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Original Communications.

NOTES ON A CASE OF MOLE PREGNANCY, HYDATID MOLE, OR MORE PROPERLY SPEAKING CYSTIC DEGENERATION OF THE CHORION.

BY ALEXANDER DAVIDSON, M.B., M.R.C.S. ENG.

Mrs. W., *æt.* 45, of dark complexion, has borne several healthy children, last pregnancy was five years ago, when she was delivered of a healthy child, since then she has menstruated regularly until about the middle of January, 1885.

This lady consulted me on the 13th of March, 1885, complaining of being "completely out of sorts," had a constant feeling of nausea. her breasts were enlarged and painful, the areola around the nipple was quite dark in colour, with raised papillæ on its surface, the veins over the breasts were very distinctly marked, she had not menstruated since 18th of January last and her tastes and disposition were quite changed, to use her own expression she said "If it were not for my age I would consider myself pregnant again." Having assured her that although it was somewhat rare for pregnancy to occur at her time of life, yet her age was not an absolute barrier to the occurrence of conception, and her symptoms pointing so markedly to the existence of pregnancy, I deemed that to be her condition. I advised her to go home and wait the course of events, as there then existed no symptoms which should make me apprehensive of her case.

Upon this advice she acted, again returning to my office on the 18th of March, when she informed me that since our last interview she had "turned unwell," and that she also observed a "lump" in the lower part of her abdomen, and suffered no pain. I then made a physical examination of the uterus, which revealed the following condition. The abdominal walls were thin and flaccid, just above and behind the pubes in the mesial line, was a pear-shaped tumour to be felt, bi-manual examination now confirmed this tumour to be the uterus enlarged to about the size the organ assumes at the third month of pregnancy, the cervix was soft and thick, it was also fissured, the os uteri was patulous enough to allow the introduction of my index finger to nearly the whole length of the cervical canal, I could find nothing presenting. I may here mention that upon bi manual examination the enlarged uterus seemed to have more of a soft feeling like a bag of bran than the firm resisting feeling of a truly pregnant uterus.

I now saw my patient from day to day until April the 11th, when the hydatid was expelled. The flooding continued at intervals, sometimes in small quantity, sometimes in considerable quantity, and sometimes absent altogether for as long a period as twenty-four hours, the hæmorrhagic discharge was not the thick red of normal blood, but seemed to consist more of the watery element of the blood, as if the liquor sanguinis had been expressed from the blood clotting in the interior of the uterus.

No portions of the hydatid escaped with the hæmorrhage, as sometimes happens in these cases, and thus rendering the diagnosis easy.

The enlargement of the uterus was very rapid, reaching at the time of the expulsion of the hydatid as high up as an inch above the umbilicus, and measuring two inches in its transverse measurement. During the progress of the case I observed that the uterus was not steady in its enlargement, some days being somewhat reduced in size, and the next being again enlarged, this temporary reduction in size corresponded to the times when the flooding was most severe.

The pain at no time amounted to anything except at the termination of the case, when uterine action set in to expel the contents of the uterus.

The nausea was at times very severe. My reason for not exploring and emptying the uterus at an earlier period, was the fact that at no time did the life of the mother appear to be in jeopardy.

The point at issue here was the diagnosis. From my experience of this case, I would esteem the very rapid enlargement of the uterus, its soft and somewhat pulpy feel, and character of the discharge as very valuable signs in aiding me to a correct diagnosis of a similar case.

RECURRENT EXFOLIATIVE DERMATITIS.

(From the proceedings of the Toronto Medical Society.)

Dr. Graham presented a case of recurrent exfoliatis dermatitis. The patient was a young man of about twenty-five years of age. He was in the stage of desquamation, and the epidermis could be removed in large flakes, particularly on the neck and arms. The history of the case is as follows:

J. M., aged 25, printer; has been very healthy during life, except the attacks about to be described. About seven years ago he suffered from herpes zoster, which must have been of very severe character, as the cicatrices are still deep and well marked. When he was recovering from this disease, he was seized with exfoliative dermatitis. He had a chill followed

by fever. The skin over the greater part of the body became red and congested. This rash appeared about twenty-four hours after the chill. It commenced on the thighs and spread rapidly over the body. In four or five days desquamation commenced and continued for ten days or two weeks. The palms of the hands and soles of the feet were the last to shed the epidermis. The whole attack, including the herpes, lasted about four weeks. He was then quite well for four years, when in the spring of 1882, he had a second attack which resembled the one already described. This one lasted about two weeks. The third attack took place in the month of April, 1883, and the fourth in the corresponding month of 1884.

He is now suffering from the fifth onset of the disease. On Saturday, April 11th, he was taken with a chill followed by fever. The latter continued throughout the day. On Sunday morning he noticed a smarting sensation in the skin of the thighs. At the same time an eruption appeared which rapidly spread over the whole body. He was first seen on Tuesday, April 14th, when there existed a universal redness of the skin. There was no swelling or thickening. Pulse, 84. Temperature normal. Urine high coloured, with thick sediment, no albumen or sugar.

Desquamation began on Wednesday, April 15th, and continued for about a week. The epidermis came off in large flakes. The exfoliation was almost universal, and extended even to the palms of the hands and soles of the feet.

Dr. Graham pointed out the difficulty of diagnosing such a case from scarlet fever. The principal points are the absence of throat symptoms and the frequent recurrence of dermatitis.

A very extensive and fatal epidemic of typhoid fever has broken at Plymouth, Pa. Since April 17th from 1,000 to 1,200 persons have been attacked, of whom more than one hundred have died. The disease was introduced by a typhoid case from Philadelphia, and this virus was carried into the water system of the town.

Selections.

ATROPHY OF THE MUSCLES OF THE THORAX AND SHOULDER AFTER PLEURISY.

M. Desplats, of Lille, in a communication to the Société Médical des Hôpitaux, says that, as in arthritis, even when acute and of short duration, we have rapid atrophy of neighbouring muscles, it is not surprising that inflammation of the serous membrane of the pleura causes atrophy of the neighbouring muscular masses. A number of observations have led him to determine—(1) That this atrophy is frequent and early to occur; (2) that it involves important modifications of respiration; (3) that it plays an important part in deformities of the skeleton; (4) that it is perhaps an indirect cause of tubercle of the lung; (5) that we possess efficient means to prevent, to treat, and to cure. Laënnec and Delpech long since recognized muscular atrophy and thoracic deformity consecutive to old and chronic pleurisies. This is not what M. Desplats refers to, but rather a rapid and acute atrophy, since at the end of ten days, in some pleuritics, we can determine already a flattening of the thorax on the affected side, a sinking of the false ribs, and modifications of the respiratory type. The atrophy is especially noticeable at the level of the pectorals, and the serrati whose digitations are diminished in volume. The intercostal spaces are lessened, and the ribs approach each other. We note an evident depression under the angle of the scapula, whose prominence is increased. The depression is striking also in the supra and sub-spinous fossæ. The autopsy of two pleuritics, who died from intercurrent accidents some weeks after the onset of the primitive disease, showed paleness of the tissue of the atrophied muscles, and diminution in volume of their bundles. The slightest increase of respiratory movements of the atrophied side of the chest is easy to demonstrate by the unequal extension of two tapes symmetrically placed. Auscultation shows diminution of the respiratory movement of the atrophied side; this cannot be explained sufficiently as has hitherto been done, by the lung being covered with fibrinous exudation. The influence of at-

mospheric pressure, the traction exercised by pleural adhesions, will not suffice either to explain the thoracic retraction; they act as one cause only, but the principal factor of deformity is in the atrophy of the muscles of the diseased side, and in the exaggeration of the antagonistic action of the muscles of the healthy side. Cannot muscular atrophy favour tubercular infection of the affected side? This is an hypothesis from the clinical determination of the frequency of tubercle consecutive to pleurisy on the one hand, and on the other, from the idea that the insufficient renewal of the air, and the diminution of circulatory activity in a lung imperfectly acting make of this lung a soil quite prepared for the springing up of bacilli, according to present ideas. The preventive and curative treatment should consist in the employment early and judiciously of the following methods: Favour the utmost possible free respiratory movements, by evacuating every effusion that is slow to be absorbed, as soon as we determine the immobility of the corresponding part of the thorax; stimulate by daily faradization the muscles that begin to atrophy; organize methodical respiratory gymnastics; give the patient baths of compressed air, or cause him to practise inhalations of air compressed by the apparatus of Waldenburg, the walls of the thorax being in the meantime exposed to atmospheric pressure alone.—*Gazette des Hôpitaux.*

R. Z.

J. MILNER FOTHERGILL ON FOODS AND FEEDING.

A great deal of time is spent on materia medica with disproportionate results. A medical man now deals with a reputable druggist, and buys not raw materials, but preparations, many of them very elegant. Why should time be spent over acquiring knowledge which scarcely can ever come into play, when so much that is highly desirable is not even attempted? To my mind, being neither engaged in medical teaching nor examining, it would be far better to cut off much of materia medica from one end of the lectures on therapeutics and develop the other end into some lectures on foods and feeding, or the modifications of function in the assimilative

organs wrought both by disease in them and by general maladies like pneumonia or enteric fever. It is all very well to tell a man to put the patient upon slops and fluid food. But what are slops?

Some little time ago I was with two general practitioners, no bad specimens of their class,—one indeed decidedly a strong man, specially in a surgical direction,—when this question cropped up. Both got to beef-tea and milk and seltzer-water, and then the well of inspiration dried up. Nor were they behind others of whom similar interrogatories have been made. It may be all very well to say that my experience has been unfortunate; possibly it may have been; but at least it has been extensive, all must admit. As physician to a hospital of repute in the shape of the resident medical officer, favourable specimens of the latest teaching come under my notice, and it must be said that on this topic there remains to be taught much that would be useful alike to the young practitioner and his patients. The student may be taught the distinction between senega and serpentaria, calumba and rhubarb, cascarilla and cinchona, Epsom salts and sulphate of zinc or oxalic acid, and forget all about the distinctions shortly after the last examination has been *un fait accompli*. But who tells him to remember that the saliva is apt to be limited in acute pyrexia, and therefore the farinaceous elements of food must be given in a readily assimilable form if they are to be of any use to the patient? Arrowroot was in great vogue thirty years ago, and is certainly a very soluble form of raw starch: and, after all, solubility is the essence of digestion.

The physiologist cannot well enter into these matters of clinical medicine. The lecturer on Practice of Physic feels that he cannot include these matters in his course, already inconveniently large. Who, then, should teach the youthful mind these details, of such transcendent importance in acute disease when life is trembling in the balance and the question of supporting the patient has become imminent? Suppose the family decide to nurse the sick man: if the doctor cannot give directions as to the food and dietary, what follows? The

patient gets such things as the knowledge of the family can suggest, and the feeding of the sick person is a question of such scraps of information as the family and its intimate friends may be able to muster. Suppose the patient loathes milk, how has that strength to be maintained upon which the issues will turn? The medical man has been carefully taught the use of drugs, and the medical—or rather the medicinal—management of the case is excellent; but that alone will not save the patient, any more than a ladder could consist of one side-pole. Who is to teach the other half of the knowledge requisite to give sufficient succour to a man stricken down by acute disease? Certainly Sidney Ranger recognizes the necessity for some knowledge of foods suitable for the sick, and gives the ways of their preparation; but in what examination is a question on this matter ever asked? and without that the student will not get the subject up. He has enough to get up, he feels, without voluntarily and spontaneously adding to his load. Then when the examination is over he does not turn his attention to the neglected subject. Probably he does not make the discovery that some knowledge of food and feeding is desirable until by some accident the subject is forced upon his attention. Yet he is far from indifferent about the subject when it has once been borne in upon him, as the readiness with which he seizes upon anything that will help him when he has once awakened up to the importance of the matter testifies. This is a matter which will come before the practitioner from the moment he gets his first patient, yet no preparation is made for it. He never dreams of buying barks and roots in the natural state of the raw material, yet he is compelled to know them. How he has to direct the dietetic management of sick persons (and still more in pyrexial states) is never pointed out to him, yet surely such knowledge would be very useful to him—and to his patient.

Some time ago, in conversation with the manageress of one of the many Homes now springing up where paying patients can be nursed, the subject of feeding sick persons cropped up, and she was very enthusiastic about “a twenty minutes’ pudding,” but of

what it consisted did not transpire. A tentative remark about the digestion of the starchy materials of our food flew past her unheeded. It was soon clear that of any rational ideas of digestion, theoretically or practically, she was in unilluminated ignorance: all she knew was a little empirical knowledge, and of that she did not possess a superabundance. Who, then, is to know this matter of feeding? Who is to tell the student of the difference betwixt raw or uncooked starch and cooked starch?—that in the latter the insoluble starch granule is not only cracked, but the starch is largely converted into soluble dextrin by exposure to heat? that by the addition of some such soluble carbo-hydrate to meat-broths they endow these broths with a decided food-value? and that the meat-broth itself is but an agreeable vehicle for some food? Yet this is what he ought to be instructed in, if he is to be fitted to meet disease. When the patient sinks of exhaustion, of what does he die? His stores of force are run out; but what is the material which constitutes the body-force? I should read with delight a lecture upon this topic by Dr. Austin Flint or Dr. Da Costa,—or perhaps some less illustrious physician will grapple with the topic. We know that when a patient declines all food he will die in a given number of days. If a healthy person be hungered, as by shipwreck, he also will live a given number of days. In the latter case death will come all the sooner if the surrounding temperature be low. In the former case the duration of life will be shorter as the body-temperature rises. There is a question of combustion involved. It may not be the whole question, but it is an important factor! Alcohol is a readily-combustible hydro-carbon: it is used freely in critical times. Does not the idea naturally suggest itself that somehow the store of glycogen—the body-fuel—is a cardinal matter? If this be so, it is evidently desirable to keep up the stock of this material so that it may not be exhausted. If raw or uncooked starch be employed, probably it is little acted upon by the diastase of the saliva, or even the diastase of the pancreas, both organs being crippled by the general malaise. But a starch which has been rendered soluble by previous baking or by the matting pro-

cess has been so modified that it is highly soluble.

I do not know how the matter stands in the United States, but as regards the mother-country, little, very little use indeed is made of those prepared foods spoken of—sometimes derisively—as “Baby-Foods,” either in cases of primary dyspepsia or in that debility of the digestive organs which is involved in serious morbid conditions. Yet by the addition of cooked starch, as biscuit-powder, to meat-broth, and of malt preparations to milk or milk somewhat diluted with water, foods nutritive and at the same time readily assimilable are furnished to the sick person. Of the advantage of a fairly competent knowledge of such foods, both in their chemical elements on the one hand and in their variety on the other, probably no one can be better aware than myself: and such knowledge has been of infinite service to me, or some grave delusion exists in my mind. We must, too, remember another aspect of the subject,—viz., variety. While we are in health we are apt to growl about the lack of variety in our food: how much more, then, the sick man! If the changes can be rung by different forms of meat-broths combined variously with different prepared foods, how much variety can be furnished to sick persons, and with that how much inducement to take that nourishment, so badly wanted and so hard to supply in many instances! Sago, tapioca, and rice or barley can all be placed in a slow oven and baked for an hour without scorching, and so be prepared for use in the sick room. When the patient is convalescing, a milk pudding can be prepared of such material, which requires but little of the digestive act. Or there are various forms of plain biscuits which are admirably adapted for use with broths or soups (the Channel Islanders always thicken their soups with biscuit broken fine or powdered). By such means a good and indeed substantial meal can be furnished to a phthisical person with softening tubercle and a feverish temperature,—a typical instance of enfeebled digestion due to general malaise. And as for gastric catarrh or atonic dyspepsia, such a meal would not be likely either to become enfolded in a layer of mucus or to present any difficulty as to the solubility. These may seem

very simple matters, scarcely worth putting on paper; but the professional acquaintance with them is not as ample as it might be with advantage to invalids and sick persons. When a medical man lifts his eyebrows or protrudes his lip when "Baby-Foods" are mentioned in relation to dyspeptics and persons acutely sick, the impression he makes on my mind is this: that he has not made a study of the matter of food and its digestion, and that he has yet to learn some matters which, when acquired, will enlarge his usefulness and strengthen his hands when he stands by the bedside of his patient.—*Extract from Letter Phil. Med. Times.*

NOTES UPON GLYCERINE.

Of the thousand and one uses to which we put this article of materia medica the following may be of special interest because of the simple and harmless nature of this substance:—In one drachm doses it acts as a safe emetic for infants and young children, and in combination with syrup of rhubarb prevents the astringent after-effect of this usual remedy. A small quantity vaporised alleviates in a great measure distressing coughs when the vapours are inhaled. In combination with a little tincture of iodine and iodide of potassium it has been prescribed with marked benefit in phthisical complaints. When ferric chloride astringent compounds of iron are administered for a long time, the glycerine prevents the iron exerting its powerful astringent action to a great extent: it should, however, be borne in mind that after a time reduction from the ferric to the ferrous state takes place, as was shown about three years ago in a paper read before the Pharmaceutical Conference by Mr. Schacht, of Clifton. In combination with rum and a little flavouring agent it has been used in place of cod-liver oil. With chloral hydrate, camphor, alcohol, and oil of juniper, as a liniment it has been used for rheumatism, for which it is well adapted, giving temporary, if not permanent relief, to that kind of rheumatism which can be reached by external application. Glycerine is said not to be absorbed by the skin, and is therefore recommended as a basis for such powerful medicaments as mercuric chloride for the treatment of such skin disease as scabies, etc. One and a half drachm of this

chemical dissolved in 3 f. oz. of glycerine is recommended as a useful application for scabies. Equal parts of glycerine and castor oil, when blended well together, forms an opaque emulsion-like mixture which acts as a mild and effectual aperient in one drachm doses. The efficacy of the castor oil is increased and its disagreeableness masked in no small degree. A mixture of extract cascara sagrada, tincture of belladonna, tincture of nux vomica, and glycerine, in suitable proportions, forms an admirable combination as a gentle tonic laxative. Glycerine is a powerful solvent and is capable of taking up one-sixth its weight of alum, which combination has been so recently recommended in the journals as a concentrated astringent solution to be kept at hand.—*Birmingham Med. Review.*

TREATMENT OF OBESITY.—The principal feature of Ebstein's treatment of obesity is the use of fat. The following is his dietary:

1. *Breakfast.*—In winter, at half-past seven; in summer at half-past six, a large cup of black tea without sugar or milk, 50 grammes of white or brown bread toasted, with plenty of butter.

2. *Dinner.*—Two to half past two, soup (often of bone-marrow), 120 to 180 grammes of roast or boiled meat, with a fat sauce to fat meat preferred; vegetables in moderation, preferably the legumissions; also cabbage. Carrots almost proscribed potatoes; entirely so. For dessert, fruit is permitted, fruit stewed without sugar, or a salad. As drink, two or three glasses of light white wine. Also after dinner a large cup of black tea, without milk or sugar.

3. *Supper.*—Half-past seven to eight. In winter almost regularly; in summer occasionally a large cup of black tea, without milk or sugar. An egg or a piece of fat roast meat, or even both. A little fat ham, sausage, or fish smoked or fresh; about thirty grammes of white bread, with plenty of butter, finally a little tea or fresh fruit.—*Bulletin General de Therapeutique.*—R. Z.

Dr. Wilson, of Denver, Col., reports two cases in which the continued use of cocaine for two or three days produced opacity of the cornea.

TREATMENT OF DIPHTHERIA BY COPAIBA IN LARGE DOSES.

BY DR. TALBERT.

A pupil of Bretonneau and Trousseau, I gave from, 1860 to 1868, calomel, I cauterized, I opened the trachea in diphtheria, and I lost two-thirds of my cases. From 1866 to 1872 I gave copaiba and cubebs according to Trideau's formula. I lost half my cases. Many children refused to take these medicines, or did not retain them. In 1873 I tried the saccharate of cubebs of Delpech. The children took it well, but with no better result. In 1873 a very severe epidemic in rural district. An old German physician treated by bleeding and blistering. He lost his first ten cases. I came next, I used saccharate of cubebs in large doses; the children were merely temporarily benefited. In short, I lost my first ten cases. My eleventh took in large doses, and bore it well, the following:

Copaiba	80 grammes.
Essence Peppermint ..	30 drops.
Gum	20 grammes.

Mix and add—

Syrup	400 grammes.
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Beat up rapidly and add—

Water	50 grammes.
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My patient had intense urticaria. From this moment, as if by enchantment, the hoarse cough, aphonia, and false membranes disappeared. The twenty-two patients seen after this eleventh have followed the same treatment, and been cured. Sceptics may say the epidemic was on the decline. But since 1873 up to this day I have pursued the same treatment. I have been called to over 300 cases of severe diphtheria, even very severe, several having been given up by confreres. I affirm that I have cured by copaiba, in large doses, all cases of diphtheria that have not reached the third stage, that of anæsthesia.—*Journal de Médecine de Paris.*

R. Z.

FETID PERSPIRATION OF THE FEET.—M. Vieusse, of the Hospital d'Oran, concludes that fetid sweating of the feet can be cured by friction with powdered subnitrate of bismuth—no bad effects follow the suppression of perspiration. Sometimes the perspiration returns, but without fetor, and the soreness and pain are cured.—*Bulletin General de Therapeutique.*

A SIMPLE EXPEDIENT IN THE MANAGEMENT OF STRANGULATED HERNIA.

Dr. S. H. Hurd, of Long Branch, N. J., writes to the *Medical Record*:

“Under the above caption, Dr. C. A. Stewart, of Chicago, calls attention in *The Record* to a simple expedient he has resorted to successfully in five cases of strangulated hernia after taxis had failed. It consisted in dilatation of the constriction which produces the strangulation at the abdominal ring, by passing the finger along the inguinal canal, carrying the integument before it, until the constricting ring is felt. The finger is then gently insinuated into the opening, and, if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully. Last year, I called the attention of the members of our County Society to this plan, and its happy results in several cases.”—*Medical and Surgical Reporter.*

ON BURIED SUTURES, WITH REMARKS ON THE IMPORTANCE OF SUTURING SEPARATELY, PERIOSTEUM TO PERIOSTEUM, MUSCLE TO MUSCLE, DEEP FASCIA TO DEEP FASCIA, AND SKIN TO SKIN, AFTER DEEP INCISIONS OF ALL KINDS.

BY C. B. KEETLEY, F.R.S.C.,

Senior Surgeon to the West London Hospital; Surgeon to the Surgical Aid Society.

Buried sutures, or “sunk sutures,” as they have been also called, are such as are completely covered by the skin, and do not involve that structure at all. In the form of sutures uniting the fragments of fractured bones, especially the olecranon and patella, they have long been employed, and also as sutures to unite divided nerves and tendons, as well as wounded veins, intestines, and other hollow structures. But all the above mentioned forms of buried suture differ essentially in their objects from those to which I wish to call attention. The former have each a narrow and very limited, though, perhaps, extremely important aim. For instance,

a patella is sutured with a view to getting secure bony union, a wounded intestine with a view to preventing extravasation of faeces into the abdominal cavity.

The sutures of which I now wish to speak, are employed with intent to influence the whole course and final result of wounds in general. For instance, let us suppose buried sutures of the first kind to have been used to unite the two ends of a divided nerve; the use of the other kind of buried sutures would now commence, and proceed as follows.

Whatever muscles or aponeuroses had been divided in cutting down upon the nerve would be restored to their original relationships, and kept there by aseptic animal sutures, such as catgut; then the wound in the deep fascia would be separately sewn up. Finally, the wound in the skin would be closed by either catgut or silver, or whatever might be preferred. What good do we expect to get from this?

1. We need no drainage-tubes. No spaces or pockets are left wherein blood or serum can collect, and, therefore, it does not collect. I presume that all wounded vessels, of a size such that the blood-pressure would force blood out of them in spite of the buried sutures, have been carefully secured, and that the wound is thoroughly aseptic.

2. The sutured muscles and aponeuroses are eventually perfectly restored as regards function, as also is the deep fascia. Even the deep fascia has important functions, especially in certain localities, and in connection with the following points.

3. Deep, rough, and depressed cicatrices are avoided.

4. Necrosis of bone and sloughing of soft tissues are prevented.

I will describe briefly two or three of the above cases and their results. In amputating the leg, two lateral and very short rounded skin-flaps were made. A very short distance (about half an inch) above the angles of junction of the skin-flaps, the muscles were divided by a circular sweep. The periosteum was divided nearly as low down as the muscles, and turned back up to the level where the bones were divided. The periosteum must be reflected to an eighth of an inch or more beyond the point

of division of the bone, and carefully held out of the way, without being stripped further up, while the saw is being used. Next, the vessels are tied until it is time to put in the sutures. About three or four will draw the periosteum securely over the cut surfaces of each bone, leaving a small opening opposite the medulla. Next, the muscles and aponeuroses of the extensor side are united to those of the flexor side, more or less *en masse*, by five or six sutures of strong catgut. These sutures had better not, as a rule, be made to go quite through to the deep surfaces of these structures, but should be half an inch to one inch from the cut edges at the superficial surface. The bones are thus completely covered. Next, the deep fascia should be separately sutured, and lastly the skin.

Almost the first time I ever tried buried sutures was in an amputation of the leg (middle third) done in February 1884 in the West London Hospital. The flaps, when thus sewn up, were too tight to allow room for a drainage-tube to be inserted without violence. Therefore none was used, except one of very small size passed through one corner of the skin-incision, but not into the depth of the wound. This case was further complicated by the fact that, owing to an unhealthy condition of the marrow, the medulla of both tibia and fibula was scraped out right up to the upper epiphyses of those bones; and the medullary cavities, thus emptied, were injected with liquor hyd argyri perchloridi (whose strength, it may be remembered, is just over 1 in 1,000).

Healing took place throughout by the first intention, except as regards the skin, which gaped a little when its sutures gave way. However, the muscles, and doubtless the perioscal sutures, held on; and the edges of skin soon, as it were, crept together again. The temperature rose on several days to 101°, and then gradually sank to normal on the tenth day. There it remained, except that, once or twice during the next month, it rose to 102°, for no reason in any way connected with the stump, as far as could be made out. The patient has long been quite convalescent, and is using an artificial leg.

After the excisions, the wedge-osteotomies and the suturing of the patellæ, the excellent

results, as regards freedom of the skin-cicatrix from cicatricial anchorage to the bone, were very manifest. They contrasted strongly with the deep valleys which soon follow incisions for resection, when sutured in the ordinary way. This good effect is, of course, particularly valuable in the face.

The large abscess-cavity in connection with the necrosed symphysis pubis extended outwards as far as the iliac crest, and was nearly as wide. It was supposed, when sent to me, to be an inguinal hernia. I slit it up, scraped out its lining thoroughly, and closed it in with sutures which passed from side to side beneath its floor, but not through the skin; it was thus reduced to a long narrow and shallow groove. This I closed with superficial sutures. The deep sutures held on till the depth of the cavity was obliterated by the healing process. At the lowest angle of the wound, a drainage-tube was passed straight down to the small cavity from which the necrosed symphysis had been extracted.

In no cases have I found these sutures more brilliantly successful than in dealing with sebaceous cysts of the head. Having dissected out three from the scalp of a gentleman, I obliterated the remaining cavities by two buried sutures in each, passing them well beneath the floor of each small wound. No cutaneous sutures were used at all; the skin wounds did not gape. Over the wounds was placed a coat of salicylic acid dissolved in ether, as well as a little powdered salicylic acid. No bandages were used. The patient went daily to his work at Somerset House, attended a garden-party in the meanwhile, and, a fortnight afterwards, washed the salicylic scab, as it might be called, off three sound linear cicatrices. It is important to say that he was not allowed to brush his hair during the treatment; it was kept both tidy and aseptic by occasionally sponging with a wash containing spirit, corrosive sublimate, and rose-water.

In conclusion, I have to say that it is only in strictly antiseptic surgery I would venture to recommend the use of these sutures; but that, in the case of all surgeons who have faith in antiseptic theory and practice, they will find in buried sutures an effective and beautiful addition to their methods.—*Brit. Med. Jour.*

APOMORPHIA FOR ALCOHOL POISONING.

Dr. Gresor, district surgeon at Port Elizabeth, relates a case of alcohol poisoning successfully treated by the subcutaneous injection of one-fifth of a grain of apomorphia, which he states is interesting as an instance of life saved by the prompt administration of a new remedy for narcotic poisoning, especially when insensibility is too complete for the administration of an antidote by the usual route.—*Druggists' Circular.*

TREATMENT OF CARBUNCLE.

Dr. L. Duncan Bulkley, of New York, read a paper at the meeting of the American Medical Association on the treatment of carbuncle without incision.

He related the case of a gentleman, aged 56, large and florid, who suffered for several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumour, thickly spread on the woollen side of lint, the following ointment:

R.—Ergot. fl. ex. ʒij.
Zinci oxidi ʒss.
Unguent. aq. rosæ ʒij.—℥.

Covering this was cotton-battling, to prevent blows or injury. He was given sulphite of calcium $\frac{1}{4}$ gr. every two hours and occasionally the following:

R.—Magnesiæ sulphat. . . . ʒiv.
Ferri sulphat. ʒj.
Acid. sulphuric dil. . . . ʒij.
Syr. zingiber. ʒj.
Aque ad. ʒij.—℥.

S.—Teaspoonful in water through a tube three times daily.

At bedtime, Dover's powder was administered to give rest when required. The result of the treatment was the cessation of pain, rapid resolution, and a cure, except some induration, in eighteen days. The man continued at his work.

He summed up his paper as follows:

1st. Avoid any irritation, as pressure, blows, etc.

2d. Avoid warmth and moisture, as in poultices.

3d. Avoid incision.

4th. Do not use stimulants.

5th. Protect the inflamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick.

6th. Use sulphite of calcium every two hours for its effect upon suppuration.

7th. Employ good, nutritious food, and fresh air.

8th. A sedative, if desired, and occasionally the laxative and refrigerant tonic as above.

The advantages are:

1st. Short time required for recovery. 2d. Cessation of pain. 3d. No scar. 4th. No operation. 5th. No detention from business.

Dr. Hibberd, of Indiana, said that up to a year ago he had tortured his cases with poultices, incisions, and the orthodox measures generally. Since then he had used in every case oleate of morphia. He had this rubbed gently into the base of the tumour, and gradually encroaching upon the tumour itself, every three hours. The pain always ceased within twenty-four hours, and in ten to fifteen days the patients were well, except a little induration.

Dr. Savage, of Tennessee, three years ago began the use of cantharidal collodion applied in a ring one-half to one inch broad around the base. This forms a blister and eases the pain at once. He makes a small incision, also, if pus has formed. In one case he applied a cantharidal plaster over the whole tumour and extending beyond it, with excellent results; the patient, a farmer, was following the plough in a week. He gives internally calcium sulphite, one-fourth of a grain, four times daily.

Dr. Bulkley said that he uses this form of treatment in large and small tumours. He lets them run their course, protecting them as much as possible and allows nature to do the opening. In using calcium sulphite, it is important to be sure that it is fresh; the gelatine-coated preparation is preferable. Exposed to the air, it becomes gypsum. He had not used oleate of cocaine.—*Med. News.*

Dr. Robert Koch has been nominated professor of hygiene, at the University of Berlin.

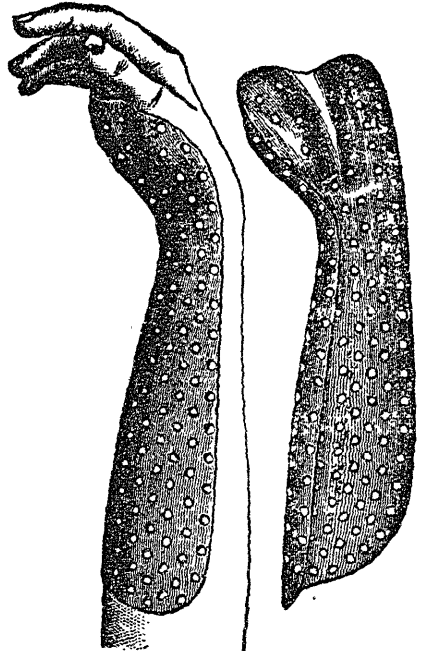
LEVIS'S METALLIC SPLINTS, FOR FRACTURE OF LOWER END OF THE RADIUS.

FROM AN ARTICLE BY R. J. LEVIS, M.D.

Surgeon to the Pennsylvania Hospital, and to the Jefferson College Hospital.

"With the object of retaining the apposition of the fractured surfaces, by overcoming displacing forces, I have practiced for many years on the principles involved in the splint here illustrated, the application of which will not require much description.

In the treatment of fracture of the lower end of the radius it is essential that proper allowance be made for the curvature of the anterior or palmar surface of this part of the bone. This is insured in the splint which I have devised, which follows correctly the radial curvature; and the fixing of the thenar and hypo-



thenar eminences of the hand in their moulded beds, maintains the splint immovably in its correct position with reference to the radial curve.

To neglect of complete primary reduction of the displacement of the lower fragment, and to inefficient restoration and retention of the normal radial curve, are due the frequent unfortunate sequences of this fracture.

The splint is made of copper, so as to be readily conformable by bending to suit the peculiarities of size and form of forearms. The slight roughness left on back of splint from perforations is for the purpose of keeping the bandage from slipping. It is nickel-plated to prevent oxidation.

The splint will usually fit the forearm so accurately that but little padding will be required, and a piece of woven lint, or of cotton or woollen flannel is all that is necessary for its lining. No dorsal splint is needed, but, as before referred to, a small pad will, in most cases, be required over the dorsal surface of the lower fragment. For retention of the splint an ordinary bandage, two inches and a half to three inches wide, is all that is necessary.

This splint has the merits of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries involving the forearm and wrist, and, as now supplied, is very inexpensive.*

DEATH FROM THE COLD DOUCHE.

Dr. L. C. Armstrong communicates the following to the *Weekly Medical Review* :—

On the 28th of January, 1885, Mrs. S., a widow, 23 years of age, pregnant in the fifth month with her second child, met her death under the following startling circumstances :

On the afternoon of the above date Mrs. S., while entirely alone, took advantage of the absence of her parents to try what virtue there might be in the cold douche, when directed against the os uteri, towards producing an abortion. She had a few days before expressed to her sister the desire for riddance from her present condition, wishing to be delivered of the child in utero.

For two hours her parents were absent on that afternoon, from 2 to 5 o'clock. On their return they at once on entering the house missed their daughter, Mrs. S., in whose care they had left their home during their absence ; on making search for her they sought her bed chamber ; finding the door locked, an entrance was forced.

*Price \$1.00 for each piece. Manufactured by J. Ellwood Lee, Conshohocken, Pa.

A sad sight met their gaze. There lay the dead body of the daughter whom they had left in perfect health not three hours before. Between her limbs was a basin of cold water, in which lay a Davidson syringe.

No *post-mortem* examination was made, but the testimony before the coroner and jury proved very clearly that no drug had been taken.

It was evidently a case of death from shock produced by the stream of cold water thrown with criminal intent into the vagina and against the congested os of a pregnant uterus.

The patient was an extremely healthy lady, who had suffered but little in her first labor ; and that this strong constitution should so suddenly succumb to the cold douche should indeed be a warning to women of the danger in the use of so simple an instrument as the Davidson syringe.—*Medical and Surgical Reporter*.

THE FREE USE OF CAUSTIC POTASH IN THE TREATMENT OF CANCER OF THE CERVIX UTERI.—Dr. Herbert Snow read a paper on this subject before the Medical Society of London, in which he reviewed the statistics of extirpation of the uterus, and showed the severe mortality which followed the abdominal or the vaginal operation. In many cases, the *écraseur* was unable to remove the whole of the disease of the cervix uteri. The actual cautery had too superficial an action to be of any great service. Chloride of zinc caused much pain and distress, which lasted a long period. These objections did not hold with regard to potassa fusa. Half an hour or an hour was recommended to be spent in the employment of successive sticks potassa fusa, for the treatment must be thoroughly carried out. None of the cases suffered from peritonitis ; and unless the patient got up too soon after the operation, nothing distressing need be feared. All the cases were greatly benefited, and no alarming symptoms were encountered. Fixation of the uterus and infiltration of the vaginal wall were regarded as prohibiting the employment of this method of treatment. It was only by degrees that he had ventured to apply the caustic so freely as he now advocated. He illustrated the paper by narrating several cases in which the treatment had been adopted. The

object of the paper was to show that potassa fusa could do all that the vaginal cutting operation could perform, without running the risk of the severe operation.—*Brit. Med. Jour.*

FATAL CHICKEN-POX.—Two fatal cases of chicken-pox, one reported by Dr. G. W. Rachel, in the *Archives of Pediatrics* for April, 1884, the second by Dr. J. V. Wichmann, of Copenhagen, in the *Nordiskt Med. Arkive*, xvi., No. 20, show that varicella is not always the mild disease which is its general characteristic.—*N. Y. Med. Record.*

A CASE OF SWEATING TO DEATH.—Dr. Andrew Scott Myrtle, in the *Medical Press and Circular*, describes the case of a hale, active, intelligent man, aged 77, who, while in the full enjoyment of health on one day, on the next was taken with flying pains in the right hip, thigh and foot, for which he kept his bed for three weeks; there was no fever at all, and all the functions were performed regularly, but the pains were increased on the slightest movement. He obtained complete relief from occasional doses of the salicylate of soda (10 grains). About this time he began to perspire freely. The perspirations came on in a most peculiar way: suddenly every duct opened and the sweat poured out; this would go on for ten minutes or ten hours, but invariably stopped as suddenly as it began, everything on and about him was simply saturated. The urine was healthy in all respects, and continued so till death; with all the loss of fluid by the skin the secretion of the kidneys was never affected in quantity. In a few days the sweat became most offensive, giving the same heavy smell as that given off by a horse after a smart gallop on a hot day. Oddly enough his son was attacked with all the symptoms of hay fever when he entered the room, just as he is affected on going into a stable or hay-field; this smell was given off only occasionally, and chiefly during early morning. This condition of things continued for some twelve weeks, when his strength began to fail, and his breathing occasionally became labored; still he took his food, felt comfortable, performed all his functions, and passed good

nights. At the end of the fourteenth week he sank from exhaustion, perspiring to the end. Before death he was as clear in his mind as he ever was.

The treatment embraced first, the salicylate of soda for the relief of the rheumatic pains, then arsenic, cinchona, and sulphuric acid during the day, with quinine and belladonna at bedtime, rubbing with warm towels, and sponging with a solution of salt, eau de Cologne, and vinegar once a day. As the arsenic appeared to disagree, Warburg's tincture was substituted for it. Ergotine was given in two or three-grain doses at an interval of eight hours, and produced a toxicological effect but no therapeutic power. A dose of atropia, one-fiftieth of a grain, also acted toxicologically.

The cause, according to Dr. Myrtle, was from a paresis of the terminal nerve filaments which preside over the healthy function of the sweat glands and ducts, these filaments having become weakened by exposure to the alternate heats and chills to which the patient had exposed himself for months in his open workshop with a gas engine. Dr. Dreschfeld, who saw the case in consultation, considered the lesion, as located in the sweat nerve centre, and that the sweating and anguish attacks were due to an alternate paralysis and irritation of that centre from the presence of rheumatic poison in the blood. Analysis of the perspiration gave no useful information.

NOTES ON SO-CALLED NON-OVARIAN DERMOID TUMOURS.

The object of this paper by Mr. Alban Doran, before the Royal Medical and Chirurgical Society, was to show that many dermoid cysts of the abdomen that had been described as non-ovarian, were really ovarian cysts that had become separated from their pedicles. Dermoid cysts of the great omentum were generally of this class. A woman, aged 33, under the care of Dr. Bantock, in the Samaritan Hospital, had noticed, for six years, a swelling lying rather to the left of the umbilicus. It shifted to the right side after pregnancy, and then appeared as an obscurely fluctuating tumour, extending towards, but not deeply into, the right flank.

There was tympanitic resonance over the tumour, especially towards the right side. The tumour was exposed by an incision made along the outer border of the right rectus muscle. On tapping it, some fluid resembling pus was drawn off. The tumour was intimately connected with the great omentum, and strongly adherent to the ascending mesocolon. The right ovary was found healthy; the left not examined, as there was no suspicion, at the time of operation, that the tumour was ovarian. It proved to be a dermoid cyst, and it was afterwards suspected to have arisen from the left ovary. Mr. Doran then related a second case, where the ovarian origin of the dermoid tumor was proved by examination of the uterus, and a third where a normal ovary was found high out of the pelvis adherent to the omentum, with its pedicle much stretched. Some dermoid abdominal cysts had been rightly described as non-ovarian, having occurred in men. The origin of dermoid cysts developed between the bladder and rectum was very uncertain; such cysts were sessile, and thus could not come under the conditions that formed the subject of this paper. On carefully considering the cases described or referred to by Lebert (*Gazette Médicale de Paris*, 1852), as instances of non-ovarian dermoid cysts of the abdomen in women the evidence as to their real nature was found to be very defective. The ovaries appeared to have often been overlooked. The shrivelled stump of a self-detached ovarian pedicle bore some resemblance to an atrophied ovary, and thus might be a source of fallacy. Lastly, the separation of an ovarian tumour from its pedicle was a condition which had not been recognised when Lebert's cases had occurred. That pathologist quoted examples of uterine dermoid cysts, but these all appeared to be simply instances of the discharge of hair and teeth from the uterus or vagina, a complication not unknown in cases of dermoid ovarian disease. The paper included an analysis of some of Lebert's cases, taken not from his works, but from the original clinical reports, which often failed to prove that the tumours were non-ovarian. Since ovarian pathology had been more studied, few, if any cases of non-ovarian dermoid abdominal cysts in women had been described, excluding, perhaps, those in-

stances where such cysts had developed between the uterus and the rectum. No museum-specimen of dermoid abdominal tumour could be safely held up as non-ovarian, unless there was very clear evidence that the pelvic viscera had been carefully searched, and both ovaries accounted for.—*British Medical Journal*.

McDOWELL'S FIRST OVARIOTOMY.

In the bleak cold of a December day, in 1809, a woman riding on horseback, arrived in Danville, Kentucky. She had taken farewell, perhaps forever, of relatives and friends, and had just completed a journey of sixty miles that she might be near a surgeon, who had promised to open her abdomen, and attempt to remove the large ovarian cyst it contained. She was to be the subject of an experiment—an experiment at the hands of a surgeon living on the borders of civilization—an experiment which would involve her life, and to which she must submit without the blessing of chloroform or ether. This woman possessed of marvellous courage, was Mrs. Crawford, McDowell's first patient in ovariectomy, and the first patient upon whom the operation was ever deliberately undertaken. She recovered and lived to the advanced age of seventy-nine years, a period of thirty years beyond the operation.

The conditions surrounding, and forming part of this operation, are worthy of more than a passing notice. At the present time, they are declared by the ablest operators to be of more than accidental importance.

In the light of all recent advances concerning the environs of an ovariectomy patient, I ask you to listen thoughtfully, and enquire of yourselves: Have modern operators had better environment than McDowell? Is their quarantine better than his was? Whether accident, or necessity, or the simplicity of border life, provided these conditions as favorable to recovery, your orator will not enquire, but hopes to show that McDowell did operate under conditions as favorable as does Dr. Keith or Mr. Lawson Tait.

1st. The patient was refused operation in her own home.

2d. She was operated upon in Dr. McDowell's own house.

3d. History mentions but one assistant present at the operation.

4th. The patient had never been tapped.

5th. We may safely infer that the room in which the operation was performed, contained, at this early date in Kentucky, no superabundance of furniture or upholstery.

6th. That the room was ventilated by an open fireplace is more than probable.

7th. The atmosphere was that of a healthy border town.

8th. No sponges were introduced into the abdomen.

9th. He ligated the pedicle and dropped it in.

This operation will stand the criticism of the most exacting specialist of the year 1885, save in two particulars: viz., the ligature was not carbolized or scalded, the ends of it were left hanging out of the angle of the wound, and merely turning the woman on her side to permit all fluids to escape from the cavity of the abdomen was scarcely enough in that direction.

The incision was made to the left of the rectus muscle, but in his next case McDowell made it in the linea alba, between the umbilicus and pubis.

Pause a moment! Think; at the end of almost three-quarters of a century, the operation stands almost where McDowell left it, with one solitary exception, viz., the ends of the ligature surrounding the pedicle are cut short.—*Dr. Sutton, of Pittsburg, in address on Obstetrics at meeting of American Medical Association.—Medical News.*

HOW SOON AFTER EXPOSURE TO SEPSIS MAY THE ACCOUCHER RESUME PRACTICE?

Dr. George F. French, of Minneapolis, read a paper on this subject at the meeting of the Medical American Association.

The term puerperal fever embraces a group of essentially diverse affections, some of which are non-contagious; but the septicæmic variety of the disease is that which also engages us in this discussion, and he expressed the belief that the evidence that this fever is caused by the

contagia of erysipelas, scarlet fever, and septic dirt, is as demonstrable as any proposition of Euclid. In order to obtain all possible light on the duty of the practitioner to the obstetric patient, he addressed, in October last, letters of inquiry to some of the most distinguished medical men in this country and in Europe, of which the following is the substance:

"How soon after exposure to sepsis, may the accoucheur safely resume practice? My purpose is to controvert the opinion which obtains in the profession, that time is an essential element in the cleansing process. I have had an experience which emboldens me to make abdominal section on the day following exposure. I greatly desire to know whether your own experience warrants me in pursuing such a course."

In reply, Thornton, Savage, and Hegar write that they believe time is essential—to be accompanied, of course, with careful cleansing. While Emmet, Battey, Marcy, Goodell, and Thomas in our own country, with Martin, Schroeder, Nussbaum, Volkmann, and Esmarch in Europe, write that they believe time to be entirely non-essential and that thorough disinfection can be at once accomplished. The present weight of evidence goes to show that the materies morbi of contagion is a non-gaseous particle, capable of being acted upon and demonstrably susceptible of destruction. Some kinds of contagia have been isolated and their property of self-multiplication demonstrated. It has been exactly determined how such contagia are affected by different agents. The presence of other contagia is inferred from analogous diseased conditions and by disinfecting the supposed source of this latter contagion the morbid effects have been interrupted. Experiments show that the resting spores of the bacilli, the most difficult to destroy of all forms of life, can be killed by a corrosive sublimate solution 1:5000.

Fermentation and putrefaction occur only when the specific germ lives—and filth undergoing fermentative change is most conducive to the spread of infectious diseases. Particles of contagia most frequently find lodgement on our hands and particularly under the finger-nails. It is always possible after the ordinary use of a nail-brush or knife, to remove the particles of

dirt in which the microscope reveals living germs of possible infection. On this account he cuts his nails short and swab under them with a blunt instrument covered with cloth and wet with some disinfecting liquid. He formerly used for this purpose 5 per cent. carbolic acid, but this made the flesh crack—so he now uses instead corrosive sublimate solution 1:2000. For hang-nails, cracks, and abrasions he uses collodion.

All instruments are kept scrupulously clean as well as disinfected, and the nurse is regarded as one of the instruments. The June number of the *Centralblatt für Chirurgie*, of 1880, contains a most impressive contribution to this subject by Volkmann. In his letter to me, dated Halle, Dec. 5, 1884, he says: "I hold the same views to-day as at that time. A surgeon who disinfects himself well, can immediately after making a post-mortem, undertake any operation known to surgery. Every morning from six to eight during the summer I am obliged to give the students operations on the cadaver; and from ten to three I am busy in the hospital, operating, and dressing wounds. I have never yet infected a patient. In the winter I have no operations on the cadaver. Comparing my results in the clinic, I can assure you that the mortality in summer is not greater than in winter."

To show his confidence in the possibility of absolute disinfection, he made the following experiments:—

June 21, 1884, after laying open a dissecting abscess of the thigh in a pyæmic patient, and stripping the limb with both hands till they were offensively drenched with the pus, he carefully disinfected himself, and three hours later attended Mrs. M. in confinement.

July 22, in dealing with a case of pyonephrosis, before penetrating the kidney he came upon a foul perinephritic abscess. Passing through this the kidney was incised, explored, and its grumous contents scooped out with the finger. The hand was so long engaged in this work, that a more complete purulent saturation could hardly be conceived. In the afternoon of the same day he confined the wife of a physician, having stated to him the full extent of his morning exposure. In both cases the convalescence was perfectly normal.

Feb. 11, 1885, he purposely infected his index finger with the ichor of an erysipelatous case and after a corrosive sublimate washing, inserted in a fresh wound from which he had just excised a tumour. He might multiply instances of this kind. The following characteristic letter, received from Prof. Esmarch, epitomizes the subject under discussion:—

"If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt."—*Med. News*.

AN ABSORBENT AND ANTISEPTIC DIAPER.

This much-needed article, we are told by St. Clair Thompson in the *British Medical Journal*, is used after delivery with great advantage instead of the ordinary napkin. The diapers are made of wood-wool, enclosed in oblong bags of corrosive sublimate gauze. These are about seven inches long by three inches broad, and about half an inch in thickness. They are tacked on to strips of waste linen (about a yard and a half in length), by which they can be attached to the binder, and kept accurately in position. They are very light, weighing less than half an ounce each; they are soft, flexible, cool, can be closely applied, produce no irritation, and absorb rapidly and thoroughly. A pad which weighed three drachms before use, when saturated with the lochial discharge, weighed two ounces and four drachms, that is, it took up and retained more than two ounces of blood. The natural antiseptic properties of the wood-wool are increased by the presence of corrosive sublimate in the strength of half per cent.

[A very nice but we would say needlessly expensive apparatus. There is nothing better and, at the same time, more simple than salicylated, carbolated or borated cotton, which is most agreeable when warmed and snugly applied; no cloth is needed to hold it in place, though one may be used.]

We have for the past year done away with the filthy, poorly absorbing diaper altogether, and have used the antiseptic absorbent pad. A handful of antiseptic (salicylated, carbolated, or borated) cotton placed before the vulva and

under the perineum is applied after dusting the parts with iodoform, and changed as often as necessary, from two to six hours.

This method is most agreeable, cleanly and safe, having, moreover, the great advantage that no soiled cloths need be kept about the house. The saturated cotton is at once thrown into the fire, as the most effectual method of disposing of it; consequently no masses of filthy linen accumulate, which invariably emit a certain stench and form a dangerous centre of infection.—EDITOR.]—*Weekly Medical Review*.

GALCERAN ON UNCONTROLLABLE VOMITING IN PREGNACY CURED INSTANTANEOUSLY BY ETHER-SPRAY TO THE EPIGASTRIUM.—A young and delicate primipara began at the second month to suffer from frequent sickness. Towards the fifth month, her state became alarming from the malnutrition caused by the uncontrollable vomiting. No drugs were of any avail. The application of ether-spray to the epigastrium was tried, with immediate benefit. After the application the sickness ceased. Some time afterwards it occurred again, and again yielded to the spray.—*London Medical Record*.

Therapeutical Notes.

A MUSTARD SPONGE.—Under this term Richardson, editor of the *Asclepiad*, describes an ingenious substitute for a mustard poultice. He directs that the mustard paste shall be prepared in the usual manner; then a clean sponge is to be dipped into it. The sponge is folded up in a handkerchief, and the whole is applied to the part selected. By simply warming the sponge again and moistening it anew the poultice may be renewed, its strength being perfectly preserved.

RHIGOLENE AS A SOLVENT.—The same writer calls attention to the fact that camphor and spermaceti dissolve readily in rhigolene, forming a solution which is an excellent application to burns. A drachm of each solid to two fluid ounces of rhigolene is the proportion recommended. Five grains of iodine, dissolved in an ounce of rhigolene, forms a useful applica-

tion to the throat. The solution can be used in the form of spray as an inhalation, or it may be painted over the inflamed membrane.

A MIXTURE FOR BRONCHITIS.—Trastour (*Union méd.*) suggests the following:—

Phenic acid 1 drachm ;
Syrup of peppermint 3 ounces ;
Distilled water 12 ounces.

Mix. A dessertspoonful three times a day, before meals.

A PILL FOR ANÆMIA.—Vigier (*Ibid*) gives the following combination:—

Pyrophosphate of iron 5 drachms ;
Powdered gum 30 grains ;
Licorice-root 30 grains ;
Syrup of acacia q. s.

Divide into 100 pills. From two to four are to be given daily, just before eating.

ATROPINE IN EPILEPSY.—David (*Lyon méd.*) administers to epileptic patients twenty grains of bromide of ammonium, and at the same time gives fifteen one-thousandths of a grain of sulphate of atropine night and morning. After this treatment has been continued for six months, he directs that two of the following pills be taken daily for at least a year:—

Valerianate of zinc $\frac{2}{3}$ grain ;
Extract of belladonna $\frac{1}{10}$ “
Arsenious acid $\frac{1}{30}$ “
Extract of gentian q. s.

—*N. Y. Med. Jour.*

OINTMENT FOR CRACKED NIPPLES.—Unna recommends the following as an external application:—

White sugar }
Oxide of zinc } āā ži.
Mucilage of gum arabic . . }
Glycerine }

—*Jour. de Méd. de Paris.*

TO REMOVE IMMEDIATELY THE TASTE OF COD-LIVER OIL.—Dr. Antonin Martin recommends the drinking of a large glass of water off rusty nails. Immediately the rank taste of the oil is changed to that of fresh oysters, and the unpleasant regurgitations disappear.—*Jour. de Méd. de Paris.*

DEXTRINE PASTE FOR FRECKLES, (UNNA):—

Oxide of zinc	ʒii.
Oxychlorate of Bismuth	ʒss.
Sublimate	grs. ʒ.
Dextrine	
Distilled water	āā ʒii.
Glycerine	ʒiii.

Make into the consistence of a paste.—*Jour. de Méd. de Paris.*

FACIAL NEURALGIA, (FIREOL):—

Ammonio sulphate of copper. grs. 1½.	
Cherry laurelwater	ʒii.
Syrup of morphine	ʒvi.

To be taken in the course of 24 hours.—*Jour. de Méd. de Paris.*

CHILBLAIN CRAYONS.—

Camphor	ʒi ss.
Iodine	ʒiii.
Olive oil	ʒvi.
Paraffine	ʒii ss.
Alcohol	q. s.

Dissolve the camphor in the oil and the iodine in as small a quantity of alcohol as possible. Add the mixed liquids to the melted paraffine and pour the whole in suitable moulds. The pencils can be rendered hard or soft by the addition or diminution of olive oil.—*Jour. de Méd. de Paris.* R. B. N.

COMMON COLDS.—As a useful prescription in "common colds," Prof. Bartholow offers the following:—

R. Codeiæ	gr. j.
Syrup. scillæ comp	
Syrup. tolu.	āā fʒ ss. ℥.

Sig.—A teaspoonful pro re nata.

HABITUAL CONSTIPATION.—In habitual constipation the following will be found of value (Prof. Bartholow):—

R. Resinæ podophylli	gr. vj.
Ext. belladonnæ	
Ext. physostigmatis	āā gr. iij. ℥.
Ft. pil., No. xij.	

Sig.—One pill each night.

—*Coll. and Clinical Record.*

TREATMENT OF SPRAINS.—M. Marc Sie endeavours to fulfil the two indications of provoking absorption and favouring cicatrisation in the injured joint, by applying firmly an india rubber bandage over the articulation, taking care to protect the long protuberances with a layer of cotton-wool. It should not be applied so tightly as to cause pain. The elastic bandage causes resorption and keeps the part immovable.—*L' Union Méd. du Canada.*

TREATMENT OF TETANUS, (VERNEAIL.)—The means employed by the great French surgeon in the treatment of tetanus, are summed up in the following indications: 1. *Complete immobility.* 2. Constant high temperature, moderate sweating. 3. Uninterrupted sleep. The first he obtains by placing the patient in a Bonnet's Cuirass; the second, by envelopment in two or three inches of cotton wool; and the third by keeping him Chloralized for 20 days.—*L' Union Méd. du Canada.* R. B. N.

"STRANGE ADVENTURES" OF A BULLET.—A case of pistol-wound of the thorax has recently been recorded by Schmidt in which the bullet penetrated one of the left pulmonary veins, and then passed along it into the cavity of the left auricle, merely leaving a small erosion on the posterior wall of the vein. From the auricle the bullet must have gained access to the left ventricle, and must then have been forced into the aorta, and so down to the femoral artery, where the projectile was found, apparently accidentally, at the autopsy. The reporter declares that no other explanation of the presence of the projectile in the femoral artery can be given.—*Lancet.*

Dr. A. M. Duncan, of Hamler, O., reports the case of a retired practitioner suffering from glycosuria, who finds the greatest benefit in the use of buckwheat flour. The sugar almost entire disappears from the urine, and other symptoms are removed when he uses this kind of flour.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, JUNE, 1885.

THE COMPRESSED AIR-BATH AND ITS USES IN THE TREATMENT OF DISEASE.

Dr. C. Theodore Williams has recently delivered some very interesting lectures on the therapeutic effects of air at various states of pressure. He first mentioned the three ways in which air is employed as a therapeutic agent. (1) At diminished barometric pressure. (2) At increased pressure or compressed air. (3) Air mixed with other gases. Rarefied air has been applied in different ways. By placing the patient in a rarified chamber, by balloon ascent, and in the most feasible way by residence at high altitudes. At Davos, in Switzerland (5,200), we get a diminution of five inches in the barometer pressure. At La Paz, in Bolivia (13,500), it amounts to twelve inches diminished pressure.

In the application of compressed air various methods have been adopted. It is dangerous to increase the pressure too rapidly. Accidents from this cause have frequently occurred in bridge building. In the construction of the large bridge at St. Louis, work was carried on at a depth of 33.70 metres, and under a pressure of 4.45 atmospheres.

Of the 333 workmen employed, 30 were severely affected, and of these 12 died. The reduction of pressure was made in from 3 to 4 minutes. In the slight cases the symptoms were muscular pains with choreiform contractions and hæmorrhage from the nose and lungs. In the severe cases there was paralysis of different degrees, hæmoptysis and death from coma. Young men bear compressed atmospheres better than the middle-aged.

The treatment of disease by compressed air is very much in vogue on the Continent, where no fewer than fifty establishments exist.

In the construction of these air-baths there are three principal parts. (1) A circular or ovoid chamber in which the patient is placed. (2) An apparatus for compressing air. (3) A central reservoir from which compressed air may be drawn off at will. It is of course very essential that the air which enters the bath should be pure. This is accomplished by straining through cotton.

"The chief points aimed at in the management of compressed air-baths are (1) To increase and reduce pressure as gradually as possible. (2) To keep the temperature of the bath within reasonable limits, say between 60° and 75° fahr. (3) While increasing or maintaining the pressure to provide for the escape of used up and contaminated air. (4) If bad symptoms have arisen from increase or decrease of pressure to reverse the process at once.

In his second lecture Dr. Williams first describes the effect of the compressed air-bath upon healthy individuals. "The most important changes are in the organs of respiration and circulation, the individual finds that he breathes slower, deeper, and with greater ease. Physical examination demonstrates that the diaphragm is displaced downwards, that the heart sounds are less audible, and the cardiac dulness is less perceptible, and the whole chest becomes more resonant." The diminution of cardiac dulness is due to the expansion of the lungs.

"The influence on the circulation is that the pulse is slower, smaller in volume, but of increased arterial tension, the capillaries are smaller and the veins are less full of blood."

The most important physiological effects other than those above described are improvement in appetite, and after a time increase of weight. Owing to increase of oxygen there is an increase of tissue change.

This form of treatment has been found of great service in emphysema and chronic bronchitis. As to its effects in the former disease the following quotation will show.

Emphysema.—We know that, in the tense or large-lunged variety of this affection, the

thorax is distended to the utmost, the diaphragm is pushed down, the heart and liver are displaced downwards, the thoracic dulness of the latter generally entirely disappearing, and the impulse of the former being detected in the epigastrium. The breathing is shallow, and the dyspnoea great; percussion and auscultation teach us that the chest contains air, but that, owing to its being more or less stagnant, the blood does not get that perfect aëration which it requires, and consequently we see a dusky complexion, blue extremities, and sometimes a livid countenance. A course of compressed air, baths effects a wonderful change; after them the patient states he can breathe more freely, and can ascend steps and hills with greater ease. His cough and expectoration are decidedly reduced. The respirations are slower and deeper, the pulse is slower and firmer. Physical examination shows the thoracic distension to be diminished. The line of hepatic dulness, long absent, reappears, and rises to the normal level. Cardiac dulness is again detected, and the impulse is felt no longer in the epigastrium—but in the normal position between the fifth and sixth ribs. The excessive resonance gives place to something approaching the ordinary note; and, although prolonged expiration and wheezing sounds are heard, there is no longer the weird stillness formerly existing over large tracts of lung, for breath-sounds are audible in all directions, some healthy and some morbid.

In his third lecture Dr. Williams further speaks of the beneficial effect of compressed air in disease of the respiratory organs.

It has been used in Sweden in whooping cough; 86 per cent. were cured in from nine to twenty treatments.

It has been found of great benefit in spasmodic asthma.

In phthisis, "the great good we may expect to get is from the physiological influence showing itself in improved nutrition, increased oxygenation leading to augmentation of colour and weight, and from the mechanical effect manifested in the reduction of local congestion, and above all the opening out and inflation of those portions of the lungs which are commonly the first point of tubercular attack, namely, the apices."

Compressed air baths have also been found of benefit in anæmia and amenorrhœa.

MEETING OF THE MEDICAL COUNCIL.

The first meeting of the new Council will commence on Tuesday, June 9th. As we indicated in our last issue there will be a fair number of new members, and while we regret the absence of some excellent men, we are glad to recognize the fact that the College will retain its representative character, and, at the same time, the confidence of the professional public in the Province.

It is perhaps fortunate that but little new legislation will be required. The character of the examinations has been very satisfactory during the last few years. There has been less inclination to make sudden and sweeping changes in the Examining Board, such as we had in former times. We hope that in the future even greater care will be taken in selecting examiners when changes are necessary. It seems scarcely necessary to say that they should be chosen solely on account of their eminent fitness and high attainments in the subjects for which they are appointed. The present Examining Board is, on the whole, an excellent one, and very few changes are required.

The question of the annual fee will probably come up. It has always been a difficult matter to collect the one dollar each year, and an effort was made to change the regulation. The remedy proposed, which included the celebrated "five-dollar clause," has met with such decided opposition from the profession that it would be very unwise to carry it into effect.

The examination required for matriculation is not in all respects satisfactory. As our readers are aware, since the Intermediate has been abolished, candidates are required to pass the examination for third-class teachers' certificate with Latin added. It is thought by some that this is not a suitable examination for entrance into Medicine. We have heard this opinion expressed by High School teachers who know well its character. We will probably have more to say on this matter in a future issue.

It would be a great boon to intending students if some arrangement could be made between the Council and the different Universities by which the same Examination for Matriculation would be accepted by all.

MALIGNANT ENDOCARDITIS.

In his second lecture Dr. Osler takes up the symptoms of malignant endocarditis. After describing the primary from which only occurs in a limited number of cases, he goes on to speak of the disease as we meet with it in connection with other pathological conditions:—

“The different modes of onset, and the extraordinary diversity of symptoms which may arise, render it very difficult to present a satisfactory clinical picture. The general symptoms are those of a febrile affection of variable intensity, which may be ushered in, like any acute fever, with rigors, pain in the back, vomiting, headache, etc. Arising in the course of some other disease, there may be simply an intensification of the fever, or a change in its features. The pyrexia is constant, but variable in type and intensity, and more likely than any other symptom to lead to misinterpretation. Prostration of strength, delirium, sweating, and other signs of severe constitutional disturbance, are usually present.”

Of the cases analyzed by Dr. Osler 18 per cent. occurred in association with a septic or pyæmic state and the majority of these with puerperal fever. “The puerperal cases appear most frequent after abortion, and the first symptoms usually develop within a week or ten days of delivery, beginning with rigors and fever, and running a course not essentially different from ordinary puerperal septicæmia or pyæmia without endocardial complication.”

The cases of malignant endocarditis which occur with traumatic septicæmia are not so numerous as the puerperal class.

“In the pyæmic group of cases, the clinical features are of a decided pyæmic type, and here the source of infection is at the heart, and the metastatic lesions are chiefly in the territory of the arterial system, rendering very applicable the name of arterial pyæmia given by Dr. Wilks to this class of cases. We may recognize two types of the pyæmic from: first, the cases in which the symptoms resemble closely those of ordinary pyæmia, with rigors at intervals, sweats, and other signs of septic infection; and, secondly an important group, in which intermittent pyrexia is a striking feature, occurring

in regular paroxysms like ague, with cold, hot, and sweating stages. These forms may develop as primary independent affections, or come on in the course of rheumatic fever, pneumonia, etc.

“The typhoid type is by far the most common, and the majority of the cases present features which come under this heading. The disease may set in with a single rigor or a series of chills, most frequently the former; often a period of *malaise* or ill health has preceded the attack, and in very many instances the symptoms develop in the course of some fever. The characters of this form are irregular temperature, early prostration, and involvement of the nervous system, delirium, somnolence, and coma, dry tongue, relaxed bowels, sweats, petechial and other rashes, and occasionally, parotitis. Perhaps the majority of cases are mistaken for typhoid, as the heart-symptoms may never be prominent, or even when sought for not found.”

Under the heading of the cardiac group he classifies those patients subjects of chronic valve-disease who are attacked by febrile symptoms and evidences of a recent endocarditis engrafted on the old process.

As cerebral cases he describes a number of cases of malignant endocarditis, which exhibit symptoms of cerebral, or even cerebro-spinal trouble. These different forms of the disease were fully illustrated by clinical cases. The histories of many of these were taken from the records of the Montreal General Hospital.

NOTES FROM THE NORTH-WEST CAMPAIGN.

Surgeons Roddick and Bell, are in charge of the Field Hospital at Saskatoon. They have with them Drs. E. E. King, Henry A. Wright, J. S. Freeborne, Messrs Rea, Hillier and others, acting as dressers.

Surgeons Orton and Ryerson were with General Middleton's army at Fish Creek and Batoche, and did good work in attending the wounded.

Surgeons Strange and Lesslie were with Colonel Otter's column at the Cut Knife Creek battle, and, with the able assistance of the Queen's Own Ambulance Corps, looked after the wounded.

Mr. John Caven, and Dr. Wm. Caven, are at Calgary.

Surgeon Tracy, Mr. Thos. McKenzie, and other dressers, are with General Strange's column at Edmonton.

Surgeon Nattress, in charge of the Red Cross Corps, including Dr. D. O. R. Jones, Messrs Wild, Mustard, etc., are at Battleford.

The arrangements for treating the sick and wounded have proved very satisfactory.

Dr. Bergin, who has had control, with headquarters at Ottawa, has worked indefatigably, and has been very ably assisted by the surgeons who went to the North-West. It was difficult or impossible to foresee the casualties which have occurred, but it is fortunate that the authorities prepared for the worst, and the results have shown the wisdom of their course.

The number of wounded among the loyal troops was about 100, of whom about twenty have since died. In addition there were many invalided. Altogether a large amount of work was thrown on the surgeons and their staffs, and we are pleased to learn that they have done their duty nobly.

ANATOMY OF THE UTERUS.

Dr. John Williams, at a recent meeting of the Obstetrical Society, of London, reported in the *British Medical Journal*, expressed the view that the primary branches of the uterine and ovarian arteries, after entering the side of the uterus, ran only a short distance through a thin layer of muscular fibres to a distinct layer of connective tissue, through which they ramified, and from here these branches went to the mucous surface in a direction perpendicular to that surface.

We would thus have from without inwards: (1) Peritonæum; (2) the muscular layer, a thin stratum; (3) the connective tissue layer, containing arteries and venous plexuses, and constituting the submucous tissue; (4) the mucous membrane, including the principal portion of the substance of the uterine. The muscular fibres contained in this layer, according to Dr. Williams, are really muscularis mucosæ; and the thin layer of tissue shed at the menstrual period and reproduced (the menstrual decidua)

is only a small portion of the uterine mucous membrane. The arrangement of the blood vessels, by which the currents are transverse to the length of the uterus, and perpendicular to its surfaces, is such that the circulation is not likely to be disturbed by mechanical causes, except in case of hernia in the inguinal canal, or in Douglas' pouch, where it is commonly known as retroflexion or retroversion.

THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the American Medical Association at New Orleans appears to have been a fairly successful one.

Dr. Henry F. Campbelle, of Augusta, Georgia, delivered the annual address. In it "he eulogized the long list of illustrious men who had guarded the deliberations of this national body from the noble Chapman to the beloved Flint, and made special reference to Drs. Gross and Sims." His address was well received.

Dr. Didama, of Syracuse, N.Y., the chairman of the Medical Section, delivered the address on Medicine.

He spoke of the two topics about which the profession were interested, viz: the comma bacillus and the hydrochlorate of cocaine. In the obstetrical section, Dr. Sutton, of Pittsburg, gave a very interesting address. "He stated that for himself he did not use the spray, but looked upon cleanliness and listerism as so closely linked together that they might be said to be inseparable, for listerism is the gospel of cleanliness."

A very lively discussion took place on the action of the committee appointed by the Association to confer with the International Medical Congress to be held in Copenhagen, and arrange for the next meeting of that body in Washington in 1887. It seems that the committee went beyond its powers and appointed to official positions many new code men and others inimical to the Association. Another feature of these appointments was that the Western and South-Western States were entirely ignored. A resolution was carried which allowed the committee previously appointed to add to its number from every State, and to revise the

work which had already been done. In this way it is hoped that there will be a fair representation of States and that the names of those obnoxious to the Association will be removed.

This discussion goes to show that there are two classes of men opposed to the American Medical Association. One the new code men, with whom we have no sympathy, and who will, we hope, be quietly passed over, as are the homœopaths and other irregulars with whom they wish to fraternize. The other class of opponents to the Association are men of high standing and of great professional attainments who do not like the "wire pulling and log rolling" done in that body. They certainly have some reason for their complaints, as men have been appointed to high official positions in the Association whose principal qualifications were self-assurance and "cheek." The influence of the Association has been very much injured of late years on that account. The amount of scientific work done was very small indeed, and compares very unfavourably with the sister Association, the British Medical. It is scarcely fair, however, to make a comparison between these two bodies, as on this continent the best work is done in Societies of Specialists, as the Ophthalmological, Dermatological, etc. In Great Britain these latter do not exist.

Dr. Wm. Brodie, of Detroit, was elected president for the coming year, and St. Louis is to be the next place of meeting.

EARACHE AND TOOTHACHE.—H. Bendelock Hewetson, of Leeds, writes in the *London Lancet* that he has found the glycerinum acidi carbolici invariably to relieve the pain in toothache and earache, and especially in cases of inflammation of the middle ear. He claims that if the treatment is used early, perforation of the tympanum can be stayed in many cases.

The winter session of the New York Polyclinic ends on Saturday, May 30th. The number of physicians who have attended the clinics since Sept. 22nd, 1884, is over two hundred. The summer session opens Monday June 1st and will continue to Sept. 12th. The following clinics will be every week: Gynecology, 12;

Diseases of Children, 6; Surgery, 8; Diseases of the Skin, 6; Disease of the Chest, General Medicine and Diagnosis, 6; Disease of the Eye, 6; Disease of the Throat, Nose and Ear, 6; total 50. In addition obstetric cases will be given to the class, and a course in urinary analysis. The laboratory of pathological will be open all summer.

PREGNANCY IN UTERUS SEPTUS.—Dr. Ruge (*London Medical Record*) reports a case of double uterus, in which there were two miscarriages. A septum reached from the fundus to the internal os. It was thought that the abnormal condition of the uterus was the cause of the miscarriages, and Professor Schröder divided the septum, by means of scissors. No hæmorrhage resulted. A short time afterwards the patient conceived and was delivered of a living child at full term.

ONTARIO MEDICAL COUNCIL.

MEMBERS ELECTED.

<i>Territorial Representatives.</i>	<i>Divisions.</i>
Dr. J. L. Bray, Chatham..	Western and St. Clair.
Dr. J. H. Burns, Toronto..	Midland and York.
Dr. H. W. Day, Trenton..	Quinte and Cataragui.
Dr. J. G. Cranston, Arnprior	Bathurst and Rideau.
Dr. D. Bergin, Cornwall..	St. Lawrence and Eastern.
Dr. R. Douglas, Port Elgin	Saugeen and Brock.
Dr. J. A. Williams, Ingersoll	Gore and Thames.
Dr. A. Ruttan, Napanee..	Newcastle and Trent.
Dr. J. Russell, Binbrook..	Burlington and Home.
	Erie and Niagara.
	Kings and Queens.
	Malahide and Tecumseh.

Elected by acclamation.

<i>Collegiate Representatives.</i>	<i>Colleges.</i>
	University of Toronto.
Dr. J. W. Rosebrugh, Hamilton	Univ. of Victoria College.
Dr. V. H. Moore, Brockville	Univ. of Queen's College.
Dr. W. T. Harris, Brantford	Univ. of Trinity College.
Dr. H. H. Wright, Toronto	Toronto Sch. of Medicine.
Dr. Fife Fowler, Kingston.	Royal College of Kingston
Dr. W. B. Geikie, Toronto	Trinity Medical School.

ONTARIO MEDICAL ASSOCIATION.

The fifth annual letter of the Association was sent out early in May, so that all are acquainted with the fact that the Meeting is to

take place in London, on Wednesday and Thursday, June 3rd and 4th, to be opened at 10 o'clock, Wednesday morning, in the Victoria Hall.

The Meeting promises to be one of great interest and pleasure, on account of the large number of papers to be read, and on account of the efforts which are being made by the profession in London to have it a success. In place of reports on surgery, medicine, obstetrics, and ophthalmology, there will be discussions which will be opened by Drs. Powell, Tye, Temple, and Reeve respectively, in these sections. The subjects chosen are: Dr. Powell, Plaster Splints in Surgical Practice; Dr. Tye, Diphtheria; Dr. Temple, Intra-uterine Medication; Dr. Reeve, Cocaine. The special committee on bacteriology, Dr. Covernton, Chairman, is to bring in a report at this meeting. Appended is a list of the papers promised up to time of going to press:—

- Dr. Buck, London—Sanity.
 Dr. Bray, Chatham—Caesarian Section.
 Dr. Fraser, Sarnia—Continued Fevers.
 Dr. Graham, Toronto—Mitral Stenosis.
 Dr. Groves, Fergus—Urinary Calculi.
 Dr. Waugh, London—Infantile Paralysis.
 Dr. Penwarden, Fingal—
 Dr. Beemer, London—Brain Exhaustion.
 Dr. Campbell, Seaforth—Notes on Locomotor Ataxia.
 Dr. Edwards, London—Placenta Previa.
 Dr. Ovens, Arkona—Trifacial Neuralgia.
 Dr. Arnott, London—Diet in Disease.
 Dr. McKechnie, Thorndale—Pericarditis.
 Dr. McLay, Aylmer—Cystitis.
 Dr. Harrison, Selkirk—Foreign Bodies in the Larynx.
 Dr. Aylesworth, Collingwood—
 Dr. Moorehouse, London—The Germ Theory with Specimens.
 Dr. Worthington, Clinton—Lingual Neuralgia.
 Dr. Duncan, Thamesville—Warburgh's Tincture in Canadian Practice.
 Dr. Murray, Thorndale—Uterine Hæmorrhage after Abortion.
 Dr. White, Toronto—Straight Splints in Fractured Elbow.
 Dr. Howe, Buffalo—1. Experimental Study of the Irritating Effects of Cocaine upon the Eye. 2. The Anæsthesia of Cocaine in the Eye, as measured by blood pressure, illustrated by tracings from the Kymograph. 3. On the Treatment of Albumenuric Retenitis of Pregnancy.
 Dr. Atherton, Toronto—Intestinal Obstruction.
 Dr. Thorburn, Toronto—

- Dr. Oldright, Toronto—Pathological Specimen. 1. Abnormal Development of Alimentary Canal. 2. Diaphragmatic Hernia.
 Dr. Adam H. Wright, Toronto—Treatment of Abortions.
 Dr. Youmans, Mount Forest—Compound Comminuted Fracture of Patella.
 Dr. McPhedran, Toronto—Lymphadenoma.

MEDICAL EXAMINATIONS.—The following is a list of successful candidates at the recent examination of the College of Physicians and Surgeons, Ont.—Final.—J. A. Burgess, A. F. Baumann, C. H. Britton, J. D. Courteney, T. C. Cowan, Margaret A. Corlis, F. W. Cane, H. C. Cunningham, J. A. Couch, F. Oampbell, P. E. Doolittle, J. R. Dales, P. A. Dewar, A. W. Dwyer, W. Ewing, D. D. Ellis, D. W. Eberts, J. Ferguson, H. B. Ford, A. Graham, W. J. Gunne, W. S. Harrison, H. J. Hamilton, A. R. Harvie, J. H. Howell, H. H. Hawley, A. R. Hanks, F. Harkin, D. O. R. Jones, J. H. Knight, A. B. Knisley, C. A. Krick, W. A. Kyle, R. J. Lockhart, W. V. Lynch, A. T. Little, R. Lucy, H. D. Leitch, F. G. Lunky, D. J. Minchin, L. J. Mothersill, J. Marty, W. J. Mitchell, D. C. McLaren, M. C. McGannon, N. McCormack, G. A. Peters, J. J. Paul, W. T. Parry, J. E. Pickard, G. F. Palmer, J. A. Rutherford, H. G. Roberts, Helen, E. Reynolds, D. G. Russell, C. F. Snelgrove, J. N. Simmons, A. M. Shaver, S. Scott, J. G. Sutherland, C. E. Stacey, J. A. Stirling, E. A. C. Smith, Wm. Spankie, L. W. Thompson, O. Totten, C. Trow, A. Trundel, J. A. Watson, W. H. Wright, D. J. G. Wishart, E. G. Wood, G. Veitch.

Primary.—J. O. Anglin, A. F. Baumann, G. M. Brodie, W. C. Beeman, H. E. Burnett, F. Campbell, Margaret A. Corlis, J. Casselman, J. B. Carruthers, C. R. Charteris, W. F. Cale, G. R. Cruikshank, J. F. Campbell, C. R. Cuthbertson, S. S. Cornell, C. Collins, J. M. Conerty, H. E. Drummond, W. G. Dow, W. Dow, M. L. Dixon, D. Dunton, A. A. Dame, A. Ego, J. H. Eastwood, A. B. Eadie, W. Ewing, J. M. Fraser, E. J. Free, W. H. Fox, Ada A. Funnell, J. M. Forster, D. E. Foley, J. W. Frazer, A. W. Gardner, J. Guinane, W. R. Gillespie, H. P. H. Galloway, T. D. Galligan, W. Giles, W. D. Green, W. J. Glassford, M. J. Glass, D. M. Gordon, J. H. Hoover, W. B. Hopkins, Geo. Hunt, J. W. Hart, C. W. Haentschell, F. C. Heath, J. E. Hanna, A. Hotson, J. A. Harvie, J. H. Hamilton, D. Johnston, M. James, M. J. Keane, D. Kester, W. J. Logie, F. G. Lundy, M. J. Mullock, D. E. Mundell, J. C. Moffatt, C. F. Moore, J. Macoun, W. J. Mitchell, J. C. McCabe, D. C. McCabe, D. C. McLaren, J. C. McAllister, T. McEwen, D. McEdwards, H. A. McCallum, E.

McLaughlin, A. F. McVety, J. McLurg, Alice McLaughlin, O. Niemeier, W. R. Nichols, T. H. Crton, I. Olmsted, Annie L. Pickering, T. S. Philp, A. B. Riddell, H. G. Roberts, D. Sinclair, E. A. C. Smith, W. Spankie, W. R. Shaw, R. S. Smith, W. O. Stewart, R. C. Stabies, J. M. Shaw, H. C. S. adding, D. Storms, J. P. Shaw, J. J. Soden, A. F. Tracey, A. B. Thompson, J. A. Tuck, J. D. Thorburn, A. Trundel, S. West, R. West, W. R. Walters, F. Woodhull, E. J. Watts, R. J. Wilson, E. W. Wright, A. F. Woodward, E. G. Wood. A. E. Yelland.

TORONTO UNIVERSITY.

RESULTS OF THE MEDICAL EXAMINATIONS.

First Year.

Anatomy.—Class I.—J. A. Palmer, S. Cummings, and J. A. Fere and A. Ochs equal. Class II.—A. E. Lackner and J. Galloway. Class III.—W. H. Clarke; W. H. Clutton and T. H. Halsted equal; G. F. Jones, G. S. Stockton, G. F. Dryden, F. T. Bibby, and A. D. Barnet, and W. Hamilton equal.

Biology and Comparative Anatomy.—Class I.—Palmer and Fere. Class II.—Cummings, Lackner, Ochs, Galloway, Clutton, Jones. Class III.—Hamilton, Stockton, Bibby, Clarke, Dryden, Barnet, Halsted, McEvoy.

Chemistry and Natural Philosophy.—Class I.—Cummings and Palmer. Class II.—Ochs. Class III.—Galloway and Clutton and Fere equal; Stockton and J. D. Thorburn equal; Jones and Lackner equal; Clark and Bibby and Dryden equal; Hamilton, Halsted and McEvoy.

Physiology.—Class I.—Cummings, Fere, Halsted, Ochs; Galloway and Jones equal. Class II.—Lackner, Clutton and Palmer. Class III.—Dryden, Clarke and Stockton equal; Hamilton, McEvoy, Bibby and Barnet.

To take subjects of first examinations over:—Anatomy.—J. P. McEvoy. Chemistry.—A. D. Barnet.

Scholarships.—S. Cummings and J. A. Palmer.

Second Year.

Anatomy.—Class I.—F. P. Bremner and A. Ego and I. Olmsted equal. Class II.—W. R. Walters, D. Johnston, H. E. Drummond, and J. H. Eastwood. Class III.—W. D. Green and W. O. Stewart and J. B. Reid equal; M. J. Keane and A. B. Thompson equal; J. A. McMahan, J. D. Thorburn, J. Guinane and W. R. Watson equal; G. S. Stockton, G. F. Dryden, A. E. McKay, W. H. Clarke and D. Poole.

Physiology.—Class I.—Reid, Bremner, Keane

and Ego, Guinane, McKay and Olmsted (latter four equal). Class II.—Green, Walters and Johnston and Macmahon equal. Class III.—Eastwood and Watson equal; Stewart, Drummond and Thorburn equal; Clarke and J. C. Carlyle.

Materia Medica and Therapeutics.—Class I.—Keane, Thompson, and Eastwood and Walters equal; Bremner, Guinane and Olmsted. Class II.—Johnston and Stewart equal; McKay and Ego, Drummond and Thorburn (latter three equal), and Reid. Class III.—Green, Watson, Macmahon, Clarke, Dryden and Stockton.

Chemistry, Organic and Physiological.—Class I.—Drummond, Eastwood, Green and Ego and Waters equal. Class II.—Keane and Thorburn equal, Johnston. Class III.—Reid and Bremner, Macmahon and Watson, all equal; Guinane and Stewart and Olmsted equal; Dryden and Thompson equal; Clarke and McKay equal; Stockton and D. McKenzie.

Histology.—Class I.—Reid and Guinane and McKay equal; Bremner, Olmsted, Keane, Ego and Thompson. Class II.—Thorburn and Green equal; Dryden, Macmahon and Eastwood and Walters equal. Class III.—Drummond, Johnston, and Stewart, Stockton and Watson, (latter three equal.)

A. B. Eadie, who has yet to matriculate, passed in all the subjects of the second examination, with first-class honours in materia medica therapeutics and chemistry and second-class honours in histology.

To take subjects of second examination over:—Physiology.—G. S. Stockton.

Histology.—W. H. Clarke.

Scholarships.—F. P. Bremner and A. Ego.

Third Year.

Medicine.—Class I.—A. W. Bigelow, W. J. Greig, G. A. Peters, C. T. Noecker, D. R. Johnston, J. Marty, J. W. Peaker. Class II.—J. D. Courteney, H. J. Hamilton. Class III.—D. McKenzie, J. Macoun and S. G. Parker equal, J. C. Carlyle.

Clinical Medicine.—Noecker and Peters equal, Johnston, Courteney, and Greig, Marty and Peaker (latter three equal), Carlyle and Macoun equal. Class II.—Bigelow and Hamilton equal. Class III.—McKenzie and Parker.

Surgery.—Class I.—Marty and Peters, equal, Noecker, Bigelow, Greig, Macoun. Class II.—Courteney, Hamilton, Peaker, Johnston. Class III.—Parker, Carlyle, McKenzie.

Clinical Surgery.—Class I.—Courteney, Carlyle and Hamilton equal, Bigelow and Macoun and Peters equal. Class II.—Parker, Greig and Johnston, Noecker, and Peaker, (latter three equal). Class III.—Marty, McKenzie.

Surgical Anatomy.—Class I.—Bigelow,

Peters, Courteney and Johnston equal. N ecker, Macoun. Class II.—Carlyle, Greig, Peaker, Murty, Hamilton. Class III.—Parker, McKenzie.

Obstetrics.—Class I.—Bigelow, Peters, Johnston. Class II.—Hamilton, Noecker. Class III.—Greig and Ma ty equal, Macoun, Peaker, Mackenzie, Carlyle, Parker, Courteney.

Pathology and Pa thological Histology.—Class I.—Bigelow, Noecker, Mac un, Johnston, and Marty and Peters equal. Class II.—Hamilton and McKenzie equal. Class III.—Peaker, G e'g, Courteney.

H. E. R. Little (yet to matriculate) passed in all the subjects of the third examination, with second class honours in clinical surgery.

To take su bjects of second examinati on over Pathology and Pathological Histology.—J. C. Carlyle, S. G. Parker.

Scholarships.—A. W. Bigelow, G. A. Peters.

Fourth Year—Degree M.B.

Medicine.—Class I.—J. H. Howell, L. Carr, H. N. Hoople, W. J. Greig, D. J. Minchin, D. M. Staebler, F. W. Cane, M. R. Saunders. Class II.—A. B. Knisley. Class III.—J. D. Courteney, A. S. Thompson, C. A. Krick.

Clinical Medicine.—Class I.—Carr, Hoople and Staebler equal; Thompson, Howell, Saunders, Cane, Minchin. Class II.—Courteney, Greig. Class III.—Krick, Knisley.

Surgery.—Class I.—Howell, Minchin, Carr and Saunders equal; Greig and Hoople equal; Knisley, Cane, S aebler, Thompson. Class III.—Courteney, Krick.

Clinical Surgery.—Class I.—Carr, Saunders, and Staebler equal; Howell, Hoople, Thompson. Class II.—Cane, Knisley, and Minchin equal; Courteney, Greig. Class III.—Krick.

Forensic Medicine.—Class I.—Saunders, Howell. Class II.—Staebler, Minchin, Carr and Hoople equal. Class III.—Knisley, Cane and Greig equal; Thompson, Courteney, Krick.

Hygiene.—Class I.—Minchin, Carr, and Saunders, equal; Howell, Hoople, Greig. Class II.—Cane, Knisley, Staebler and Thompson. Class III.—Courteney, Krick.

Medical Psychology.—Class I.—Minchin and Saunders, Carr, Hoople, Howell, Knisley, Greig, Cane, Thompson. Class II.—Staebler, Courteney, Krick.

Practical Chemistry (Forensic and Hygienic).—Class I.—Courteney, Saunders, Minchin, Thomps n. Class II.—Greig. Class III.—Howell, Cane, Carr and Krick equal, Knisley, Staebler, Hoople.

Medals.—Gold.—J. H. Howell. Silver.—L. Carr, M. R. Saunders, H. N. Hoople.

Final.—C. H. Britton, D. Poole.

For M.D.—J. Bray.

Meetings of Medical Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

(From our own Correspondent.)

MONTHLY MEETING, May 5th, 1885.

Dr. Stark, Vice-President, in the chair.

Dr. Mullin exhibited a pathological specimen—an ovum of two months.

Dr. Leslie then read his paper on "The Germ Theory," which was prepared for, and had been already read before, the Hamilton Association. The paper went very extensively into the subject from a theoretical point of view, dealing with the researches of different observers as to the nature of cells, and thence proceeding to a description of the various kinds of germs. The subject of spontaneous generation was then taken up, and the question of disease germs was considered. After a lengthy description of Lister's views and system, and the various opinions with regard to it, reference was made to Koch's investigations as to the nature of cholera, and the discussion that had arisen.

In the discussion that followed, Dr. Leslie was highly complimented. Drs. Mullin and Malloch both supported the germ theory, the latter especially speaking with reference to "Listerism," which he considered to be on the increase in favour, and had exerted a beneficial influence.

Dr. Rosebrugh gave the particulars of an interview had in Edinburgh with Keith, as to the sufferings of the latter when using the carbolic acid spray, and the necessity arising for its discontinuance. Dr. Rosebrugh also spoke of his observations in London and Birmingham, all of which tended to show how much operators depended upon cleanliness.

Dr. Leslie, in responding, stated that though at present he thought the evidence was against the germ theory, yet the growth and multiplication of germs in the body was a strong argument in its favour.

ADJOURNED MEETING, May 12th.

The President, Dr. White, in the chair.

Dr. Malloch presented a pathological speci-

men of carcinoma of the pyloric end of the stomach.

Dr. McCargow showed a finger which had been opened for whitlow, but too late, as there was denudation of the cartilage of the articular ends of the first phalanx and the adjoining metacarpal bone of the left fore-finger, while there had been a large abscess formed under the pectoral muscles of the same side extending from the axilla, its original site, to within an inch or two of the sternum, and extending downwards over a space corresponding to three or four ribs.

Dr. Rosebrugh then read a short paper on "Intra-uterine Medication." The paper began by referring to the fact that, in the greater number of cases of apparent disease of the inner surface of the organ, there is, as a rule, some special cause for the symptoms, such as a flexion or version, which, removed, the symptoms will soon disappear under very mild treatment. Consequently, in all uterine diseases, great pains should be taken to make a correct diagnosis, for experience shows that when the case is thoroughly understood, the treatment is simplified and more easily accomplished. An instance was given of the alarming symptoms pre-ented by a case of chronic retroflexion with laceration of the cervix, so easily relieved if these primary conditions are only remedied. The class of cases requiring intra-uterine medication were summarized as follows: 1. Chronic endometritis, with the following characteristics—General enlargement of the body of the organ; considerable dilatation of the corporeal cavity, and the endometrium in a condition of fungoid or cystic degeneration, giving rise to a muco-purulent leucorrhœa, and frequently to a profuse menorrhagia. 2. Uterine catarrh, with an albuminous secretion that persists despite ordinary treatment. 3. Habitual abortions, independent of syphilis and ovaritis, and seemingly due to some morbid condition of the endometrium. 4. Membranous dysmenorrhœa. 5. The flabby uterus frequently associated with subinvolution.

Having spoken of the difficulty of separating the treatment of the endometrium from that of the os and cervix, while often, if the disease of the latter is removed, there is no

further trouble with the former, the essayist stated that he no longer used tents to dilate the cervical canal, as he found that the applicator or curette could be introduced without any previous dilatation. If any was needed, the steel dilator could easily detect it. Dr. Rosebrugh stated that he had never used strong caustic in the solid form, though where the endometrium is decidedly diseased it becomes more tolerant of heroic treatment; but, in such cases, he found the most effective agent to be the fuming nitric acid. This he applies by means of the cotton-wrapped applicator, guarded by a glass tube through the cervix, the lining membrane of the cavity being pretty thoroughly swabbed. Except in obstinate cases, and then only at long intervals, the application has not to be repeated. Never had he seen colic or the other alarming symptoms frequently generated by crayons of strong, solid caustics. Churchill's tincture of iodine has been proven one of the most efficient applications, its action being that of a local stimulant to uterine contraction, and a general alterative or nutritive. Nitrate of silver he seldom employs because of severity as an astringent to the small blood-vessels, and its continued use causing too much contraction of the os and cervix. Its use should be confined to the soft, flabby uterus, with enlarged patulous os and profuse cervical discharge, its contracting effects being carefully watched. Carbolic acid and glycerine, one part to three, is a favourite, mild application—the acid coagulating the albuminous secretion, while the glycerine depletes the congested condition of the parts by causing a profuse watery discharge. Per sulphate of iron is also a favourite of the essayist's, he said, when wishing to provoke an astringent effect upon a granulating surface. Tannic acid is also a useful, mild astringent; but had, like iron, the disadvantage of discolouring the patient's underclothing. Paquelin's cautery and the actual cautery he had no personal experience of, having always effected his purpose by other methods. Intra-uterine injections he considered of service sometimes, but on account of the pain and violent symptoms sometimes following, thought milder methods should be adopted. In old, chronic cases, with the uterus decidedly enlarged and

diseased, and the os flabby and patulous, the organ is so tolerant of manipulation and medication, that even injections may be employed with comparative safety. Whenever fluids are to be injected, the cervical canal must be straightened and enlarged so as to admit Chambers' reflex current catheter, or some such device which will secure a free return of the fluid. A safer method is the use of a small graduated hard rubber uterine syringe, having a long, slender nozzle. The syringe having been filled with the fluid to be used, the nozzle is loosely wrapped with absorbent cotton and introduced within the cavity, and then injecting, carefully and slowly, just sufficient to saturate the cotton. The syringe is then slowly rotated so as to swab the whole inner surface. But as injections offer no marked advantages, the essayist thinks they should be abandoned, or certainly very rarely employed. In some cases caustics and astringents effect only partial cure. In obstinate endometritis, with fungoid degeneration, a muco-purulent discharge and long-continued menorrhagia, energetic measures are necessary. The denudation of the endometrium must be penetrating. The most effectual method is by thoroughly curetting. The uterus should be firmly held by tenaculum or vulsellum forceps, and the rough portions scraped out without any previous dilatation of the cervical canal. During the curetting, one hand should be placed over the uterus externally, pressing it down so that every part of the inner surface can be reached. The cervix becomes more tractable, so that subsequently a larger curette may be employed if necessary. After the denudation, the inner surface is to be thoroughly swabbed with fuming nitric acid, Churchill's tincture of iodine, Monsell's solution of iron, or some other agent of a penetrating character. Local treatment must be supplemented by constitutional. Aim at reducing the enlarged uterus by ergot and strychnine, followed by tonics, quinine and iron. In old chronic cases the curetting may have to be repeated two or three times after the menstrual periods; for, do what we will, relapses will occur, so that the treatment must be persevered in. In treating these disorders, the constitutional element must be considered, for in some

cases both local and constitutional causes are met with, and in most cases constitutional treatment is of great service; but we must aim to remove the cause, whether local or constitutional. Dr. Rosebrugh said that the frequency of the application depended upon the agent employed, as a rule every fourth or fifth day; if the patient came from a distance, once a week. He nearly always employs the cotton-wrapped applicator. In order to thoroughly cauterize the surface, makes two or three applications at each visit. In many cases, where the endometrium seems involved, he restricts the application at first to the cervix; and this, with constitutional treatment, proves sufficient to induce uterine contraction, and the improvement is continuous until a complete cure is effected. When the inner surface is roomy and the os very patulous, admitting applicator readily, he pushes the applicator into the cavity and swabs the inner surface, and then swabs dry with absorbent cotton the cervical portions of the uterus and vagina. A tampon of absorbent cotton moistened with glycerine, and having a withdrawing string attached, is left in the vagina a few hours.

In the discussion which followed, the members complimented Dr. Rosebrugh very highly, but differed on the following points:

Dr. Malloch thought more attention should be paid to mal-positions of the uterus, and that when these were remedied only mild topical applications were necessary, such as hot water.

Dr. Mullin thought the uterus should be regarded as amenable to medical influences as other internal organs to which topical treatment could not be applied. Local treatment might be useful in certain conditions, but in his experience the conditions which give rise to menorrhagia were not always to be benefited by local treatment on account of the pain suffered from intra-uterine applications; and after these applications had been abandoned he had found some patients much benefited and restored to health by rest, especially during and after the menstrual period and the use of general remedies.

Dr. Stark said that while he agreed with Dr. Rosebrugh in his treatment, he preferred to treat the patients at their own houses, so as to

have the benefit of rest at once. He expressed himself as being at first astonished at Dr. Rosebrugh's heroic use of the curette; since then he had had great success with it.

Dr. Ryall, as Dr. Mullin had done previously, referred to the fact that formerly the great object in treatment seemed to be the dilatation of the cervical canal, while now gynaecologists sought, by means of trachelorrhaphy, to close up the canal; and, in conclusion, Dr. Ryall wondered what became of women fifty years ago, before the days of dilatation and contraction and other special treatment.

ST. LAWRENCE AND EASTERN MEDICAL ASSOCIATION.

A meeting of the Territorial Association of the St. Lawrence and Eastern Division, was held in Cornwall, January 27th, 1885. There were present: Drs. Bergin, McMillan, Brouse, Moore, Easton, Pickup, Pringle, Alguire, Munroe, Harrison, Hamilton, Gravely, S. A. Hickey, A. D. Wagner, Faulkner, C. E. Hickey, G. C. Wagner, Davis, Reddick, and Lefevre. Dr. Bergin in the chair. The Chairman addressed the meeting upon the following subjects:—The proposed increase of the annual fee to the Council, the necessity of raising the standard of medical education particularly in preparatory examinations, the Imperial Medical Act, the establishment of a code of ethics, and revision of the tariff.

The following resolutions were carried:—That in the opinion of this meeting it is not advisable that the annual fees should be increased to \$5.00, as proposed by the Medical Council.

That this meeting disapproves of universities and colleges having no medical schools in connection with them, being represented at the Medical Council.

That this meeting approves of raising the standard of the matriculation examinations.

That candidates for matriculation should be obliged to present credentials of matriculation in arts from any Dominion university, which will entitle them to matriculate in medicine upon payment of fees.

That this meeting sincerely hopes and re-

quests that the Medical Council will take such steps as shall forthwith give to this Province a legal code of Medical ethics.

That this meeting feels very strongly the injustice of being obliged to register imperial graduates without examinations, a privilege we deny our own graduates, and that we desire the Council to take such steps as may be advisable to obtain justice in this matter.

That in the opinion of this meeting, it is desirable to have a taxing master appointed for each of the St. Lawrence and Eastern Territorial Divisions.

That the registered medical practitioners resident in the St. Lawrence and Eastern Division, do now form themselves into an association, to be known as the Medical Association of the St. Lawrence and Eastern Division, the officers to consist of a President, two Vice Presidents, a Secretary, and a Treasurer; the President to be the representative of the Division in the Ontario Medical Council, and the other officers to be elected annually.

The following were elected:—Dr. Bergin, President; Drs. Brouse and McMillan, Vice-Presidents; Dr. Lefevre, Secretary; Dr. Moore, Treasurer.

A committee was appointed to revise the tariff and their report being adopted, the Secretary was instructed to forward it to the Territorial representative to be submitted by him to the Medical Council for their approval at the June meeting.

J. M. LEFEVRE, M.D., *Secretary.*

Correspondence.

LETTER FROM LONDON, ONT.

(From our own Correspondent.)

This electoral division is, at present writing, sadly exercised over the coming election of a representative to the Council. It is perfectly proper that the public acts of a representative should be open to the fullest criticism, and that he should be allowed sufficient latitude for defence or explanation, but it is surely derogatory to the dignity of a learned profession to copy the casuistry and chicanery of political contests. Circular after circular, accusation and denial follow one another in rapid succession, and enough has been written to fill an ordinary

blue-book in order to prove a simple question of fact. Surely there can be little honour in a position obtained or held by such questionable means.

We have two very acceptable additions to our number here in the persons of Dr. Belfry and Dr. Shore. We bid them welcome, feeling sure that they are likely to prove worthy members of the profession.

Of course the coming meeting of the Ontario Medical Association is expected to be the crowning event of the year in medical circles. It is to be held in Victoria Hall, the pleasantest room in the city for any meeting of the kind, on the third and fourth of June. This is the first time that the Ontario Medical Association has honoured London, and the medical men here are anxious that it should be the best meeting of the Society since its inception. So far the indications point to a meeting of more than usual interest. A large number of papers on interesting themes have been promised, and we believe the President has agreed to introduce a question drawer. Twenty minutes at each session is to be allotted to answering questions which may be handed in writing to the secretary. I am sure this will be a very pleasant change from the ordinary routine of reading papers, and be the means of eliciting a great deal of that valuable practical information, which is stored away so abundantly in the experience of the now-writing members of the profession. As usual the indefatigable General Secretary, Dr. White, has spared no pains to have everything in apple-pie order. The profession are certainly very much indebted to the Doctor for the interest he has taken in the Association, for I am sure it will not be denied that it is largely due to his efforts that it has been so successful. These meetings should never be missed; they enlarge the views, stimulate the energies, and afford a pleasant and profitable relaxation from the daily routine of practice. I never attend one without feeling that I have been well repaid, and that I must never miss such another opportunity. It is presided over this year by the venerable Dr. Worthington, of Clinton, a very veteran in association work.

I understand the professors of the London Medical School are jubilant over the success of

their students at the recent examinations of the Council. Two of them were excelled by none and equalled by only four or five, whilst every one sent up received honours. This is a very creditable showing for a young school, and may well excuse a little blowing. The "new broom" seems to sweep clean, and their students evidently enjoy exceptional advantages. Let us hope for the credit of our Forest City that it may continue in the future to be managed as efficiently as in the past.

KOUMISS—The following formula I have tested and found satisfactory; cane sugar seems to do as well as grape sugar:—

Rx.—Grape sugar $\frac{1}{2}$ oz., dissolve in four ounces of water and add 20 grains of compressed yeast. Put in a quart bottle and fill with fresh milk to two inches from the neck. Cork tightly, wire, and put in a warm place. Shake three or four times during the day. Ready for use in 24 hours.—R. ZIMMERMAN, M.D.

MR. LISTON.

There is living within a mile from me an old gentleman in his nintieth year, in full possession of his intellect, who is an interesting colloquist.

During a recent conversation with him, he told me he had been "Weel acquaint' wi' Leeston in Edinburgh," and that Liston was born one year before he was.

Mr. Liston, when twenty-six years of age, amputated the leg of the sister of this gentleman, who, by that eminent surgeon's orders, made his first wooden leg, and the first wooden leg Mr. L. had occasion to order. After that, as this gentleman says, "Liston would take them off, and I would put them on."

He describes Mr. L. as a fine-looking man, six feet high, built proportionately, and wearing side-whiskers.

He tells an amusing story of him of the long-splint fame. It seems he was inclined to be a little wild in his youth, and occasionally his countenance showed traces of it.

One day, when in company with a friend visiting an invalid gentleman in the country, the former took the latter he had better have an "advice." The reply of the latter was, "He had better take an advice himself."

BRIDGEN, May 4th, 1885. F. H. S. A.

Book Notices.

Virchow's Archives has now reached its hundredth volume. Of those who commenced it, now all have passed away except Virchow himself.

Vick's Floral Guide.—James Vick, of Rochester, N. Y. State, is always on hand in the spring with his elegant "Floral Guide." Lovers of fruits and flowers will find it a useful list of seeds, plants, and bulbs, with full instructions as to time of planting, etc.

There will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month, a book entitled *Berlin as a Medical Centre*, by HORATIO R. BIGELOW, M. D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be \$2.00.

Modern Therapeutics of the Diseases of Children, with observations on the Hygiene of Infancy. By JOSEPH F. EDWARDS, M. D. Philadelphia: D. G. Brinton, 1885.

This is a companion volume to Naphey's *Medical and Naphey's Surgical Therapeutics*, and is gotten up in the same style. It comprises extracts from journals, monographs, or treatises, showing the views of modern writers and practitioners as to infantile therapeutics and hygiene. Young practitioners who have not familiarized themselves with the standard works of such men as J. Lewis Smith, Eustace Smith, Henoch, etc., may find this work convenient, but it will never aid them to become scientific or practical physicians. To lazy, non-reading men it will be a boon, but in our opinion such works are not calculated to advance medical science. The work, such as it is, is well done; the treatment of English, French, German, American, Russian, and other physicians being fairly, though necessarily briefly, given. We notice several extracts from Canadian journals. Henoch and J. Lewis Smith are most frequently referred to.

Kirke's Handbook of Physiology. By W. MORRANT BAKER, F. R. C. S., and VINCENT DORMER HARRIS, M. D., Lond. Eleventh Edition, with nearly 500 Illustrations. New York: Wm. Wood & Co., 1885.

These volumes are the February and March numbers of Wood's Library of Standard Medical Authors. A text-book on physiology that has reached the eleventh edition requires no extended notice at the hands of the reviewer. It would be more than a thrice-told tale to commend it to students and practitioners to whom it has been so long and so favourably known. This edition contains the latest established physiological facts and observations, a large number of new illustrations, and a table of the absorption spectra of blood and bile.

Controvertible points on physiology are not discussed, and in this we think the editors have shown wisdom, in a work intended as a guide for students chiefly, who can almost always have access to the larger works of reference. It would be an advantage, we think, in issuing works in two volumes in this style to have each separately indexed. The typography, etc., are of Wm. Wood & Co.'s well-known library style.

Micro Chemistry of Poisons, including their Physiological, Pathological and Legal Relations. With an Appendix on the Detection and Microscopic Discrimination of Blood. By THEODORE G. WORMLEY, M. D., Ph. D., LL. D. Second edition. Philadelphia: J. B. Lippincott Company. 1885. Pp. 784.

This valuable treatise comprises the latest discoveries in this department of science confirmed by the author's original researches. The adoption of the English system of weights for indicating the behaviour of different poisons with reagents renders the book valuable to English and American readers, as most physicians have been slow to adopt the metric system, and the legal mind is not yet, as a rule, educated up to that point of refinement. Professor Wormley is indebted to his wife and daughter for material assistance in contributing to the elegance and usefulness of the book, these ladies having drawn from nature and executed on steel the splendid plates of microscopic crystals, and blood corpuscles, the latter showing the apparent size of the red corpuscles of six different mammals under a power of

1150 diameters are claimed to be accurate within at most 1-1000th of an inch. There is also a chromo-lithograph of blood spectra.

The introduction deals with poisons generally, their classification, symptomatology, post-mortem appearances, diagnosis, and chemical analysis, and the modifying effects of idiosyncrasy, habit, disease, &c. Part I. is devoted to inorganic poisons, alkaline, acid, and metallic. In the alkaline group and their salts reference is made to the many cases of poisoning by chlorate of potash published in the more recent journals, and to which we have more than once called attention.

Part II. devoted to the vegetable poisons, so difficult often of detection, is perhaps the most valuable part of the work, the reader being made familiar with the investigations of the most renowned chemists (chiefly German) in the symptoms, post-mortem appearances, and chemical analysis of nicotine, conine, opium, and its alkaloids, &c., strychnine, brucine, aconitine, atropine, daturine, veratrine, jervine, solanine, gelsemine, and gelsemic acid. This second part takes up 300 pages.

In the appendix, which first appears in this edition, all that is necessary to know for the detection of blood and its discrimination is given, the subject being treated of under the heads of general nature of blood; the chemical tests, optical properties, microscopic detection and discrimination, and the examination of dried blood. As to the limit of discrimination "the microscope may enable us to determine with great certainty that a blood is not that of a certain animal and is consistent with the blood of man; but in no instance, does it, in itself, enable us say that the blood is really human, or indicate from what particular species of animal it was derived." The author very sensibly says, "This, like other tests, has its fallacies, and if in a given case these cannot be fairly met, the accused should have the benefit of the doubt." The book is elegantly printed on heavy paper, and will be most valuable for reference in medico-legal cases, giving, as it does, copious references to cases reported in recent periodical literature, which have not previously been readily accessible to the lawyer or non-journal-reading physician or surgeon.

Personal.

Dr. Canniff started for Winnipeg, May 26th, to see his son.

Dr. Bascom, (Toronto, 1885,) sailed for England, May 1st.

Dr. J. H. Howell, (Toronto, 1885,) has settled in Welland.

Dr. Knisley, (Toronto, 1885,) is practising in Port Colborne.

Dr. J. L. Davison, (Trinity, 1884,) has returned from England.

Dr. D. D. Ellis, (Toronto, 1885,) has formed a partnership in Tilbury East.

Dr. James Anderson, (Toronto, 1880,) has received the L.R.C.P., of London.

Dr. James Stewart, Montreal, will be at the meeting of the Ontario Medical Association.

Dr. Leeming Carr, (Toronto, 1885,) has formed a partnership with Dr. Richardson, of Ancaster.

Dr. J. E. Pickard, (Toronto, 1885,) has entered into a partnership with Dr. Durcan, of Thamesville.

Dr. Verner, (Toronto, 1885,) is said to have distinguished himself in the Queen's Own Ambulance Corps.

Mrs. Workman, wife of Joseph Workman, M.D., of Toronto, died from pneumonia, May 17th, at the age of 73.

Prof. Panum, of Copenhagen, who presided at the last session of the International Medical Congress, died May 3rd.

Drs. N. C. McKinnon, S. M. Hay, L. L. Hooper, and J. M. Jackson, (Toronto, 1885 and 1883,) sailed for England, May 16th.

Drs. Hiram A. Wright, and W. J. Greig, (Toronto, 1885,) went to New York, May 18th. They will go to England from there.

Professor Struthers, who reported so favorably on medical education in Canada, is to have the LL.D., of Aberdeen, conferred on him.

Dr. Chas. O'Rielly, of Toronto General Hospital, with his family, sails May 30th, for Europe, where he will remain about three months.

Dr. Jas. Gray has resigned his position of Medical Superintendent of the Montreal General Hospital. Dr. Wm. McClure has been appointed in his place.

Private Ferguson, of Winnipeg, killed at Fish Creek, was a son of Dr. Ferguson, of that city. He was a student in medicine, having spent two years in the Winnipeg Medical School.

Dr. Richard L. MacDonnell has been elected in-door physician to the Montreal General Hospital, in the place of Prof. Osler, resigned. There was quite an exciting contest for this position, the result being—Dr. MacDonnell 93 votes, Dr. F. W. Campbell 71.

Mr. Willie Canniff, son of Dr. Canniff, of Toronto, was doing well at last accounts. It will be remembered that he was wounded early in the engagement at Fish Creek. After firing he carried his right hand back to get a cartridge, when he was struck by a bullet which passed along the front of elbow joint.

The following were elected officers of the Toronto Medical Society, for the coming year:—President, Dr. J. J. Cassidy; First Vice-President, Dr. McPhedran; Second Vice-President, Dr. Burns; Recording Secretary, Dr. James Bell; Corresponding Secretary, Dr. G. B. Smith; Treasurer, Dr. B. Spencer; Council, Drs. Atherton, Carson, and Ross.

Miscellaneous.

Not long since a fat woman, weighing, according to the announcement on the billboards, 596 pounds, was married to a professional "Albino" at a dime museum on the Bowery; and when the ceremony was completed the band, not inappropriately, struck up the air "What shall the harvest be?"—*Gaillard's Med. Jour.*

DRAMATIS PERSONÆ.—Gynæcologist and Patient who had married a widower with several children, one of whom was in the waiting-room. *Gynæcologist*, looking through the speculum,— "How many children have you?" *Patient*— "We have four in the family, doctor." "Ah! four children. That explains the condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorrhaphy." "But, doctor, ain't you mistaken? I—" "Mistaken, madam! Impossible. I tell you, you have laceration of the cervix, dating from your last confinement."

"But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But, doctor, I will speak. I never had a child. The children we have are my husband's, by a former marriage." *Tableau.—Medical Age.*

MORE TRUTH THAN POETRY.

The *Medical Press*, very truly says as follows: Amidst the mundane and grovelling considerations of fees and other hum-drum incidents of medical business, it is a truly blessed feeling for the working doctor to look in upon his breast and realize that, without knowing it, he is an incarnate combination of self-sacrificing philanthropy and ordinary business capacity.

If any of our readers have never realized their beatitude, we commend to their reading the following assurance from the mouth of a president, who compliments his audience in the following phrases:

"That which is but the occasional luxury of others—the relief of pain, the mission of mercy above all distinction—is our daily task. We truckle to no caprices of power or fashion; we acknowledge no worldly dependency, but follow in freedom a life at once useful and bountiful to others, elevating and independent for ourselves. Gain is but the incident, not the essential of *our* handiwork, because our true *honoraire* is the memory of insufferable pain relieved, the rescue of valued lives from danger, the restoration of fathers and mothers to their children, and the saving the little ones that seemed doomed to die."

Such a view of doctoring is very gratifying, but we suspect that most doctors—editors included—look upon the "incident" of gain as not the least part of their reward of labor, and that when a good public appointment is vacant, even *we* may violate the rule which prohibits our "trucking to the caprices of power or fashion."

This sort of peroration is neat and self-satisfying, but it is nonsense. *We* are just no better and no worse than our neighbors, and we shall not succeed in persuading the world that we are even if we delude ourselves into the idea.—*Medical and Surgical Reporter.*