased after first diminishing.

Of the contrast-cases, the goitre more or less diminished in four, and in a fifth the enlargement entirely disappeared. An increase in size was noted in only one case. In thirteen no change was observed.

It therefore appears that the progress of the enlargement of the thyroid has been much the same whether thymus was given or not.

The exophthalmos decidedly diminished in only one case, and in that it had commenced to lessen before the thymus treatment was started. In the contrast-series three lost their exophthalmos.

As regards the general bodily condition, in eight of the cases the weight was not recorded. In three there was no change. In four there was loss of weight. In three of these this amounted to only a few pounds; but in one of the three, the fatal case, there was considerable further loss of weight after the remedy was discontinued. In the fourth case the patient lost fourteen pounds in weight, but the loss was quickly made up for when the medicine was stopped. In a fifth case the patient lost weight to the amount of eleven pounds during the first two months of the treatment, but gained twenty pounds during the next two mouths. In four cases there was a marked gain in weight of from four to fifteen pounds. Of the comparison-series, I find loss of weight noted in only one, and a marked gain noted in three cases, amounting to sixteen pounds in one case and thirty-five pounds in another. This, again, is somewhat in favor of the series treated without thymus, but I do not look upon the difference as at all significant.

The dose of thymus given varied from several ounces to ten or fifteen grains a day. The cases which had large doses did not appear to do any better than those treated with small doses.

At the same time it is quite evident, from the record of several of the cases, that the patients themselves were satisfied that the remedy benefited them. When it was discontinued they asked to be put back on it. In no case did it produce any unfavorable symptoms.

The combination of thymus and thyroid was employed in four cases, and in two of these it did not appear to be very well borne.

The last case, which was the fatal one, had no treatment for some weeks preceding her last illness.

The size of the thyroid enlargement appeared to make no difference on the progress of the case. About the same proportion of the cases, with little or no enlargement, did well as of those where there was a large goitre.

It will be observed that I prescribed other remedies along with the thymus in several of the cases, such as belladonna, bromide of potassium, sodium phosphate, etc. This would diminish the value of my observations, if I were endeavoring to maintain that the thymus gland had any specific value; but, as my thesis is that it has no specific influence, the administration of other remedies is not of material importance.

An important point which should be borne in mind is that the most remarkable of the cases of recorded benefit have been those in which the lamb's thymus has been employed. Möbius and Taty and Guérin, who failed to observe benefit, expressly mention that they employed the calf's thymus. I am not able to give exact particulars as to which form has been employed in all of my cases. The tabloids used were supplied by Messrs. Burroughs, Wellcome & Co., who informed me they were made from the thymus of very young calves. The extract of thymus was prepared for me by Mr. White, the pharmacist to St. Thomas's Hospital. It was prepared from lamb's thymus whenever it was procurable, and at other times from calf's. The calf's thymus was used in 2 cases, in which large doses were used.

It seems unlikely that any important therapeutic effect should exist in the lamb's thymus and not in the calf's; the reported success of cases treated with tabloids of calf's thymus may be set against the failures.

The conclusion at which I have arrived is that the thymus gland possesses no specific action in Graves's disease. I have found it in most cases to have no effect either on the heart, on the goitre, or on the exophthalmos. At the same time it appears to be a remedy of some value, improving the general condition, and, in this way, may assist toward the recovery of the patient. I should, at present, place it in the same class of remedies as cod-liver oil.

I am of opinion that the dose, to be of any use, should be at least one or two drachms a day, of the fresh gland or its equivalent, in the form of extract or powder.

AMŒBOID CELLS IN ASCITIC FLUID.

VON LEYDEN and SCHAUDINN (*Sitzungsbericht der Kgl. Preuss. Akad. der Wissensch. zu Berlin*, 30 Juli, 1896) report the discovery of an amœboid protozoon in ascitic fluid. This

was first found by Prof. Leyden in the fluid from a woman of twenty-two years, with heart-disease and ascites. In the course of numerous tappings made for the relief of the latter, colorless gelatinous cells were found, often aggregated in nests. They changed their shape, threw out pseudopodial processes and withdrew them again, showing active motion at ordinary temperature (23° to 24° C.). They could also be observed to unite in peculiar meshes with nodes on the processes thrown out. These nodes were at time loosened, and in turn developed into cells. About the same time similar bodies were found in the ascitic fluid of a man of sixty-three years, who had carcinoma of the stomach. In the first patient nodular masses could be felt in the abdomen after tapping, so it was assumed that she, too, had cancer. The examination of the bodies was made by Dr. Schaudinn, assistant in the zoological laboratory of the University of Berlin. Dr. Schaudinn finds the cells are parasitic protozoa, the exact classification of which he does not wish to make in the present unsettled state of the subject. They are undoubtedly amœbæ, and perhaps nearly related to the free-living placopus.

The objection has often been made that the extensive work on parasitic protozoa, as those of malaria, dysentery, etc., has all been done by pathologists, not by specialists, and for that reason is often belittled by the said specialists. It is therefore a matter of congratulation that Prof. von Leyden availed himself of an expert "who for years has been working on protozoa." Whether he is able to distinguish these from body-cells any better than a Pfeiffer, an Adamkiewicz, or a Sudakewitsch, remains to be seen.—*American Journal of the Medical Sciences.*

THE DIAGNOSIS OF MALIGNANT TUMORS OF THE LUNG BY THE SPUTUM.

BETSCHART adds another to the small number of cases in which malignant disease of the lung has been diagnosticated by the sputum-examination. The sputum in this case was of variable color, often brownish-red, as in infarct, but never resembling raspberry-jelly, as was at one time thought to be the case in such conditions. Microscopically there were free fat-globules, leucocytes, and large numbers of epithelioid cells more or less aggregated. The sputum also contained particles visible to the naked eye—in fact, up to three mm. in length, yellowish or brownish, and gelatinous-looking, which proved to be carcinomatous. The diagnosis thus made was confirmed by post-mortem examination.—*Virchow's Archiv*, Bd. 143, H. 1.—*American Journal of the Medical Sciences.*

THE INCREASE OF THE NATURAL CAPACITY FOR RESISTANCE BY THE PRODUCTION OF HYPERLEUCOCYTOSIS.

Dr. Martin Hahn, privatdocent of the Hygienic Institute of the University of Munich, has published (*Berliner Klin. Woch.*, November 28, 1896) the results of some highly interesting investigations, which we summarize in the following abstract :

Buchner demonstrated that immunity cannot be explained by simple phagocytosis, as exudates lose none of their bactericidal power when the leucocytes are killed by freezing. In these cases we do not deal with a phagocytic function of an organized cell, but with the decomposition or secretion products of the leucocytes, which impart a greater bactericidal energy to exudates than is present in blood-serum.

These observations are significant in their bearing on the theory and practical treatment of infectious diseases. The fact that leucocytes, where they occur in great number, impart to the respective medium, presumably through the products of their secretions, a bactericidal energy, suggests that we may increase by artificial means the natural resistance of the human organism, which is identical with the bactericidal energy of the blood. Not every increase in the number of leucocytes possesses the same value in increasing the bactericidal action ; the kind, origin, biological condition, etc., of the leucocytes are important factors.

Assuming that resistance is augmented by certain alexins, it would seem that the injection of these substances would be efficient, but it has been shown by Buchner that human resistance cannot be increased in this way owing to the neutralizing antagonisms of the alexins produced by different animals. Accordingly the writer has attempted the production of a hyperleucocytosis.

Unambiguous results were obtained only by experiments on dogs. The number of leucocytes in the arterial blood was determined, and the animals were then given subcutaneous injections of remedies stimulating leucocytosis. For this purpose albuminoids, such as albumose or nuclein, were employed, the latter in the form of a yeast nuclein solution, placed at the writer's disposal by the firm of Parke, Davis & Company. Good results were obtained from a nucleinic acid donated by the same firm. As large quantities of such preparations can be administered to the dog, it is easy to double the original number of the leucocytes in a short time. This is usually accompanied by a rise in temperature, varying according to the remedy used. In the dog it rarely exceeds

1 to $1\frac{1}{2}$ degrees. When the number of leucocytes has risen to double the normal, blood is withdrawn a second time. At first five to six hours elapsed before the second blood-letting; later an interval of twelve to fifteen hours was allowed to pass between the injection and the second bleeding.

The defibrinated blood, obtained in the stage of hyperleucocytosis, exerted a decidedly more energetic bactericidal effect than normal blood of the same animal; which would indicate that in dogs the course of infection may be very favorably influenced by artificial hyperleucocytosis.

A favorable action is to be expected from hyperleucocytosis only in those cases where the bacteria do not remain localized and cause mischief by their toxins, but where they really pass into the circulation. In the human subject, in harmony with the animal test, a decided increase is to be registered in the energy of the blood rich in leucocytes. The investigations are naturally not to be regarded as completed so far as the human subject is concerned. But in view of the results thus far obtained, it is highly probable that the bactericidal potency of human blood depends substantially on the number of leucocytes, and that it will be possible to augment the natural resisting power of the human subject through an induced hyperleucocytosis.

Of course, artificial hyperleucocytosis will not favorably influence all bacterial affections. With respect to diphtheria, it seems almost established that a persistent increase in the number of leucocytes is to be regarded as unfavorable—a fact which certainly calls for further explanation. In other infections, where the bacteria remain localized, and exert their harmful action, not by their direct presence in the blood, but rather by their locally produced toxins, as in cholera and tetanus, but little is to be hoped for from hyperleucocytosis. Here we have less to do with the destruction of living bacteria than with the problem of immunizing the body against the toxins. In these conditions antitoxic serum-therapy must continue to occupy the foreground of clinical interest. The situation is different in the septicæmic infectious processes. The results thus far obtained in the treatment of anthrax, by immunization with serum, are by no means brilliant, despite varied and extended experiments. At all events, they are far inferior to those obtained from immunization through attenuated cultures. A similar state of things seems to prevail with respect to the streptococcic serum. Accordingly, in those infectious processes which are due to the presence of bacteria in the blood, we have still left to us a field for immunization through attenuated cultures, and for cure through elevation of the natural powers of resistance. This cure is, prospectively, to be achieved through the artificial production of hyperleucocytosis.

The subjoined tables give the rate at which certain bacteria were destroyed by normal and leucocytic blood. The figures given express the percentage of germs remaining alive at the end of the respective periods :

1. *Dog's Blood.* *Staphylococcus pyogenes aureus* :

	After two hours.	After five hours.
Normal blood.....	19.5	4
Leucocytic blood.....	2.9	1.7

2. *Human Blood.* *Bacterium coli* :

	41.1	7.5
Normal blood.....	16.1	0.6
Leucocytic blood.....		

—*Medicine.*

THE FUNCTION OF THE SUPRARENALS.

L. Szymonowicz (*Arch. f. Phys.*, lxiv., Nos. 3, 4) reports three facts which throw much light upon the heretofore obscure function of the suprarenal capsules. They are as follows :—

1. The extirpation of both suprarenals causes a decided diminution of the blood pressure ; the pulse becomes smaller.
2. Introduction of suprarenal extracts into the veins produces, chief of all, a decided increase of blood pressure, and increase of the heart's action.
3. The blood flowing from the suprarenal veins, when introduced into the circulation of another animal, causes the same phenomena as do the suprarenal extracts when introduced into the blood, but in a lesser degree.

The author concludes from these researches and those of Cybulski that : (1) the suprarenals are organs of undoubted necessity to life, being glands with an internal secretion ; (2) it is their duty (especially of the medullary substance) to produce and transmit to the blood a substance which continually upholds the activity of the vasomotor nerve-centers, the vagus and the accelerator nerves, as well as the respiratory centers, and, in all probability, the centers controlling muscular tonicity.—*Modern Medicine.*

SERUM TREATMENT OF LEPROSY.

This method, which originated with Dr. Carrasquilla, he has successfully employed in fifteen cases, and it promises to prove a panacea in this disease. The conclusions from the cases treated are thus summarized in the *Indian Medical Record* :

"1. The serum treatment overcomes the anæsthesia more or less rapidly, in proportion to the extent and gravity of the lesions of the peripheral nerves.

"2. It decolorizes the macules without obliterating them entirely; they become the seat of abundant desquamation.

"3. It causes œdema to disappear rapidly in some cases, slowly in others; the skin retracts, becomes wrinkled, and finally returns to its normal state when the œdema has subsided.

"4. The tubercles become flattened and softened, and disappear, either by absorption, by desquamation, or by supuration, leaving marks to show their situation.

"5. After suppurating abundantly, the ulcers heal with marvelous rapidity, leaving the skin sound.

"6. The scars of old suppurative lepromata become pale, and tend to assume a level with the surrounding skin.

"7. The ulcerated mucous membranes hasten to cicatrize, become decolorized like the cutaneous macules, and regain their sensibility, while the tubercles disappear.

"8. With the disappearance of the œdema and the tubercles, and with the fading of the stains, the countenance grows thin, and loses its leonine aspect entirely.

"9. The appetite is recovered, together with the capability of sleeping; there is cheerfulness and content replacing the previous profound depression, and lost hope is regained.

"10. From the first serum injection administered to the patient, the mortific action of the bacillus lepræ leaves, and no new manifestation of the disease shows itself.—*Modern Medicine.*

RECENT PROGRESS IN NEUROLOGY.

Neurological literature for the past few years has reflected very little which possessed either novelty or special interest in the domain of gross anatomy or histology, but in the more delicate and still somewhat obscure field of minute histology and anatomico-physiological research much work has been done, with a resultant degree of enlightenment which is prophetic of a rich harvest in the near future. The factor chiefly responsible for our advancement in this direction has been the various improvements devised in methods of research, the most notable of which are associated with the names of Golgi, Luciani, Marchi, and Ramon y Cajal. Other workers in this field, whose contributions have added notably to the value and scope of our knowledge of the subject are Andriezen, Risien Russell, Mellus, Van Gehucten, Turner, Schaeffer, Bevan Lewis, Biedl, and Chaslin.

The line of investigation which has been most positively fruitful in results has been that of experimentally induced pathology. Beginning with the functionally highest structures, the cells of the cortex, Andriezen has shown that the

apical processes of the great pyramidal cells of this region receive the terminal processes of the fillet radiations, a fact which leads to the conclusion that these are the sensory cells of the cortex. If accepted, this conclusion points to the correlated acceptance of a practically identical cortical localization of motor and sensory function or representation. Further support of this teaching is to be found in the results obtained through experimental studies by Flood and Schaeffer. (*British Med. Journal*, July 28, 1894.) With very few exceptions this view is generally accepted among neurologists to-day. In connection with this subject of cerebral representation of common sensation, Spitzka (*Lancet*, January 19, 1895) publishes advance notes of a case of direct interest and importance, involving a focal lesion of the right stratum intermedium, the patient presenting during life more or less complete right hemianesthesia, with loss of mechanical co-ordination, but preservation of equilibrium. Further study, not yet complete in this case, is expected to demonstrate facts of importance in connection with the pathway of sensory fibers in the cerebrum. Turner's (*Brain*, 70, 71, 1895) experiments, several in number, also bear upon this subject of the pathway of fibers conducting sensory impressions. He destroyed the tubercle of Rolando in the medulla of the monkey, and noted as a result, (1) defect or abolition of all forms of sensation in the skin, mucous membrane, and cornea supplied by the fifth nerve with contraction of the pupil of the same side, but without trophic change in the eye. The loss of sensibility was in relation to destruction of the ascending trigeminal root forming the superficial white stratum of the tubercle. The effect on sensation in the body was (2) loss or defect of the sense of touch and of localization on the side of the lesion, but retained pain-sense, while on the side opposite the impairment was of pain-sense only.

Mellus (communication to Royal Society, England), working in the laboratory of Horsley, reports the results of a series of experiments made with the object of determining the pathway of certain motor fibers from the cortex downward. The bonnet-monkey was the subject of experiment, the centers for the hallux, thumb, and face in the left hemisphere being the areas of the cortex subjected to minute experimental lesions. He found that the coarser degenerate associate fibers from the thumb lesion were distributed to the upper part of the motor area, and the finer fibers to the lower—an observation corroborative of the measurements of Bevan Lewis. In the internal capsule these degenerate fibers were divisible into two systems one of the fine fibers passing into the outer surface of the optic thalamus from the poste-

rior limb of the capsule; the other, coarse fibers, passing through the internal capsule into the crus and ending apparently in the *substantia nigra*. The fibers representing degeneration secondary to the lesions of the facial center are situated in the middle third of the crus, mingled with the fibers of the pyramid, and not occupying a separate space mesial to the pyramid. These experimental findings are especially noteworthy, since they in some degree are opposed to the teachings of Meynert and others.

The pituitary body, long an enigma as regards its function, has been the subject of especial study by Andriezen (*British Med. Journal*, January 13, 1894), and Sacchi and Vassali (*Centralbl. f. Allgem. Path. Anat.*, May, 1894). They find that the function of this body is essentially trophic, enabling the nerve tissues to take up and assimilate oxygen from the blood stream. It also exerts an influence upon metabolism, destroying or rendering innocuous certain waste products. The pathological findings in acromegaly involving disease, usually of hypertrophic type, of this gland are strongly confirmatory of the experimental findings of Andriezen.

The cerebellum has perhaps been the subject of more extended and enthusiastic study than any other special portion of the cerebro-spinal system during the past half decade. Marchi, Luciani, Risien Russell (*British Med. Journal*, July 28, 1894), Turner (*British Med. Journal*, August 21, 1894), Biedl, and Ferrier are among the large number who have made notable contributions to our present knowledge of the subject. Ferrier (*Annual of Univ. Med. Sciences*, 1895, Vol. 2 section, Brain), in his presidential address before the London Neurological Society, reviews critically the published researches in this field of Luciani and Marchi. He accepts as proven by them the facts; (1) That the cerebellum has no share in psychical manifestations; (2) its removal causes no evident impairment of any of the special senses, nor cutaneous nor muscular sensibility; (3) it has nothing to do with sexual impulse or desire; (4) the influence of the cerebellum is direct and not crossed; (5) the middle lobe is not, as taught by Nothnagel, the essential lobe. Some of these statements, as will be noted, are radical innovations in teaching and belief.—*William Broadbuss Pritchard, M.D., in Medical News.—The American Practitioner and News, January, 1896.*

URIC ACID AS A FACTOR IN DISEASE.

The part that uric acid plays in the production of morbid conditions is now fully recognized. It is of no mean import then when we find it accountable for a long train of

symptoms—many of which are obscure, and many not easy to formulate. And by reason of obscurity it can cause no surprise that errors in diagnosis are made. That many failures of relief are recorded, because the tendency has been to recognize and treat symptoms only instead of the true pathologic entity underlying the whole.

There is reason to believe that nearly all cases of periodic or paroxysmal headache, melancholia, not accounted for by other factors, and much of that undefined class of diseases denominated neurasthenia, are attributed to this cause. Then we have rheumatic affections, tonsillitis, cutaneous irritation, as in the various forms of eczema, anæmia and menstrual disorders.

A careful scrutiny is necessary in these cases in order to distinguish the actual condition present, as there is no one symptom which will interpret or cover the whole field of inquiry.

Help may, however, be obtained if we remember that it is almost always associated with gastric disorders, malnutrition, the result of disturbed assimilation, with more or less high arterial tension, super-acidity of the urine, of abnormal color, and probably scanty in amount.

These symptoms are not due to increased production of uric acid in the blood and secretions, but to its retention and storage in the various tissues of the body. A normal daily amount may be produced, and yet if the blood is not in a condition to carry it on as effete matter, or the kidneys to eliminate it, deposits take place with the resultant cumulative interference with the normal functions of the economy.

The indications for the relief of this morbid condition due to excess of uric acid in the system is to render the blood in a proper condition to dissolve out the deposit in the tissues and make the uric acid a soluble urate.

We have for this purpose a ready remedy in the so-called salines. The salicylates, and piperazine, and lysidine have met with decided favor, have rendered good service, and are well worthy of trial. Haig states that iron cures anæmia by clearing the blood of uric acid; that the administration of uric acid will quickly undo its work, and that if in any case it fails to clear the blood of uric acid it also fails to cure anæmia. That when iron fails to cure, other drugs that have more power over uric acid, or act in a slightly different way, may succeed; but that no drug of any kind will succeed if it fails to clear the blood of uric acid.

This is the principle of treatment in all cases—clear the blood and tissues of uric acid and the rest will follow. The symptoms will vanish.—*The Charlotte Medical Journal.*

THE ICE-BAG IN PNEUMONIA.

Dr. Lees gives the following directions for the use of the ice-bag in pneumonia :

1. Apply the ice-bag over the dull area, and especially over the advancing edge of the consolidation.

2. If the area is large, use two bags at least, or three. Even young children may require two.

3. Expect to find a distant local effect (improvement of percussion-note, less bronchial breathing, looser râles) on careful physical examination, after the ice has been applied for twenty-four hours.

4. If fresh areas of consolidation develop use additional bags. Four or even more may be needed in a bad case. The amount of the dose is as important as it is with drugs.

5. Take the temperature every half-hour for the first three hours, afterward every two hours.

6. Apply hot water bottles to the feet and legs. For children supply these before the ice is applied.

7. Examine the physical signs carefully twice daily, and shift the bags accordingly.

8. If pericarditis is present, place one ice-bag over the heart.

9. If temperature below 99° F. (37.2° C.), or hands cold, or lips bluish, remove the bags for an hour; then replace them, and use them for two or three hour periods, with one or two hour intervals.

10. If in a severe case there is distinct cyanosis and a rapid feeble pulse, consider whether leeches (in urgent cases venesection) would not relieve the right heart.

11. In all cases see that sleep is secured during the first three or four nights. If the relief afforded by the ice-bag does not suffice for this, give chloralamid or morphine.

Pneumonia treated vigorously with ice within twenty-four hours after the rigor may sometimes be aborted.—*The Charlotte Medical Journal.*

THE PROTECTIVE INOCULATION OF MAN AGAINST ENTERIC FEVER.

Pfeiffer and Kolle have recorded in the *Edinburgh Medical Journal* the results of researches into this subject. They first refer to Haffkine's investigations into the protective inoculation against cholera. Pfeiffer and Kolle have already proved that the blood of typhoid convalescents, as well as that of animals possessing an active or passive immunity against this infection, present analogous relations to those found in Asiatic cholera. The blood contains

specific bactericidal products. There is wanting also in the blood serum of typhoid convalescents the specific typhoid poison present in the bacterial cells. Considering the good results obtained in cholera, it became desirable to investigate the effects of the introduction of a small quantity of killed typhoid bacilli in man. The authors used a typhoid culture which had been made from a spleen two months previously, and the genuine character of which was proved by the specific reaction with the blood serum of typhoid convalescents. The virulence of the culture was very marked. Individuals were selected who were either in good health or at least free from febrile symptoms, and who were known not to have enteric fever. One c.cm. of a bouillon preparation, so completely sterilized at 56° C. that it contained no living micro-organisms, was injected. A few hours after the inoculation the first symptoms appeared of shivering, vertigo, etc. The evening temperature rose to 38.5° , but it fell to normal during the following day. From their experiments with it on animals it became obvious that a single injection of a minimum dose of killed typhoid cultures induced in man a specific change in the blood, which was apparent six days after the injection, and which attained at least the same degree as is visible in typhoid convalescents. It is more than probable that the appearance of specific bactericidal substances in the blood of individuals who have had typhoid fever represents the chief cause of the immunity possessed by them. If this is correct, then it is to be expected that these prophylactic inoculations with killed typhoid cultures can produce an immunity of equal intensity and duration as that found after an attack of typhoid fever, Haffkine's analogous, very numerous, successful, and practical investigations lend support to the same view. The authors hope that these protective inoculations against typhoid fever will be of practical service under certain circumstances, such as the prevalence of a severe epidemic, etc. The material for inoculation can be provided with comparative ease. They refer especially to its possible value in cases of sieges when enteric fever often decimates an army. Baieger, Wassermann, E. Fraenkel have used killed typhoid cultures in the treatment of enteric fever, but not for its prevention. Individuals with typhoid fever react quite differently from healthy persons, but even in the developed disease such injections have been known to produce a beneficial even though temporary effect.—*The Charlotte Medical Journal, January, 1897.*

THE SIGNIFICATION OF MORTALITY FROM CONSUMPTION WITH REGARD TO THE BICYCLE.

At a recent meeting of the American Statistical Association, Dr. S. W. Abbott, Secretary of the State Board of Health of Massachusetts, presented some figures regarding the proportion of pulmonary tuberculosis in females to that in males in Massachusetts. The rate in 1851 was 1,451 females to 1,000 males; in 1890, 1,055 females to 1,000 males; and in 1895, only 974 females to 1,000 males. 1895 was the first year in the history of the State in which the number of deaths from phthisis in females was smaller than that in males. The fact that a uniform reduction in the rate of female deaths began some five years ago, about the same time women were beginning to ride the bicycle extensively, Dr. Abbott considers significant, and he is inclined to attribute the decrease in the death-rate to the great increase in open air exercise among women by the use of the bicycle.—*The Sanitarian January, 1897.*

SURGERY.

IN CHARGE OF

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Resection of the cervical sympathetic nerve for exophthalmic goitre and epilepsy, Jonnesco (*Centralbl. f. Chir.*, No. 2, 1897; *Br. Med. Journal*, March 13th, 1897) has been led by results of clinical and pathological observations to perform complete and bilateral resection of the cervical sympathetic nerve in cases of Basedow's disease and epilepsy. In 1896 he removed from a patient affected with the first mentioned disease the superior and middle ganglia, together with the intervening portion of nerve fiber on both sides. The result of this operation was so good that the author thought a more extended procedure—extirpation of the three ganglia—might prove beneficial in nine other cases, of which two were cases of Basedow's disease and 3 genuine cases of epilepsy, the remaining four being instances of chorea and hysterical convulsions. In both cases of Basedow's disease the operation was followed, the author states, by disappearance of the exophthalmus and diminution in size of the goitre. The increased frequency of the cardiac action was much relieved in one case, but persisted in the other. There was decided improvement in the 3 cases of genuine epilepsy. Each patient, it is asserted, has remained quite free from any

recurrence of the conclusions ; one only having suffered since the operation from slight, rare and transient attacks of vertigo. In the remaining cases no good result was obtained by operative treatment. Resection of the cervical ganglia, according to the author's experience, is not likely to be attended by any serious consequences, as the only abnormal signs observed in his cases were temporary blushing, lacrymation, and increased nasal secretion and contraction of the pupil.

THE USE OF FORMALIN IN INFECTED WOUNDS.

By A. L. CORY, M.D., Chicago, Ill.

My attention was called some time since to the use of a mixture of formalin and gelatin in infected wounds. A German firm placed the mixture on the market under the name of "glutol." Formalin is mixed with gelatin, which forms a solid mass ; this is grated, forming a fine gray powder, in which state it is sold, to be dusted on the wound as we have been doing heretofore with iodoform or boric acid. An American firm have recently put the same thing on the market under its proper name, "formal-gelatin." It was claimed for it that when pus was present the gelatin would gradually dissolve in the secretions, and liberate the formalin, which is a strong disinfectant, and thus keep up a continual action while any of the powder remained. On trial I failed to realize the good results except in superficial injuries, for instance in two cases of scalp wounds. At the second dressing, 48 hours after the injury, the skin around several of the stitches looked quite inflamed and seemed about to suppurate, but on the application of the powder and fresh gauze at the next dressing, four days after, the wounds were found entirely healed. In cases where the infection was deep and pus already formed I could see no benefit from the powder. At this time I had under my care one of the nurses of Englewood Hospital who had been operated upon for appendicitis. The external wound had by some means become infected, and I had opened it widely down to the peritoneum. In spite of all the measures I could apply, including the glutol, the wound surface continued to suppurate, and a pocket formed under the skin, beyond the wound, but communicating with it, from which pocket I could press out at each daily dressing about two drams of pus. It then occurred to me to try the formalin in solution. Knowing it to be very strong, I without any special reason chose to make it of the strength of 1 to 200, formalin 3i, water ̄xxxv. After the wound had been washed with sterile water until clean, I packed both it and the pus pocket with plain sterile gauze dipped in the above solution, and

what was my surprise on the next morning to find no pus whatever. I again dressed it with the formalin, and at the end of another twenty-four hours removed it and dressed with iodoform, and the wound healed promptly without further formation of pus. At the same time I had under care a woman who had an Alexander operation for shortening the round ligaments, and in whom one of the wounds had become infected so that I had opened it widely for drainage. Two dressings of the formalin, 1 to 200, stopped pus formation, and the wound healed under iodoform without further suppuration. Since that time I have dressed all infected wounds, and we get many of them in railway surgery because of dirt ground into the wound at the time of the injury, with plain gauze thoroughly wet with a solution of formalin 1 to 200, and have not had pus occur where the formalin could get to all parts of the wound.

I have had some wounds irrigated with the same solution, but do not get as good effects as where applied on gauze packed into the wound. In an amputation of the arm for railway injury suppuration occurred in the track of the drainage tube; here it was not possible to pack the entire tract with gauze, and irrigation seemed to reduce but not entirely stop pus formation. It would seem from my experience that the formalin must be held in place so that it may act on every part of the wound for several hours. In an acute case of gonorrhœa in a woman, as proven by finding the gonococcus in great abundance, I had the vagina thoroughly douched, then packed it through a speculum with gauze wet with formalin 1 to 400. This was renewed for four days in succession, and the gonorrhœa was cured.

My experience with the formalin has been so satisfactory that I desire others to try it and see if they can get the same good results.

I believe that with gauze dipped in the solution and the powder applied we have an ideal non-toxic dressing. With gauze wet with solution packed in "pus pockets," and in gonorrhœa in the female applied on gauze, we can get better results than with any other dressing used at present by the profession. I would not expect as good results in gonorrhœa in the male, for there the formalin could not be retained long enough in contact with the diseased surfaces. In making my solutions I have used the formalin, 1, as it is really a 40 per cent. solution of the gas called formaldehyde. I have continued the formalin as a packing material in my pus cases only long enough to stop the pus secretion. I do not know that it would be injurious, but knowing that it is being used as a fixative of fresh specimens for microscopic specimens, I have feared that its continued use would harden the granulations

and delay the cure, so as soon as the suppuration has stopped I have used iodoform in powder and plain gauze as a packing to stimulate the growth of granulations.—*The Journal of the American Medical Association*, Jan. 9th, 1897.

TREATMENT OF PROSTATIC HYPERTROPHY AND RETENTION BY CAUTERIZATION THROUGH THE RECTUM.

NEGRETTO (*Gazz. degli. Osted*, December 27th, 1896, extract from *British Medical Journal*, January 16th, 1897) records 4 cases of prostatic retention with much success by the above method. After thoroughly emptying the rectum, the patient anæsthetized, and a rectal speculum passed, the upper part of the bowel is plugged with gauze, and then, under the guidance of the finger, a specially devised hook with graduated stems is passed into the prostate to steady it. The prostate is then cauterized with a Paquelin or galvano-cautery over the extent required. The operation only lasted two minutes. The bowels are kept confined for a few days, and a catheter kept permanently in the bladder for some time. On the sixth or seventh day a purge is given, and at the end of ten or twelve days the catheter is removed, and the patient urinates by himself. The patients were 56, 62, 74 and 78, respectively, and had suffered from prostatic disease from three to five years on an average. In each case cauterization per rectum not only speedily relieved the congestion, but caused a notable diminution in the size of the prostate. The author believes this method to be superior both in its immediate and remote effects to castration or excision vas deferens.

TREATMENT OF APPENDICITIS.

MCBURNEY (*Medical News*, Vol. LXIX, No. 24, extract *British Medical Journal*, January 16th, 1897) points out that there is no medical cure for appendicitis, even though some cases recover without operation; and whilst he considers appendicitis a surgical disease, yet operation may not be necessary in every case. The true cause of this affection is probably a stoppage of the drainage from the appendix to the colon, and the preliminary treatment is often worse than useless. The opium treatment relieves pain and discomfort, but entirely masks the symptoms at a most important time, for it is in the first 24 hours from the beginning of the attack that we can decide not only as to the diagnosis, but as to the probable course and the result of the case. If in 5 or 6 hours there is no increase in urgency, the patient is not in immediate danger if kept at perfect rest in bed; if in twelve hours there is still no increase in the severity of symptoms, the patient should soon begin to improve. On the other hand,

if the urgency of the case has steadily increased in 12 hours from the time when the diagnosis was made, an operation will probably be called for. After two attacks the patient is sure to have a third, and each attack renders operation more difficult and dangerous. All the advantages lie with operation between the attacks. In an operation during an acute attack the prognosis is worse. In operating between the attacks it is rarely safe to do so in less than two weeks after an acute attack. McBurney was formerly more willing to operate during the attack than he is now. The chief cause of death is delay of one sort or another. In abscess cases the sooner we operate the better.

GYNÆCOLOGY.

IN CHARGE OF

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THE EARLY DIAGNOSIS OF PREGNANCY.

Dr. Gardner of Baltimore has an interesting paper on this important subject in the Jan. *American Journal of Obstetrics*. He points out that pregnancy can usually be diagnosed at the end of eight weeks, the cessation of menstruation, by the breast signs, morning sickness, the softening of the cervix, the enlargement of the abdomen, the cystic condition of the uterus, and the color of the vagina. The bronzing of the nipple he found infallible in those who had never borne children, but unreliable in multiparæ. The papillæ fairly reliable; the presence of milk only reliable in those who had not borne children. Morning sickness may be due to displacement of the uterus or to salpingitis. When due to pregnancy the characteristic time for its appearance is the day upon which the first missed period would have fallen. But he only found it present 13 times in 75 early pregnancies. Cessation of the menses although not always present was the most reliable symptom, occurring fifty out of seventy-five times. But about one-third of all pregnant women continued to menstruate for one or more months after becoming pregnant, while on the other hand a good many women ceased to menstruate without being pregnant. The discoloration of the vagina due to distended veins was found in fifteen out of seventy-five cases. Gardner says that he had never seen it in any other condition except pregnancy. This is important. In a case which was sent to me a distance of a thousand miles with a fibroid tumor to be treated by electricity, I was struck by the marked purple color of the

cervix and vagina ; but the family physician referred me to the text-books, which state distinctly that this discoloration is frequent in fibroids of the uterus. Subsequent events proved that she not only had a large fibroid tumor, but that she was also pregnant several months.

He lays great stress on the cystic feeling of the uterus, going so far as to say that "practically a cystic uterus is a pregnant uterus." I have been carefully examining several hundred women at the Montreal Dispensary during the last few years, and I am now almost invariably able to detect it at from six to eight weeks by the bulging of the anterior wall of the fundus and the corresponding narrowing of the neck or isthmus. This sign Gardner does not mention. A very honest physician recently told me that he used the sound a good deal to diagnose pregnancy ; he showed very little judgment. The sound should never be used in any case where any or all of the other signs point to the slightest suspicion of pregnancy. Indeed the more experienced we become the less need do we have for the sound at all.

Fish, of Milwaukee, in the same number has an article on the question whether to leave the uterus or not whenever we remove the adnexa ; and he strongly maintains the affirmative, pointing out that the uterus is composed of erectile tissue and takes part in copulation.

Prevost, of Ottawa, has a paper in the *American Gynæcological Journal* for March, taking exactly the opposite position, maintaining with Segund that the uterus is always diseased when the appendages are affected. I do not agree with him, for out of several hundred cases in which I have left the uterus while taking out both ovaries and tubes, in only four or five have I regretted having followed this course ; and even in two of these cases the diseased uterus is gradually yielding to appropriate treatment. In the opinion of many, myself among the number, hysterectomy is performed unnecessarily, and far too frequently.

Ross, of Toronto (*American Journal of Obstetrics*, February, 1897), has a valuable paper on the best course to follow in fibroid tumor complicating labor. He advocates bringing on early emptying of the uterus. When the mother will not consent to this course he thinks she should be sent to hospital and prepared for Cæsarean section, but to wait a reasonable time to allow nature to have a chance. If no progress is made by vagina, we should not wait until the patient is exhausted, but at once proceed to open the abdomen, incise the uterus and extract the child. Ross cites a case of his own in which this plan was followed with marked success ; but he removed the ovaries, both in order to cure the fibroid, and also to prevent her from becoming pregnant again.

A few months ago I was consulted by my colleague, Dr. Fairweather Wilson, in a precisely similar case, but we decided to wait under observation until a few days before the expected time for her confinement, when we will have her removed to the Samaritan Hospital and perform Cæsarean section.

CHRONIC INFLAMMATION OF THE URETHRA, URETERS AND BLADDER IN WOMEN.

In the March number of the *American Journal of Obstetrics*, Dr. A. J. C. Skene, of Brooklyn, has an excellent and most practical article on the diagnosis and treatment. Regarding treatment he advocates quinine in cases due to herpes of the urethra. For urethritis and ureteritis he advises Santal-Midy. Also he lays great stress on the constitutional treatment of the urinary organs, proper diet, and more water. He deprecates dilatation of the urethra for exploratory purposes. Also he finds that the medical treatment generally gives better results than the treatment by surgical measures.

PATHOLOGY.

IN CHARGE OF

ANDREW MACPHAIL, B.A., M.D., M.R.C.S. Eng., L.R.C.P. London.

Professor of Pathology, University of Bishop's College.

Within the past two years medicine has been making heavy demands upon pathology, and has not often come away with empty hands. The clinical value of the work upon tuberculosis, diphtheria, typhoid and cholera has been detailed from time to time. The present seems a suitable time for dealing with the Bubonic plague, on account of the malignancy of the disorder, its recrudescence, and above all, in view of the good promise which anti-toxic experiments are giving.

Before the French Academy of Medicine, January 26th, Dr. Roux read a communication from Yersin under whose direction *twenty-six cases of plague at Canton and Amoy were treated with serum* obtained from a horse after numerous injections of plague bacilli into its veins. Three weeks after immunity was established in the animal the serum was tried on mice, and found to exert a preventive action. It was then tried upon human patients. The whole number of persons suffering from the plague who were treated by this method was twenty-six. Only two of these died, both of whom received the inoculation on the fifth day. A full account of the process is contained in the *Annales de l'Institut Pasteur*. His observation is, that this malignant polyadenitis, as Dr. Cantlie terms the disease, is amenable to

treatment along the lines already laid down in the case of diphtheria, that is creating an artificial immunity by the injection of anti-toxic serum.

Up to the 18th of the present month there have been reported in Bombay 6,853 cases with 5,447 deaths. In the whole Presidency the deaths number considerably over eight thousand, and the operations of the disease are not yet well under way. M. Yersin is on his way thither, and he will have no occasion to lament for the narrowness of his field. Indeed there has rarely been so good an opportunity for making a large experiment in the healing of disease.

The present outbreak of the disease dates from 1894, when it became epidemic in Hong-Kong. Its specific origin could not long be concealed, seeing that Kitsato was at that time in Tokio, not more than three days' sail from Hong-Kong. Accordingly on 14th June, 1894, Kitsato demonstrated the presence of a bacillus in the blood, glands, and other organs of patients suffering from this infection. M. Yersin, who at this time was working at Saigou, arrived at similar results by an independent enquiry. Clinically, several types are recognized. There is a benign polyadenitis with a low death rate, and a bacillus identical with that found in typical plague, though its toxicity must be of a much lower degree. Outbreaks of this nature are common enough in the East, and they are often quite widespread. Cases occurred in Hong-Kong in 1891, Astrakan in 1877, in Calcutta in 1890, in Singapore in 1892. Dr. Cantlie, who at this time was resident in the East, concludes that this benign polyadenitis is an established disease, that it may be independent of plague, that the two may co-exist, and that the one may exist independently of the other.

The epidemic is of slow growth. It may take twelve months to spread as many miles, but the method of propagation is unknown. The virus is carried by human beings or animals, but it probably requires the soil as a medium of growth. It seems to require dryness, but not heat, since it thrives in the severe cold of a Siberian winter. It goes hand in hand with famine. When a Hebrew prophet required a curse, these two were always found ready in his mouth. Dr. Adami, with his habitual liking for the origin of things, has made an exploit in Exegesis and Epidemiology at the same time. He supplies an original reading of the riddle in the fifth and sixth of First Samuel, which must be very refreshing to those who are fond of dark sayings and the interpretation of the same. The incident related therein does seem to point to a characteristic manifestation of the plague, with its relation of "mice" and "tumors in the secret parts." Even at that early period the part played by "mice" seems

to have been recognized. In every modern epidemic the onset of the plague is heralded by the death of rats. How the virus passes from animal to animal is as yet unknown.

The germicidal properties of nucleins Dr. Victor Vaughan has made his own for the past four years. His various contributions upon the subject have appeared in the *Medical News*, May 30th, 1893. Transactions of the Pan American Congress I, p. 238. Transactions of the Michigan State Medical Society, 1894. *Medical News*, 27th February, 1897. Dr. Vaughan first deals with the nucleins, and concludes that differences in reaction with staining agents so plainly seen under the microscope are only outward manifestations of less apparent and more important differences in chemical composition, and that the number of kinds of nuclein is limited only by the variety of cells. Indeed, there is such difference, for nucleins can be split up by the action of dilute mineral acids into albuminous bases and nucleinic acids, and the nature of the base and the acid obtained in this way will vary with the nuclein in which they originate. Yeast nuclein, for example, differs in both its basic and its acid constituents from leuco-nuclein as obtained from the thymus gland. The nucleinic acids on being further broken up by the action of dilute mineral acids yield the so-called xanthin bodies, and here again it is true that the products obtained will depend upon the kind of nucleinic acid acted upon. One nucleinic acid may yield only adenin, while another may furnish xanthin. Kossel has demonstrated some of the chemical differences between nucleinic acids from diverse sources. He finds that yeast nucleinic acid yields, on being broken up by the action of dilute mineral acids and heat, guanin and adenin; while testicular nucleinic acid furnishes adenin, hypoxanthin, and xanthin; and thymus nucleinic acid gives adenin only. These are what might be called gross differences, and it is probable that finer distinctions exist between members of the same group.

Dr. Vaughan in the outset adopted the view that an increase in the polynuclear corpuscles, upon which the natural resistance to bacterial disease depends, may be induced by introducing into the animal the most distinctive constituent of these cells, which is nuclein. To prove this position he had resort to actual count, and was satisfied that the subcutaneous injection of nuclein increases the number of white blood corpuscles, in both healthy and tuberculous persons, either slightly or three-fold; that this increase occurs principally in the polynuclear cells, and it is evident, as a rule, as soon as the third hour after treatment, but generally disappears by the forty-eighth hour. This treatment, it will be seen, depends upon increasing the normal resistance of the

body instead of depending upon antitoxins, and Dr. Vaughan mentions the diseases which in his opinion are to be treated by each method.

The work upon which this investigation is now engaged is the effect of nucleins upon such diseases as the "uric-acid" group. Inflammations of the upper air passages, typhoid fever, cancer, septicæmia and tuberculosis. The results are promised for early publication, and are certainly worth putting to a further test.

Medical Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, December 18th, 1896.

GEORGE WILKINS, M.D., PRESIDENT IN THE CHAIR.

DYSMENORRHEA IN YOUNG WOMEN.

Etiology and Symptomatology; this subject was introduced by Dr. WM. GARDNER.

Treatment, by Dr. F. A. L. LOCKHART.

Discussion.

Dr. A. LAPHORN SMITH said that all must recognize the fact that dysmenorrhœa was not a disease, but rather a symptom of many and varied pathological conditions, and the treatment, therefore, would depend entirely upon the diagnosis. He found, on looking up his records, that it was an extremely common symptom, almost one-fourth of his patients having complained of it. The order of frequency had been as follows: greatest, in unmarried girls; next, in childless married women; then, in women with scanty flow at the periods, who had borne one child; and lastly, in married women who had borne several children, and had prolonged and excessive menstruation. The reason of this was, partly because one met with more cases of stenosis of the os uteri in unmarried women, and partly because of a little of the general pelvic congestion occurring at one period often remained over to the next, and this was added to at each successive period, hence, little by little, the external layers of the ovary became thickened, and the mucous lining of the uterus swollen and blocking up the canal. He thought pregnancy might be called nature's remedy for dysmenorrhœa, because it both dilated the uterine canal and gave the ovaries a more or less complete rest, but that married life without pregnancy often made it worse.

Of the class who have borne one child but still suffer, the cause will be found, on examination, to have been an acquired, acute septic, or gonorrhœal endometritis, which had subsequently become chronic, leaving the mucous membrane of the cervical canal swollen with distended glands.

Of the fourth and smallest class, the cause would generally be found to be some form of displacement of the uterus, usually a backward one, which seriously interfered with the circulation of the

organ. Besides these four large classes, many scattered cases were found in which the pain was due, either to fibroid tumors blocking up the internal os, or to closure of either one or both ends of the Fallopian tubes.

Speaking of the treatment of that form due to stenosis, Dr. Smith recommended: (1) Improvement of the uterine circulation by curing constipation, the use of iron, strychnine, and phosphoric acid, and general hygienic measures; and by these measures he claimed to have cured one-half of his cases. (2) Relief of the spasmodic contraction of the sphincter of the internal os; here, acetanilide in doses of ten grains three times a day administered in strong coffee or weak whiskey, or combined with citrate of caffeine, had given him the best results. Another drug that might be used was viburnum. He unqualifiedly condemned the use of opium and alcohol. A hot sitz bath was also of use. Where these measures had failed, the introduction of the negative pole of the galvanic current within the uterus was most effective. It was indeed marvellous to see how readily a sound would glide into the uterus, as the negative wire touched it, when that same sound could not be made to enter previously, even by force. In the majority the second or third period after the treatment was painless, unless disease of the appendages was present. And where electrical treatment was not obtainable, rapid dilatation under anæsthesia with aseptic precautions came next in value. At the same time the mucous membrane of the uterus should be curetted, and equal parts of Churchhill's iodine and carbolic acid applied to its surface. Where no improvement followed, there should be at least one repetition, and the cervix, if elongated, amputated. He condemned the use of dilators in office practice.

In the event of all these measures failing, abdominal section would probably reveal the tubes bound down with adhesions and the extremities closed, and a small percentage of cases would thus require extirpation of the appendages for relief.

Dr. F. W. CAMPBELL alluded to the fact that the term "dysmenorrhœa" is being replaced by the modern synonym "painful menstruation," although in but few the function was entirely painless. In his experience the seat of the pain was in the pelvic region, back, loins, and inside of the thighs; and during the flow the expulsive efforts were often as marked as during labor.

He had met with, not only all the varieties described by Dr. Gardner, but also another which was only described by a few authors, as ovarian dysmenorrhœa. It was not possible to draw the line between these absolutely, as some cases seemed to possess characteristics of two or more.

While he believed that many cases, perhaps the majority, would reach the office of the gynæcologist, yet he could see no reason why the general practitioner should not treat such cases with marked benefit to themselves and to his own satisfaction. He felt that he had been able to relieve the great bulk of his patients by medicinal treatment, and that failure had been mostly in the mechanical variety, where subsequently the knife of the surgeon had been required to produce relief.

In discussing the drugs used, he unqualifiedly condemned both opium and its derivatives, as tending to produce the opium habit,

and the administration of gin or any kind of liquor. Many a bright life had been blasted by the liquor taken in the first place for the relief of menstrual pain. In the congestive form, he recommended the administration of some of the coal tar derivatives and viburnum. For the neuralgic variety, he thought general treatment most important with potassium bromide in half drachm doses three times a day at the period. Membranous cases he invariably handed over to the gynæcologist, and in the ovarian variety, tincture of conium twenty minims three times a day, with the application over the ovarian region of equal parts of extract of opium, extract of belladonna, and iodide of lead.

Dr. D. J. EVANS did not agree with Dr. Smith in considering pregnancy nature's cure for dysmenorrhœa, and cited several cases in support of his opinion.

Dr. J. C. WEBSTER stated that he would limit his remarks to some statements regarding the treatment of dysmenorrhœa in general, which would supplement Dr. Lockhart's paper, and be a sequel to Dr. Gardner's.

The latter speaker had pointed out that dysmenorrhœa often occurred in cases of slight or non-recognizable pelvic lesion. These were instances of disturbed innervation in one or other of its various manifestations. Notwithstanding the great increase in neuroses among women during the present generation, it must be confessed, that in the gynæcological world, scant attention had been paid to them. When we remember the great disturbances which mark the advent and departure of the reproductive era of a woman's life; the profound changes taking place during ovulation, menstruation, pregnancy, labor, and lactation; the subtle and complex activities of her psychical life in her various diastaltic functions; it is not remarkable that neuroses should manifest themselves, particularly in relation to her reproductive mechanism. That they are increasing, *pari passu* with the advance in our higher civilization, cannot be denied. Among the poor, the inducing factors were overwork, overworry, ill-regulated and poor nutrition; among the well-to-do, educational strain, over-indulgence, the stress of life, and emotional excitement.

Another important factor in explaining the prominent part which the pelvic organs play in the neuroses is the widespread habit among women of centralizing their attention upon these organs, because they are led to regard them as the primary cause of most of their ills. There is a fascination in the mystery of the sexual mechanism, and a morbid introspectiveness is easily engendered by an undue attention to it, too often passing into a condition of hypochondria. This mischievous habit is due, also, partly to the influence of the narrow mechanical school of gynæcologists; partly to the work of quack pamphleteers and vendors of patent medicines—would-be saviours of suffering womankind.

Owing to the marked surgical trend in gynæcological practice during the last twenty years, a narrow and debased specialism has been evolved which has resulted in the establishment of a school whose motto is "*Le bassin c'est la femme*," and whose remedial measures are limited to various procedures—from the passing of a sound to the extirpation of the appendages. Too strong a protest cannot be urged against the centralization of attention on the local

condition without regard to wider physical and psychical relationships.

The accusation of the broad-minded general physician, that the gynæcologist works in ignorance of the neuropathies and organic diatheses in that region of the body where they are of chief importance, is a well-merited one, and the majority of gynæcologists will, if they be honest, acknowledge its force.

In considering a case of pelvic pain we must bear in mind the following points:—

1. The pain may be directly due to pelvic lesions sufficient in themselves to produce this symptom.
2. Pain may exist with minor degrees of pelvic trouble, insufficient in themselves to cause more than a small amount of suffering.
3. Pain may be a pelvic symptom in association with some condition which in itself cannot directly produce this symptom.
4. It may be a prominent symptom in cases in which no local changes of any kind can be made out.

It is, therefore, very evident that other than local factors must be taken into count as explanatory of the symptom which we are considering. Among these, attention should be directed most markedly to the neuropathic condition—neurosis, in the widest meaning of the word.

This condition is related to the pelvis in various ways. In one set of cases, a local lesion, capable or not in itself of causing pain, may be the primary cause of development of a neurotic state manifested by diverse phenomena. The more marked these become the more is the pelvic pain intensified—a reactionary exhibition of the neurosis, as it were, on the seat of the primary affection.

In another class of cases there may be a slight pelvic lesion, causing very little discomfort. A neurotic condition may be developed from causes foreign to the pelvis, and this may manifest itself in intense pain, related by the patient to the pelvic lesion.

In another set the symptom of pelvic pain is developed as one of the phenomena of a widespread neuropathic state, there being no local lesion of any kind.

There is another interesting class in which the local symptom is practically the only neurotic feature in the patient. In some of these cases the condition is somewhat like that in which the possession of a “fixed idea” is characteristic.

In others it is of the nature of a “secondary reflex action” induced by a former continuity of habit when there was an actual painful local lesion which has since been cured. The patient's nervous system has so registered the former habit that it is reproduced apart from all control of the higher centres.

In the treatment of dysmenorrhœa, the failure to consider the existence of relationships between local and general conditions, between pelvic suffering due to and commensurate with pelvic lesion, and that which is due to neuroses, and the fixation of attention upon the local state, have resulted in a form of practice very often fraught with disappointment both to physician and patient.

The mechanically-minded specialist on coming into contact with his dysmenorrhœa case at once proceeds to establish a *locus standi* in the pelvis. He argues thus: The patient complains of pain in the pelvis. It must be there. Its cause is there; its treat-

ment must be by measures directed to the pelvis. He then has a choice of procedures. Probably he thinks first of a uterine flexion, and a pessary may be brought into requisition; or he may diagnose a stenosis of the cervical canal, and proceed to a dilatation or to a cutting operation; or he may deem the ovaries at fault, and decide heroically on their removal.

It may be that he will carry out these different operations *seriatim* in the chance that he will at last hit upon one which will be successful. Sometimes he cures his patient; sometimes he does not. When he is successful, he attributes the good result directly to his operation, forgetting that very often the benefit is obtained either through its indirect effect on her nervous system or by the influence of the rest, change of scene, diet, etc., with which her operative treatment is accompanied.

The history of gynæcology is one of a succession of periods of concentrated attention on one after another of the pelvic contents. Before the days of the bimanual examination, when every gynæcologist wielded the tabular speculum, the supposed great source of pelvic trouble was the so-called "ulceration of the cervix," and there are well-founded traditions of fabulous fortunes made by those who devoted their lives to the touching of these diseased spots with various applications. Then, with the discovery of the uterus, came the period of displacements and contractures, when nature's mistakes were remedied by pessaries, dilators and scissors. Then the era of the ovaries, and finally that of the tubes.

Now, at the end of the chapter, what can the *fin de siècle* gynæcologist do but practise upon the whole gamut of his predecessors, giving special attention to one organ or another, according to his particular bent or predilection, and so we find the country getting filled with women nursing a grievance against their wombs, their ovaries or their tubes; in many instances possessing diagrams of their pelvic topography furnished by their zealous gynæcological physician, in order, it may be supposed, that they may, in their leisure hours, exercise their already over-stimulated introspective faculty with more scientific accuracy.

Who that has read Clifford Albutt's lectures on visceral neuroses has not smiled at his account of the woman "entangled in the net of the gynæcologist, who finds her uterus, like her nose, perhaps, a little on one side, or again, like that organ, running a little, or as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year except during the long vacation when the gynæcologist is grouse shooting, or salmon fishing, or leading the fashion on the Upper Engadine?"

Should the gynæcologist's moral sense become blunted, it is not difficult to understand why he may fall into the reprehensible habit of trading on the fears which naturally fill the minds of women when their reproductive apparatus is out of order, and of elevating into an unnecessary importance, conditions which are but trifling.

He trusted his words would not be misunderstood. He did not denounce local and operative measures. In their place they were essential. He only denounced their irrational and injudicious employment. All are subject to this temptation. All desire short cuts to success. All are prone to try like Clifford Albutt's *bête noir*, "to

stem the tides of general and diathetic maladies with little Partington-mops of cotton-wool on the ends of little sticks.' It is much less troublesome to make a few cuts than patiently to analyze a subtle and puzzling case, and to exert our whole energy in overcoming an obstreperous or aberrant nervous system. Yet it is this latter practice that must be our constant study in many cases where pelvic pain and discomfort are prominent symptoms.

Throughout the orthodox medical fraternities of the most advanced modern civilized countries, there has been a widespread distrust of all remedial measures of a distinctly tangible kind. This attitude has, no doubt, justly been developed in antithesis to the ridiculous pretensions of the mystics of dark ages in Europe.

We are taught to denounce with academic scorn, and rightly, too, in most cases, faith-healers, Christian scientists, hypnotists, religious miracle-workers, *et hoc genus omne*.

Yet it must be confessed that if a careful study of this interesting congerie of empirics be made, it will be found that amid their extravagant claims and sententious philosophies they have all been nursed upon one common germ-idea, viz., that the transcendent power in the human organism is mind, and that the effects of diseased conditions may be enormously modified by influences brought to bear upon the cortical centres, especially if the disturbances are due to neuropathic states.

It should, therefore, always be the aim of the physician, in addition to the means which he employs in toning up the general health by drugs, food, etc., and the local measures which he adopts, to endeavor to impress upon the mind of the patient the necessity of taking her thoughts from the pelvic condition, teaching her self-control, encouraging her, removing from her anxiety and fear as to the gravity of her state, and impressing upon her the importance of counter-acting every development of neuroses that may become manifest in her.

Dr. J. C. CAMERON thought that our duties in the way of the medicinal treatment of dysmenorrhœa were not likely to be neglected, but that we were more liable to forget our duty in the line of prevention. Preventive medicine was the medicine of the future; the prevention of malnutrition and nerve strain in youth was the true one for dysmenorrhœa. We do not realize this when we allow the strength of growing girls to be over-taxed and their nervous system to be over-stimulated by study and excitement. The public would never learn these things except from the profession, and yet we did not seem to realize our responsibilities in this respect. We should raise our voices persistently against those modern methods of education and training which undermine the strength and impair the usefulness of modern men and women.

Dr. WESLEY MILLS was pleased to hear from Dr. Gardner that the clinician could not agree with the view that there was no connection between ovulation and menstruation. This view could not be held by any person who was an observer of nature. It illustrated a very grave danger to the profession, that of proceeding to general principles from very special cases. Because, in certain diseased human females, one could not always trace the connection between them, it was rash to conclude that the process of menstruation was not dependent upon the function of the other reproductive organs.

He expected as a result of a recent advance in the knowledge of the innervation of the regenerative organs, as worked out by the Cambridge school, that a sounder basis of treatment would follow. As all parts of the body were related we did not know what the general effect might be of the removal of any one organ. He suggested that the gynæcologists might make valuable observations in this line.

Dr. LOCKHART, in reply, said he could not claim to have cured 50 per cent. of his cases by the use of drugs. With regard to the use of the stem pessary, it was always his practice where it was required, to insert it at the time of the operation, and to remove it before the patient left her bed.

Those who object to the bicycle for women should remember that it might be a question of use or abuse. He considered it essential that the wheel should be carefully selected and proper directions given as to the amount of exercise to be taken. He objected strongly to the routine use of potassium bromide and conium, believing that the exhibition of sedatives would not effect a cure.

Dr. GARDNER felt that he had not made himself clear with regard to the varieties of dysmenorrhœa; the classes mentioned he intended to represent types, as a large proportion of the cases was complex.

He considered the neglect of mothers and guardians to inform their charges of the onset of menstruation was very common indeed, and was scarcely short of criminal. In his experience the English were much more guilty than the Americans in this respect.

As a method of treatment in the neurotic form he had had pronounced success from the prolonged administration of the hypophosphites of lime and soda given in doses of from one to two grains freely diluted after each meal. Phosphide of zinc had proved satisfactory in a few cases in some instances after mechanical treatment had failed. Nutritives were of the greatest value, but he was a little more conservative with regard to the use of iron. In neurotic cases if suspended at the approach of and during menstruation, it was of value. Often, in the congestive form, it was injurious, the patient might gain in color, but she would suffer more severely at the periods.

The treatment by electricity was sometimes followed by brilliant results, using the negative pole of the galvanic current for a few minutes with a weak current.

He thought there was something we did not understand about the influence of the introduction of sounds into the uterus on painful menstruation. Often, after having passed the sound for diagnostic purposes, perhaps three or four periods following would be free from pain. He cited the case of a patient who came once every four or five months for five years, simply to have the sound passed.

Hot baths he had used for a long time, and bromides he thought of some value. For a few days before the advent of the period, in some cases, he used the bromides and conium, while in the intervals he employed curative measures.

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Editorial.

CATCHING COLD ; ITS CAUSE AND PREVENTION.

This common theme is discussed by Fayette C. Ewing, M.D., in the *Journal of the American Medical Association* of January 16th, 1897, and contains some useful suggestions and observations.

He speaks of the various theories propounded in regard to the manner of its acquirement. Rosenthal's theory, that the contraction of the peripheral vessels causes congestion and inflammation of the internal organs, he does not consider above reproach. Seitz's theory is more plausible, that the removal of heat from some part of the body results in a functional derangement of the heat centres, with attendant pathological changes sometimes in parts away from the exposed point.

Woake's theory is mentioned, a vaso motor disturbance. Bosworth endorses Seitz's theory, attributing the results to interference with functions which are carried on properly only when the temperature is at 98.6°F, and interference with nutritious changes at one point leads to increased activity at another.

In regard to prevention, a gradual hardening of the system is recommended, and the power of our natural forces to conform to the requirements of the system under the

most varied circumstances referred to, and the fact that any-one may become strong or delicate through habit. He inveighs against unnecessary wrappings around the throat, the superfluous coverings placed on the heads of infants as well as adults. Nature's heat-producing powers are dormant in parts over-protected, so that under unusual exposure there is no power to equalize the disturbed temperature, and the rule holds that the more the body is pampered and protected the less its resisting powers to cold become. We strongly endorse his opposition to the so-called chest-protectors, which increase the susceptibility to cold, and the wearing of fur coats, especially by women who seldom remove them on entering warm apartments, such as stores, churches and while visiting. We believe fur coats and caps are not a necessity even in our cold Canadian climate, unless a long drive is to be taken on some of our very cold days, and all forms of over-dressing have an injurious effect, and lower the vitality and natural powers of resistance to cold and its effects, and that a moderate amount of covering with flannel next the skin, and changes made according to the weather, always wearing the minimum amount possible, will result in more vigorous constitution, and in consequence the system will be better fortified against the effects of cold and morbid conditions generally. The writer condemns the American habit of wearing thin-soled shoes and rubbers, and favors warm woollen stockings and thick-soled boots. We have observed other forms of "catching cold," in which insufficient covering following the removal of warm garments is the cause, such as putting on light slippers in the evening after wearing heavy boots and overshoes during the day. The wearing of a cotton night-dress in bed—where a recent writer has stated the great majority of colds are contracted—after warm clothing during the day is another means; the wearing of light flannel pjamas is a decided hygienic advance. We have observed the ill effects of insufficient covering among hospital patients, who are often put between sheets with a routine cotton night-dress. Most of these patients would be safer from the effects of cold, and avoid some of the complications and relapses we meet with, if flannel night-dresses were worn.

The writer speaks of the exhaustion of the muciparous

glands, due to breathing dry furnace air, and the advantage of out-of-door exercise in all weather for children and all.

The cold bath daily is recommended as one of the best preventatives of catching cold; it may be sponge, shower or plunge, but should not exceed one minute. We think one accustomed to the cold bath would not be satisfied with this length of time. If some warming up exercise, such as the use of dumb bells, clubs or the punching bag, is indulged in just before the bath until the blood circulates freely and the body is in a glow,—this being more necessary when the bath is taken on rising—after a judicious use of soap, from 2 to 5 minutes of the cold sponge or shower will prove enjoyable and refreshing. Half a minute will usually be long enough for the plunge, unless one can avail themselves of the swimming bath. A rapid drying of the body and a brisk rubbing with a crash towel until the surface is in a glow completes the tonic measure. We find that some are more benefited by taking the bath every second day.

The final suggestion in the article is that in regard to food, which should be adapted to season and climate, the fatty, fleshy and nitrogenous foods being that indicated in cold weather, vegetables, fruits and the cereals in spring and summer. Spring fever is the result of overloading the system with surplus matter over and above what is required to keep the body at the normal temperature.

BRITISH MEDICAL ASSOCIATION, MONTREAL MEETING.

Since our last issue there has been much accomplished in connection with the forth-coming meeting, but most of the work has been of a nature that, while useful, does not lend itself to being chronicled.

Most of all has been Dr. Roddick's journey to England and its result. We have already called attention to the warm welcome received by the President-elect and to the dinner which was given to his honor in London, a dinner presided over by the President of the Council of the Association, Dr. Saundby, and at which were present many of the old Presidents of the Association, together with Dr. Barnes of Carlisle, the present President of the Association as a

whole ; Dr. Wilks, President of the Royal College of Physicians ; Mr. Macnamara, Senior Vice-President of the College of Surgeons ; Mr. E. Tegart, Master of the Apothecaries' Society ; Mr. Butlin, President of the Pathological Society. Dr. Roddick made an excellent campaigning speech, which was published in full in the *British Medical Journal* of Jan. 23rd.

Evidently the fact that the President-elect ventured to cross the Atlantic in the middle of winter simply to attend a Council Meeting of the Association made a great impression.

Until the list of officers is officially declared we cannot unfortunately make public the names of those appointed as readers of Addresses and as Presidents of the various sections. This much, however, we can say, that the Council at home is determined that there shall be 11 Sections,—Medicine, Surgery, Gynæcology and Obstetrics, Anatomy and Physiology, Pathology and Bacteriology, Pharmacology and Therapeutics, Public or State Medicine, Psychology, Laryngology and Otology, and Dermatology, and that the list of Presidents of these various sections will comprise the names of a greater number of distinguished men than has been the case at any previous meetings of the Association, the meetings in London itself perhaps excepted. If we accomplish nothing more, Dr. Roddick, by his efforts in obtaining these Presidents, made it certain that the '97 Meeting of the Association must in this respect be most memorable.

We are glad to note that the other Colonies of the Empire, even as far away as Australia, are showing great interest in the forth-coming Meeting, and that letters received from Australia and the Cape, not to mention British possessions nearer home, such as Bermuda and Barbadoes, show that we are assured that the Profession there will help to increase the success of the meeting.

It is a matter of genuine satisfaction in Montreal that the efforts made by the Local Executive, to render the Meeting national rather than local, and to associate the leaders of the Profession throughout the Dominion in the work of the Association, is being so highly appreciated.

No steps have as yet been taken to ask for subscriptions

outside Montreal, and unless the Meeting attains enormous dimensions it is probable that nothing more will be attempted. All the same it was with genuine pleasure that the announcement was received at the last meeting of the Local Executive, that a leading member of the Profession in Manitoba had offered no less than \$100.00 in aid of the expenses of the Meeting.

We are asked by the Secretary of the Museum Subcommittee to state that, although many applications for space in the Museum Building have been received, spaces for which tenders are asked will not be allotted until March 27th, in consequence of the necessary length of time required for correspondence with British Exhibitors.

With most hearty appreciation of the good will shown by the great Canadian railways towards the Meeting, we announce that the Canadian Pacific and Grand Trunk Railways have agreed to extend to Canadian members of the Association the privileges granted to foreign members and to guests—namely, half rates. So considerable a concession has never been previously granted, and is a sign of the great national importance attached by the Companies to the Meeting in August. In other words, to quote the words of a joint letter received from Dr. W. E. Davies of the Grand Trunk, and Mr. D. McNicoll of the Canadian Pacific, "it has been decided to extend to Canadian members of your Association the same basis of rates to and from the Convention, and excursion fares as we have already advised you we are willing to extend to visiting members from over the sea." Practically every Canadian member can thus attend the Meeting, and return at the rate of a single fare for the journey, and can join the excursions at the same rate.

**TO MEMBERS OF THE MEDICAL PROFESSION
INDIVIDUALLY, IN THE INTERESTS OF
MEDICAL SCIENCE.**

As there is evidence tending to prove the theory that all persons predisposed by heredity to consumption have a respiratory capacity or action insufficient for good vigorous health, probably a proportionately small chest with insufficiency of lung membrane, that the predisposition is mainly or primarily due to this cause; in other words, that the

insufficient respiratory function is the special primary feature of the predisposition (a condition which may be, practically, acquired by habit, occupation, etc.), I desire the co-operation of the profession in an endeavor to help to establish, by means of collective investigations, the correctness or otherwise of this theory.

In this behalf I hereby ask all physicians who have patients predisposed to, or in the early stage of, consumption, to send to me (on a post card will suffice) the information below indicated. As soon as I can study and collate the replies I shall make the results known to the profession.

Give: (1) name (or initials); (2) sex; (3) age; (4) occupation; (5) height; (6) weight (average, when in usual state of health); (7) circumference of the chest on a level with sixth costo-sternal articulation when momentarily at rest after an ordinary expiration, and also (8) after habitual natural expansion or inspiration (which last (8) usually exceeds the first measurement, expiration (7), by an increase of only about one-fourth of an inch); finally (9), the circumference after a *forced* expiration, and also (10) after a forced inspiration (these two measurements, 9 and 10, varying or showing a range of from $1\frac{1}{2}$ to 4 inches). The patient should of course be as calm as possible, and had better, usually, practise the *forced* breathing for a few acts before these two last measurements, 9 and 10, are taken.

To be of value, all four measurements should be taken as carefully, accurately and free from haste as possible.

Any further information, in brief, as to degree of heredity (family history) in cases; *prominent* symptoms, loss in weight, cough, dullness on percussion, etc., etc., or any remarks, will be a decided advantage.

Measurements of two cases, or several, or the average could be given on one card.

With the hope that many will comply with the above request, and with much respect for and interest in the profession,

I am,

Yours truly,

(Address)

EDWARD PLAYTER, M.D.,

Ottawa, Ontario.

Book Reviews.

Anomalies and Curiosities of Medicine.—Being an encyclopædic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of Medicine and Surgery, derived from an exhaustive research of medical literature from its origin to the present day; abstracted, classified, annotated, and indexed. By GEORGE M. GOULD, A.M., M.D., and WALTER L. PYLE, A.M., M.D. Imperial octavo, 968 pages, with 295 illustrations in the Text, and 12 half-tone and colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street; 1897. Prices: Cloth, \$6.00 net; half Morocco, \$7.00 net. *Sold only by subscription.*

A review of the pages of this novel book at once leads to the conclusion that our expectations in regard to its interest and value are more than realized. It represents an immense amount of labor on the part of the authors, and places on permanent record in a manner convenient for reference in one large, handsomely printed and illustrated volume an account of all that is exceptional, abnormal, anomalous and curious recorded in medical literature. It is a fascinating work for a physician, although the wonderful records may be read by all who are interested in biological or scientific work with entertainment and profit. Every page relates something that will be new to the ordinary medical reader, and while the instinctive desire for that which is striking, wonderful and out of the ordinary run of things is fully gratified, a vast amount of useful, practical knowledge is gained at the same time.

We have not only descriptions of the anomalous conditions, but plentiful illustrations in the way of photogravures, wood cuts and colored plates which are distributed through the work, showing some of the most striking abnormal anatomical conditions, many of which are more than equal to the task of satisfying the liveliest curiosity, or even constituting a relish to those who may be affected with a morbid desire to see that which is hideous or distorted.

There are eighteen chapters, the titles of which will convey an idea as to the scope of the book: genetic anomalies; prenatal anomalies; obstetric anomalies; prolificity major and minor terata; anomalies of stature, size and development; longevity; physiologic and functional anomalies; surgical anomalies of the head and neck, extremities, thorax, abdomen, genito-urinary system, and miscellaneous surgical anomalies; anomalous types and instances of disease; anomalous skin diseases; nervous and mental diseases; historic epidemics. Over nine hundred pages are taken up with this consideration of these subjects, and thousands of instances of anomalous conditions are related, constituting a book of surpassing interest and one which the possessor of will never cease to value.

The herculean task of collating from every available source in medical literature the data of these pages should be rewarded by a very general practical endorsement of the successful manner of its accomplishment. We bespeak for it a wide distribution, and heartily recommend our readers to secure a copy of this useful, interesting and unique work.

The American Year-Book of Medicine and Surgery.—

Being a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Collected and arranged with critical editorial comments. By J. M. Baldy, M.D., Howard F. Hansell, M.D., Charles H. Burnett, M.D., Barton Cook Hirst, M.D., Archibald Church, M.D., E. Fletcher Ingals, M.D., Arthur H. Cleveland, M.D., W. W. Keen, M.D., Colman W. Cutler, M.D., Henry Leffmann, M.D., J. Chalmers Dacosta, M.D., Henry G. Ohls, M.D., W. A. Newman Dorland, M.D., Louis A. Duhring, M.D., Hugh T. Patrick, M.D., Virgil P. Gibney, M.D., William Pepper, M.D., Homer W. Gibney, M.D., Wendell Reber, M.D., Henry A. Griffin, M.D., David Riesman, M.D., John Guitéras, M.D., Louis Starr, M.D., C. A. Hamann, M.D., Alfred Stengel, M.D., G. N. Stewart, M.D., Thomas S. Westcott, M.D. Under the general editorial charge of George M. Gould, M.D. One volume of over 1,200 pages, profusely illustrated. Prices: cloth, \$6.50 net; half Morocco, \$7.50 net. Philadelphia: W. B. Saunders, 925 Walnut street; 1897.

The American Year Book of Medicine and Surgery first appeared in 1896, and was warmly received by the Profession generally. The second edition of 1897, now before us, while resembling it in its general arrangement, has many improvements in typography and details of the plan adopted, is even more profusely illustrated, and contains some seventy-five more pages. The large staff of eminent collaborators whose assistance Dr. Gould has been favored with in carrying out this elaborate work, all of whom are recognized authorities in their special departments, is a sufficient guarantee that the resume of the year's work given represents all of the actual progress that has been made.

The book contains some twelve hundred pages, and the printing and binding is similar to Saunders' now well known series of American text-books. The whole field of medicine is reviewed in some sixteen departments including medicine and surgery, obstetrics, pathology, anatomy, physiology, pharmacology and therapeutics, and the various specialties.

In each department is detailed in a succinct, clear style the various new points learned during the year in regard to the pathological conditions, varieties of diseases, improved methods of treatment or technique in operation, new remedies, and new applications of old ones, etc.

The book is not a compilation from the various periodicals and new books of the year, a feature which obtained to some extent in the first issue, and on account of which difficulties have arisen with the publishers of one of the leading medical journals; but each article is a carefully condensed epitome of the subject noticed, and the journal or book from which the item is taken is noted at the bottom of each page.

At the commencement of each department a résumé is given by the author of the more important features of the progress made and the results of the year's work; then under the heading of each separate diseased condition is noted the details of the work done

during the year. An important feature is the comments, placed in brackets, of the Editors; they criticize freely or add to the article some useful suggestion, and one has here besides the note of the new record, the opinion upon it of an expert who is in a position to give a reliable criticism; these are very frequent and more extensive than in the first volume, and constitute a most useful feature of this book.

At the present time the progress in medicine is recorded in hundreds of periodicals and books, and it is therefore impossible for the busy practitioner to keep abreast of the times by subscribing for a large number of journals. It is difficult to read thoroughly more than three or four, hence the value of such a book as the present one, which gives in a condensed form all that is worth knowing in the various departments. It is an absolute necessity to possess a work of this kind if one makes any pretension to keep up with the progress of the times, and as the epitomes represent the cream of subjects discussed, the reading is exceedingly entertaining, and one can in leisure moments, and in a brief space of time, acquaint himself with the advances made during the year. We cannot begin to give any idea of the subjects noted, but from the conclusion that one can come to who has taken more or less cognizance of what has been recorded in the numerous exchanges which come to the Editorial department of a medical journal, this year's book would seem to be a complete reference of the progress made throughout the year in every department of medicine and represents not only the records of English medical journals, but those of German, French and Italian and of other foreign countries. Numerous well executed illustrations embellish the work, and enhance its value, some of them colored in accordance with the best modern representations of this art.

The Editors and Publishers have in this book ably filled a vacant niche in the physician's library, the benefit of which can hardly be appreciated when one considers that the comparatively small price of the volume will enable every physician to possess it, and thus be able to keep himself posted with all the advances that will be of use to him in the various contingencies that arise in practice.

Autoscopy of the Larynx and the Trachea. (Direct Examination without Mirror.) By ALFRED KIRSTEIN, M.D., Berlin. Authorized Translation (altered, enlarged and revised by the Author) by MAX THORNER, A.M., M.D., Cincinnati, O., Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With twelve illustrations. One crown octavo, volume, pages xi—68. Extra cloth, 75 cents, net. The F. A. DAVIS Co., Publishers, 1914 and 1916 Cherry street, Philadelphia; 117 W. Forty-Second street, New York; 9 Lakeside building, Chicago.

The small volume describes a new method of inspecting the larynx, trachea and bronchi by direct vision without any reflector. The Author first describes the theory and method of making examinations in this manner.

A description is given of the forehead lamp required and the

electroscope. The autoscope, which consists of a spatula, hood and handle, is then described, and the method of using it, all illustrated by diagrams. The manipulation requires considerable practice; but the expert, it is said, can use it without exciting reflex movements or causing pain, by accurate and rapid work. The field for its application is more limited than laryngoscopy, and the latter method cannot be dispensed with, but when autoscopy is possible the Author claims great superiority over laryngoscopy.

The method of performing autoscopic operations is then explained. Autoscopy is said to be indispensable for some cases of examination and operations in children, especially the very young, and it must be regarded as a valuable addition to laryngology, and an important advance in aid of endo-laryngeal and endotracheal surgery.

The Diseases of Infancy and Childhood, for the use of Students and Practitioners of Medicine. By L. EMMETT HOLT, A.M., M.D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Nursery and Child's, and to the Babies' Hospitals, New York; Consulting Physician to the New York Infant Asylum and to the Hospital for the Ruptured and Crippled. With two hundred and four illustrations, including seven colored plates. D. Appleton & Co., New York, 1897. Cloth \$7, sheep \$8.00, half Morocco \$8.50. Montreal agent, Geo. N. Morang, Publisher, Temple building, 185 St. James street.

The subject of Pediatrics has loomed up very conspicuously during the last decade, the enthusiasm impelling some writers to get beyond what might be considered the legitimate field of this branch of medicine, so much so, that unless one should look at the title page he would have difficulty in discerning any difference between works of this kind and an ordinary treatise on the practice of medicine. We are glad to see one of the foremost authorities in this department of medicine, in his new work on diseases of children, state that he will consider only those affections and pathological conditions which are peculiar to infancy and early childhood.

The work is largely a record of the author's personal experience, results and work, at the same time presenting all that is new and useful in the recorded results of the leading authorities on diseases of children. A pleasing feature of the work is the full space given to the discussion of the pathological lesions of the various diseases.

In the first part are three chapters: one on the hygiene and general care of infants and young children; a record on growth and development of the baby; and a third on peculiarities of diseases in children.

The first two sections of the second part are exceedingly interesting reading; the first describes the diseases of the newly born, such as asphyxia, congenital atelectasis, the acute infectious diseases of the newly born, birth paralysis, tumors of the umbilicus, mastitis, etc; the second,—nutrition and its derangements, and infant feeding and dietary.

The character of woman's milk is very fully discussed, in regard to the amount secreted, its composition, its examination, the con-

ditions affecting its composition, etc. Cow's milk is similarly considered, and compared with woman's, the methods and advantages of sterilization and pasteurization, peptonized and condensed milk, Kumyss, Matzoon, etc. On page 156 is a valuable table showing the relative proportion of the different constituents of different infants' foods compared with human and cow's milk.

The directions for breast feeding are useful, and worthy of being carefully studied, as well as the symptoms, given of inadequate nursing, and what to do when the child does not thrive. On artificial feeding, we find here all that one wants to know, and the principle instilled that the artificial food must contain all the constituents of human milk, in the same proportion in chemical composition and their behavior to the digested fluids, and the harmfulness of adding anything which is not in human milk. The modification of cow's milk, and how to adapt it to the different ages is described in detail, a number of schedules and formulæ are given, which will enable the practitioner to be as perfectly familiar with prescriptions of food for infants in health or when diseased as with those for drugs, and we are more than assured that the former qualification is vastly more essential to the welfare of the infant than the latter. The subject is continued on into childhood, and gradually merges into the derangements of nutrition and the consideration of marasmus, rickets, and that interesting disease, scorbutus, where full information is given for diagnosing this often overlooked affection.

Then follow the articles on diseases of the digestive system, and of the respiratory, circulatory, uro-genital, nervous systems; then diseases of the blood, lymph, nodes, bones, etc., and lastly the specific infectious diseases, and rheumatism and diabetes mellitus. The articles are very readable, pithy, full, each showing that the author has made himself acquainted with all the facts at present recorded, and the recommendations for treatment are detailed, and carry the conviction that the practitioner is being guided in the directions given by one whom he can easily regard as a master in this interesting portion of medical practice. Not the least interesting feature of this commendable book are the numerous well executed plates and cuts which illustrate the various topics; there are nineteen colored and other plates, and one hundred and eighty-five cuts distributed throughout the text. The typography and binding are exceptionally good. In this work we have another example of the efforts of an able, conscientious, industrious and scientific worker, contributing the experience of years of patient work and thought, and furnishing the busy practitioner with a true guide book bearing the imprint of the honest adept.

PUBLISHERS DEPARTMENT.

LARYNGEAL OR WINTER COUGHS.

Walter M. Fleming, A.M., M.D., Examiner in Lunacy, Superior Court, City of New York; Physician to Actor's Fund of America, etc., in giving his experience in the treatment of the above and allied disturbances, in *The Journal of Nervous and Mental Disease*, submits the following:

"In acute attacks of laryngeal or winter cough, tickling and irritability of larynx; faith in antikamnia and codeine tablets will be well founded. If the irritation or spasm prevails at night, the patient should take a five-grain tablet an hour before retiring, and repeat hourly until allayed. This will be found almost invariably a sovereign remedy. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail morning or mid-day, the same course of administration should be observed until subdued. In neuroses, neurasthenia, hemicrania, hysteria, neuralgia, and, in short, the multitude of nervous ailments, I doubt if there is another remedial agent in therapeutics as reliable, serviceable and satisfactory; and this, without establishing an exaction, requirement or habit in the system like morphine.

"Finally, in indigestion, gastritis, pyrosis, nausea, vomiting, intestinal and mesenteric disorders and the various diarrhoeas, the therapeutic value of antikamnia and codeine is not debatable. The antipyretic, analgesic and antiseptic properties are incontrovertible, and therefore eminently qualified to correct the obstinate disorders of the alimentary canal."

To American readers who have not ready access to the great bulk of the European periodical press, Continental as well as British (and who has?), there is no magazine that can take the place of *The Living Age*. The whole world of literature is its field, and its readers get the best that the world offers. For the busy man and woman of this living age it is invaluable.

The publishers have purchased the serial rights to the publication of "In Kedar's Tents," by Henry Seton Merriman, author of "The Sowers." "In Kedar's Tents" is an attractive story of adventure in Spain during the Carlist war. It is said to be full of incident, and to contain some clever sketches of character. Mr. Merriman's style is direct and forcible, and his humor is delightful. Readers who are weary of the morbidly introspective in fiction will find this story refreshing.

Its quality abundantly sustains the reputation which Mr. Merriman's earlier stories have won for him in England and America. The first chapters of this work will appear in *The Living Age* of April 3, and continue through fifteen numbers.

The early April issues will contain some other papers of striking and timely interest. Among them, Mr. Gladstone's pamphlet on the Eastern question, which has so aroused the attention of the English people; Max Muller's Literary Recollections; Francis de Pressense on the Cretan Question; Leslie Stephen on Gibbon's Autobiography; and a reply by Sir Frederick Pollock to the article on the Hidden Dangers of Cycling, which appeared in a March number of the magazine.

The first April issue being also the first number of a new volume, the 213th, and a new year, the 54th, offers an excellent opportunity for the beginning of a new subscription.

The subscription has recently been reduced to \$6.00 a year, and is published by *The Living Age Co.*, Boston.

The Arena, edited by JOHN CLARK RIDPATH, LL.D., and HELEN H. GARDENER. March, 1897. The Development of American Cities, by Hon. Josiah Quincy, Mayor of Boston, Massachusetts. The Solidarity of Town and Farm, Dr. A. C. True, Director of the Office of Exper. Stations U.S. Dep't. of Agriculture. The Relation of Biology to Philosophy, by Prof. Joseph Leconte, LL.D., of the University of California. Women in Gutter Journalism, by Haryot Holt Cahoon. Brains for the Young, by Prof. Burt Green Wilder, of Cornell University. Agnodice: A Poem, by Selina Seixas Solomous. The Unknown: Prevision of the Future, by Camille Flammarion. Despair: A Poem, by Eleanor Ford. Concerning a National University, by Ex-Gov. John Hoyt, LL.D., Chairman of the National University Committees. Wilfrid Laurier: A Character Sketch, by J. W. Russell. New Experiments in Sheathing the Hulls of Ships, by George Ethelbert Walsh. Falling Prices, by Dean Gordon. Maceo's Death: A Poem, by A. E. Ball. The Foundation of a Colony of Self-Supporting Artists: Appeal. The Armenian Refugees, by M. H. Gulesian. Compulsory Arbitration, by Prof. Frank Parsons. Democracy—its Origin and Prospects, by John Clark Ridpath, LL. D. An Olive Branch of the Civil War: A Story, by La Salle Corbell Pickett. Book Reviews: "Raja Yoga"; "Socio-Economic Mythes and Mythe-Makers"; "A Prophetic Romance"; "Modern Fairyland."

Boston; Arena Company, Pierce Building, Copley Square. Agents: Paris, Brentano's, 17 Rue de l'Opera; Librairie Galignani, 224 Rue de Rivoli. Copyright, 1897. All rights reserved. Single Numbers, 25cts. [Vol. XVII., No. 88.] Per annum, \$3.00.

The Physician's Vest-Pocket Formula Book, published by McKesson & Robbins, will be found very useful to the practitioner. It contains a tables of weights and measures, antidotes to poisons, various tables of reference, and a very complete series of tables, showing the composition of foods and alcoholic liquors. These tables should prove valuable to the physician in cases where special attention to dietary is necessary. The book also contains an extended series of notes on some of the new pharmaceutical preparations and a complete list of formulae of the McK. & R. Gelatine Coated Pills. A copy will be sent free of charge to any of our readers on application to McKesson & Robbins, 91 Fulton Street, New York.

GIBSON'S NEW ENGLISH GIRL.

Charles Dana Gibson, in illustrating a short story that narrates the romance of a Princess, for the March *Ladies' Home Journal*, has created what he regards as his typical English girl. She is said to be as distinctive and striking as his famous American girl, and while essentially different she is quite as interesting. The drawing will illustrate Robert C. V. Meyers' story, "The Morning After the Servia Got In."