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EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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TORONTO, MAY, 1886.

Original Communications.

STERILITY CURED BY AN OPERATION FOR THE REMOVAL OF URETHRAL CARUNCLE AND DILATATION OF THE CERVIX UTERI.

J. J. CASSIDY, M.D.

The following case is reported from my case-book:—

March 1, 1885.—Mrs. L., aged 28, has been married five years and has never been pregnant. Before marriage she suffered from painful micturition and pruritus vulvæ. These symptoms were intensified after marriage, and coitus was so painful that it was rarely attempted. She received treatment at different times and for considerable periods from four physicians of this city and one of St. Catharines. An operation (ablation of caruncle probably) was performed on her by a Toronto surgeon; but the painful micturition was not cured and she did not become pregnant. She also suffered from uterine leucorrhœa, dyspepsia, irregular menstruation, constipation, and hysteria.

March 2—A physical examination revealed a caruncle projecting at the meatus urinarius. The urethra was very sensitive, and bled at the least touch. When the uterus was drawn down straight with a vulsellum, the uterine sound passed easily to a depth of three inches. There was endocervicitis. There being no stenosis of the cervix uteri I determined to treat the patient primarily for

urethral caruncle, and secondly, to dilate the neck of the womb, in order to relieve the endocervicitis, and increase the chances of her becoming pregnant. The patient was chlorotic, having just menstruated, after having missed three periods. The treatment consisted in first snipping off the caruncle. After the bleeding had stopped, a 4 per cent. solution of cocaine was rubbed over the interior of the urethra, and this was followed by the application of solid lunar caustic. The caustic was used because the urethral mucous membrane was ulcerated. Why it should be so was not very clear, but about the fact there could be no doubt.

March 11, 14, 17, 25, 31—The same treatment was repeated, the application of the caustic, owing to the previous use of cocaine, causing little or no pain. She informed me that micturition was much less painful than it had been for many years before.

April 4—Desiring to make a thorough exploration of the urethra, the patient was anæsthetised, and her urethra dilated by an aural speculum with expanding blades. The portion of the urethra, near the meatus externus, was found to be in a fairly healthy condition; but the internal portion was eroded. Lunar caustic was freely applied to the diseased part. A uterine dilator was then introduced into the cervix uteri, the blades fully expanded, and withdrawn. Caustic was also rubbed over the interior of the endometrium.

April 7—The patient had remained in bed, but felt very little pain.

April 11, 14, 18—Saw the patient at my office and applied a strong solution of argent. nitrat, gr. xl.— $\frac{3}{4}$ j., instead of the solid stick. Micturition is almost painless.

April 20—Treated her for an attack of neuralgia affecting the brachial plexus on the left side.

April 22—Relieved of the neuralgia.

April 27—The urethra is almost well; the uterus healthy. Decided to give up topical treatment.

May 11—She called to say that micturition is painless. She is much improved in appearance. Ordered cascara sagrada cordial to be taken occasionally, and Bland's pill three times a day.

November 27—The patient called to inform me that her menses had not appeared since August 5, although the last two menses previous to that date had been small in quantity and of short duration, that of August 5 having lasted for only an hour. As the sequel will show, she must have become pregnant shortly after June 5, 1885.

March 14, 1886, 5 a.m.—The patient was taken with labor.

March 15, 3 p.m.—I gave the patient chloroform and delivered her, by the forceps, of a female child weighing about four pounds. The infant did not, at first, give any signs of life, but subsequently recovered.

It is a feeble child, evidently affected with syphilis, exhibiting mucous patches on the hard palate, and looking like a little old woman. I am treating it by mercurial-inunction, and up to the time of the present writing it appears to be doing well. The syphilis was probably communicated to the child by the father, as I had treated him for that disease in 1878. He was at the time of his marriage in good condition, and is now a strong, healthy-looking man.

It is quite likely that the restoration of the urethra to a healthy condition, thus permitting painless coitus to take place, was the principal factor in removing sterility. The removal of the endocervicitis and the wide dilatation of the cervix uteri also contributed to the result. The mother continues to enjoy good health and nurses her child. I cannot say whether or not

she received specific treatment from any of her previous medical attendants.

I am under obligations in the treatment of this case to Drs. W. H. B. Aikins, and M. Wallace.

SAL ALEMBROTH.

SIR JOSEPH LISTER'S LATEST ANTISEPTIC.

BY EDMUND E. KING, L.R.C.P., LONDON.

It may be news to a great many to learn that Lister has discarded the use of the spray almost entirely, the only cases he has used it in during the past fifteen months being operations involving the peritoneum. I have heard him say that of late he has become convinced that it was by no means to the antiseptic properties of the spray that the good results have followed. After careful examination and study he believes that the germicide properties in a solution of 1-40 carbolic, thrown by the spray into the air three or four feet, to be *nil*, or nearly so, and the sole benefit derived was due to the irrigation and absolute cleanliness induced. Carbolic acid was superseded by perchloride of mercury: this, when used for dressing, was, from its forming an insoluble albuminate of mercury, irritating and thus an unsatisfactory dressing. He now uses Sal Alembroth exclusively in his wards for dressings, and it has so far given very fine results. It is a double mercurial salt formed by the sublimation of a mixture of perchloride of mercury and chloride of ammonium, exceedingly soluble. The salt was known to the Alchemists, it has not been used in medicine in modern times. Lister prepares all his dressing now with a 1-100 solution of this, gauze cotton wool, lint, bandages, draw sheets, and where the wound is covered by the shirt, it is rendered septic by dipping it in the solution and drying before the fire. To make any of these dressings, all that is necessary is to soak them in this solution and dry. It not being volatile does not require to be kept sealed in tin cases. He also colors these dressings with aniline blue 1-10000, the benefit to be derived from this is that wherever an alkaline discharge comes in contact with the dressing, the blue is removed and turned reddish, enabling

you at once to see where the discharge has been, if the quantity was ever so small and had dried up before the dressing was removed. There is one precaution in using this dressing, and that is this: the dressing being dry and frequently handled might have some septic matter from bed clothes, hands etc., so he always dips it in 1-2000 perchloride just before applying it. He is making a Sal Alembroth protective, which will be surcharged with the antiseptic so that as a discharge comes through a dressing it will come in contact with this protective and can be kept aseptic. I do not know of any place in Canada where this can be procured. Martindale & Co., 10 New Cavendish Street, London, Eng., prepare it for Lister.

Selections.

DYSENTERY CURED BY ERGOT.

BY DR. BOISSEAU DU ROCHER.

M. D., a robust man, aged 44, previously healthy, was attacked with colliquative diarrhoea, October 9th. He tried to check it with bismuth and laudanum. In the evening the stools were more abundant. He fainted four times, one attack lasting 15 to 20 minutes. His countenance was drawn and pale, and the body covered with a cold, clammy sweat. The stools very numerous and accompanied by severe abdominal pains and tenesmus continued, and contained viscid whitish mucosities, streaked with blood. One gr. of calomel and stimulants were given. Oct. 11th: pulse 120, calomel 2 grammes in the packets; stimulants. In the evening: pulse 110, general condition less alarming, stools less numerous, less painful, but still muco-sanguinolent. Oct. 12th, (morning) pulse 120, calomel and alcohol continued, general state the same, intense salivation, calomel omitted. Oct. 13th: pulse 110, general condition a little better, but the stools still slimy and muco-sanguinolent, ergot, 3 grammes in 6 doses; during the day two stools markedly diarrhoeic, containing some mucous debris, but no blood, pulse 100. Oct. 14th: pulse 82, no stools during the night. In the morning a stool entirely diarrhoea and small in quantity,

general state good, ergot continued. Evening: pulse 80, no stool during the day. Oct. 15th: cured. This rapid result made us regret not having resorted to this treatment earlier. It authorizes us to believe that in ergot we have a valuable remedy for dysentery worthy of further trial, if not a specific.—*Progrès Medical*.
R. Z.

ON PHIMOSIS IN INFANCY.

My excuse for submitting the following observations on this subject to the consideration of the profession is that my experience leads me to think that phimosis is a morbid condition which is not infrequently overlooked. Its persistence is the cause of much unnecessary suffering among children, and a neurotic habit is often induced which, in some instances, is never shaken off, but continues to exercise a prejudicial effect upon the usefulness and happiness of a considerable number of men during the whole of their lives. It would be advantageous if the following rule were adopted by all those taking charge of midwifery cases; to examine every male child within a few days after birth, and, if the prepuce cannot be retracted by the exertion of a moderate amount of force, to perform circumcision on or about the eighth day of life. The advocacy of such a rule will appear superfluous to many members of the profession, particularly to those who have had special opportunities of observing the diseases of children. That it is, however, not accepted, or, if theoretically accepted, not acted upon by numerous practitioners of midwifery, is sufficiently proved by the frequency with which it is necessary to perform the operation in later life. Complete retraction of the prepuce is necessary in order to prevent the retention under it of the secretion of the numerous sebaceous glands in the mucous membrane of the cervix and glans penis (glandulæ Tysonii). The accumulation of this sebaceous matter acting as a peripheral irritant through the internal pudic nerves, may and often does cause central mischief more or less grave according to the constitution of the child and the amount of local irritation. If the preputial opening be so small as to inter-

fare with the easy passage of urine, the condition will be aggravated by some of this fluid being forced under the prepuce and increasing the congestion of the mucous membrane. The injury resulting from this cause may be productive of nothing more than slight perverseness of temper; but, on the other hand, may give rise to convulsive attacks terminating fatally, and, of course, to any effect intermediate between these extremes. I feel sure that many an unfortunate little boy is credited with bad temper and punished for naughtiness; whose irritability is due to neglected phimosis, and consequently entirely beyond his own control. There is also much reason for thinking that the habit of masturbation is frequently led up to by a morbidly excitable condition of the sexual organs due to the same cause. Should no symptoms arise sufficiently severe to call attention to phimosis, and the child grow up to manhood with the defect unremedied, the liability to venereal diseases must be largely enhanced by the impossibility of effectual ablation of the penis. The operation of circumcision is, in infancy, almost entirely free from risk if ordinary care be exercised. The only objection to it of which I am aware is the æsthetic one, and this cannot have much force in a clothes-wearing community, especially when the advantages derived from it are fully considered. Circumcision may be performed by seizing the extremity of the prepuce between the finger and thumb of the left hand, drawing it well forwards so that the outlines of the glans can be clearly seen through the integument of the penis, and slicing it off diagonally downwards and forwards just in front of the glans with a sharp scalpel. The mucous membrane, which will be found still embracing the glans, should be split along the dorsum quite up to the cervix, turned back, and retained in position, by a narrow strip of dry lint wrapped firmly three or four times round the penis. No sutures are necessary. The lint becomes saturated with blood, and, when this is dry, remains in position for from two to four days. On its removal the wound will generally be found completely healed, but, if any portion of it be granulating, it only requires the application of a little carbolyzed oil four or five times a day. I have

never seen a case in which the dry lint failed to prevent any excessive hemorrhage. The eighth day of life is a suitable time for the operation, as the organism of the child has by then become accommodated to its new environment.—*Dr. Geoffry Hett, in Lancet.*

PERITYPHLITIS EXCITED BY A QUINCE SEED IN THE VERMIFORM APPENDIX.—At a recent meeting of the New York Pathological Society, Dr. J. J. Reid presented a specimen from the body of a woman aged about twenty-three years. She first began to suffer from pain in the iliac region several weeks after confinement and before her entrance into the hospital. When the speaker saw her there was a swelling in the gluteal region, from which a hypodermic needle failed to withdraw pus. Poultices were applied, and within a few days there was pointing, pus escaped, and symptoms of peritonitis developed. An autopsy showed two perforations of the cæcum and a quince seed in the vermiform appendix, and also revealed the interesting fact that, had an opening been made at the crest of the ilium sufficiently early, the finger could have been introduced down to the cæcum. There had been no evidence of perityphlitis at his first visit.—*New York Medical Journal.*

A SUBSTITUTE FOR FEHLING'S SOLUTION.—Prof. Holland gives the following as a test for sugar; it is very efficient, easily prepared, and is not spoiled by keeping:

Cupric sulphate	ʒi
Glycerine	ʒi

To make the test add five drops of this solution to one drachm of liquor potassæ in a test-tube. Boil a few minutes to test the purity of the fluid. Should it remain clear, then add a few drops of urine. If glucose be present in quantity there is at once thrown down a red precipitate, just as in the ordinary Fehling test. To detect minute amounts of sugar, not shown by the above procedure, after making the test as above, add half a drachm of urine; boil and set aside. If sugar be present even in very minute quantities, the liquid as it cools will turn of an olive green color and become turbid.

STRICTURE OF THE URETHRA.

Dr. Willis P. King, of Sedalia, Mo. (*St. Louis Cour. of Med.*) describes a new and novel method of dilating a stricture of the urethra, so as to admit of a catheter. His first case was in a child ten months old, and was one of *urethral obstruction*. He introduced a small brown hard rubber instrument down to the membranous portion of the urethra, where it stopped, and then gently and steadily forced warm water into the instrument from his mouth, at the same time holding the urethra close to the catheter. The water opened up the way and the instrument passed into the bladder.

His second case occurred in a man 35 years old who had a urethral stricture which he utterly failed to pass even with the filiform instrument belonging to Gouley's divulsor. He then introduced a No. 6 silver catheter down to the stricture, attached a rubber syringe, and forced water into the bladder. After doing this, forcibly and rapidly, two or three times, he followed the passage of the water by gently pressing the end of the catheter towards the space between the thighs. *The catheter passed into the bladder*. He withdrew it, and then passed Gouley's divulsor and divulsed the stricture.

[Utzman, of Vienna, teaches it is impossible to force water into the bladder when the *compressor urethrae* is intact.—Ed.]

CANCER OF THE PLEURA AND HÆMORRHAGIC PLEURISY.—At the Société Médicale des Hôpitaliers, February 12, 1886, M. Dieulafoy reported a case of cancer of the pleura and hæmorrhagic pleurisy. A young man, aged 23 years, was admitted towards the end of July, 1884. M. Dieulafoy practised thoracentesis, the symptoms being urgent, and two litres and a half were drawn off. The general state of the patient was apparently excellent, and it was surprising to see a fluid evidently hæmorrhagic escape. It was now remembered that slight hæmoptysis and sharp intercostal pains ushered in the attack. But the diagnosis of hæmorrhagic pleurisy is always difficult. It was so in this case, and M. Dieulafoy could not be certain as to the

cause of the constant recurrence of the hæmorrhage, even after twenty-five thoracenteses. One litre of the fluid first drawn off was brownish red, from the presence of red blood corpuscles (10 to 12,000) it contained fibrine—about $\frac{1}{10}$. Dyspnœa returned and necessitated a second thoracentesis of 800 to 900 grammes, which gave but slight relief. Very soon the pleura had to be punctured again, and seven thoracenteses were practised in two months. The general condition continued satisfactory; no fever, appetite unaffected, no wasting; still the attacks of dyspnœa were very severe, the patient constantly crying out for the aspirations, of which 32 were practised, representing 19 litres of fluid and two litres of blood. The last liquids contained no fibrine. The diagnosis could only be between simple hæmatoma, tubercular hæmorrhagic pleurisy and pleuro-pulmonary cancer. But the fluid from a pleural hæmatoma is rather red than brown, has but slight tendency to recur, and disappears after several thoracenteses. Tubercular pleurisy has likewise less tendency to recur, and there was neither fever nor expectoration, and vacillations were not found in the sputa or pleural fluid, and the latter inoculated into guinea pigs gave negative results. The patient personally, and in his family history, presented no symptoms of a strumous diathesis. We were thus reduced by exclusion to a diagnosis of cancer of the pleura, necessarily primary, as there was no other organ apparently injured.

Besides, the patient had persistent intercostal pains and also the pseudo-rheumatismal pains in the joints that M. Lancerang has pointed out as occurring in cancerous cases, although no anatomical lesions of the articulations were found at the autopsies. At the end of five months our patient was so much better that he left the hospital for a few days, but had to return, and thenceforward began to run down, gradually getting thinner, and requiring hypodermic injections of morphia to relieve pain. The dose of morphia had to be increased in frequency and strength, up to 0.50 centigrammes daily ($7\frac{1}{2}$ grains). Death occurred 18 months after the commencement of the disease. During the last seven months aspirations had to be resorted to twice only. At the post-mortem

a litre of hæmorrhagic fluid was found in the pleural cavity. A cancer the size of the first on the diaphragmatic pleura, some small cancerous nodules in the lung along the vertebral column, behind the sternum, and in the kidney, for the interventricular septum of the heart two cancerous nodules the size of a hemp seed were found.

From this case M. Dieulafoy draws the following conclusions :—

1. Primary cancer of the pleura may occur in young subjects. The pleural effusion is almost indefinitely persistent as a rule. Moreover in some cases it may cease and not be reproduced. Hæmorrhagic effusions have no tendency to become purulent after puncture. Palliative treatment is all that can be resorted to—e.g. aspiration to relieve the breathing, and morphia, *very* carefully, to relieve pain.—*L'Union Médicale.* R. Z.

THE RADICAL TREATMENT OF VARI- COCELE AND OF HYDROCELE.

BY E. L. KEYES, M.D., NEW YORK.

The Medical Record, Feb. 20, 1886:—I use carbolyzed catgut, one half millimetre in diameter. I have two varieties of needles, both straight needles in handles, about size 4 of the French urethral gauge in the shaft. One has a lance-shaped point, the other a point like a hypodermic needle. Both needles have a long eye. The needle is threaded with a loop of silk, or thin whale-tendon (carbolyzed), and a piece of carbolyzed catgut.

The scrotum is to be thoroughly washed with a solution of the bichloride of mercury, one in one thousand, and all instruments, ligatures, and the operator's hands to be soaked constantly in the same solution. Ether is not admissible, as the patient must stand up. A few drops of a four-per-cent. solution of cocaine, thrown under the skin near the point of proposed puncture, will nullify the pain in the case of exceptionally nervous patients. After the first puncture, faintness on the part of the patient is no bar to a successful completion of the operation, for the patient may be then placed on his back and the operation finished, with a certainty that the dilated veins are in-

cluded in the ligature, if only the first puncture has been successfully made.

The patient stands near the bed, in a good light. The veins which it is proposed to occlude are separated in the usual manner from the rest of the spermatic cord, at a point rather high up, where the separate dilated trunks may be made out as straight and not convoluted channels. The big veins are pushed towards the thigh of the affected side, and the scrotal tissues between the veins and the rest of the cord are tightly pinched by the thumb and finger of the operator's left hand, placed behind and in front of the scrotum.

Now the needle, properly armed, is boldly thrust through the scrotal tissues from before backward at the point pinched, leaving the veins on the outer side of the needle toward the thigh. A tenaculum seizes the catgut ligature and pulls it out of the eye of the needle, leaving it sticking out freely from the posterior wound alongside the shaft of the needle.

Now the point of the needle is withdrawn within the scrotum, leaving the catgut end outside. The veins are allowed to join the rest of the spermatic cord. The point of the needle is not to be withdrawn outside of the anterior point of puncture in the scrotum.

When the veins have passed internally to the point of the needle, the latter, still charged with its loop of silk or whale-tendon, is manipulated around externally to the veins under the scrotal integument, and is made to emerge accurately at the posterior hole, the original point of puncture in the scrotum. This is the most important step in the operation, and the only one at all difficult to execute nicely.

When the eye of the needle has emerged posteriorly charged with its loop of silk, the tenaculum again is called into play to loosen the loop and to draw through it the free end of the catgut which was left at the first puncture protruding posteriorly from the scrotum.

The parts are again dashed with the anti-septic bichloride solution, and the needle and loop (containing the catgut) are rapidly withdrawn.

The few filaments of the dartos just within the posterior wound included in the catgut loop are torn away by simply holding the free

ends of the catgut in front and pulling upon the scrotum behind.

The catgut (again drenched with bichloride solution) is tied tightly into a triple knot, cut off short, and the scrotum pulled away. The knot sinks out of sight, and the operation is terminated by placing small pieces of plaster over the points of puncture.

The operation for hydrocele is even more simple, and is much easier to perform.

The apparatus I employ is a glass syringe holding one hundred minims, having for its nozzle an ordinary hypodermic point, not the very smallest size. If the cyst is small this point is thrust into it and the clear contents of the cyst drawn out with the syringe. Then the latter is unscrewed from its point, rapidly and thoroughly washed, and promptly filled with the pure carbolic acid deliquesced with a little glycerine.

The syringe is now screwed again upon the point which has been left sticking in the cyst, and from thirty to sixty minims of the deliquesced acid thrown in. The point is now withdrawn and the whole operation terminated, with not much more trouble than it takes to give a hypodermic injection.

Generally, little or no pain is felt, no carbolic acid gets upon the scrotum or the operator's fingers, and the after-treatment is simply regulated according to the grade of inflammatory reaction produced. Sometimes there is no pain whatsoever during the entire course of cure, which (the cure) I have come to look upon as constant.

When the hydrocele is large I modify the operative method as follows :

I first insert the hypodermic point and see that a drop of clear serum oozes from it. I now puncture the cyst at another point with a fine aspirating-needle, empty the contents, and withdraw the aspirating needle. I then screw the glass syringe upon the hypodermic point first introduced and throw in the drachm of deliquesced acid, which appears to be all that is required to accomplish the cure.

The first congress of the German Gynaecological Society will be held in Munich, June 17th to 19th, 1886.

WOUND OF WRIST, WITH DIVISION OF MEDIAN AND ULNAR NERVES : COMPLETE PARALYSIS OF MOTION AND SENSATION : SUTURE OF NERVES EIGHTEEN MONTHS AFTERWARDS : RECOVERY.

UNDER THE CARE OF MR. REGINALD HARRISON.

William E., aged 21, a groom, was admitted in June, 1884. Eighteen months previously he fell through a greenhouse, severely cutting his left wrist. There was a mark of a deep cut transversely across the wrist, just above the anterior annular ligament. The hand was stiff and useless, all the muscles were atrophied, and sensation and motion were completely absent in the part supplied by the median and ulnar nerves. The patient had been obliged to give up his occupation as a groom.

Mr. Harrison opened up the scar by a long vertical incision, and dissected out the ends of the ulnar and median nerves ; these were found clubbed, and attached to the scar-tissue. After a rather tedious dissection, the ends of the nerves were freshened with a knife, and brought together as accurately as possible with catgut sutures. The wound was closed, and the limb placed on a splint, with the hand slightly flexed. The wound healed quickly.

A month after this operation, the patient was again placed under ether, when the stiffened hand was subjected to free movement. The amount of stiffness, especially in some of the phalangeal joints, was so great as to occasion considerable difficulty in thoroughly effecting what was desired. For forty-eight hours after this was done, the patient experienced considerable pain in a part that previously had been almost insensible. The patient left the Infirmary shortly afterwards, improving slowly but steadily.

On December 18th, 1885, the patient again presented himself for examination, when the following report of his condition was taken by Mr. Fox-Parry.

"He has resumed his employment as a groom, and can clean down horses with his left hand, button his clothes, or use a spade just as well as he could do before his accident. The thumb can be fully extended, flexed and moved nor-

mally. The index, middle and ring fingers cannot be fully flexed, but sufficiently to grasp any ordinary instrument, and also to act with the thumb. The little finger is of no use, and is slightly and permanently fixed. Sensation is everywhere complete, except in the little finger; the inner side of the ring-finger is as sensitive as the other side.

REMARKS BY MR. HARRISON.—The case points to the importance of suturing divided nerves together in all recent injuries, and of the advantage that might follow such a proceeding even after so long an interval as eighteen months had elapsed after the primary injury. The nerve supply, in this instance, was completely re-established, except in a few fibres of the ulnar nerve, which, from the absence of sensation in the little finger, apparently failed to unite. With this exception, any inconvenience that the patient is now conscious of is not due to impaired motor or sensory nerve-supply, but to the changes which the joints have undergone by remaining in a stiffened condition for over eighteen months — *British Med. Journal*.

DEATH FROM CHLOROFORM.

A sad death from this anæsthetic formed the subject of a coroner's inquiry, on Tuesday last, at Swansea. The evidence tendered to the court showed that Lady Flora Wilmot took chloroform on Monday afternoon, for extraction of a tooth. The anæsthetic was administered by Mr. Fry, and the tooth removed by Mr. Scott. Both these gentlemen stated that the deceased seemed to be in good health, and had previously taken a similar dose of two teaspoonfuls of chloroform for a like purpose; she was unconscious for twenty minutes, and then died. This is another of those unfortunate occurrences which should serve to force upon practitioners called upon to administer an anæsthetic, the desirability of carefully adjusting the vapor to the case for which it is used. The experience of all administrators of repute undoubtedly points to the conclusion, that chloroform is not a safe anæsthetic for use with adult patients; and the pages of this Journal have for years teemed with instances of death during

its administration. For the extraction of teeth, and other equally brief operations, nitrous oxide gas seems to be the best anæsthetic now known, but there is the difficulty that its use necessitates a special apparatus; which, for gentlemen who are rarely called upon to employ it, is a serious drawback to its usefulness. The next best anæsthetic for those who desire the least possible apparatus is perhaps the A.C.E. mixture, which, for the sake of those who have not yet used it, we may say is composed of one part (by measure) of alcohol, to two parts of chloroform, and three parts of pure ether, making altogether six parts. It may be administered on flannel, lint, or a handkerchief precisely as is chloroform. Its only drawback appears to be, that it is a little slower in its action than is chloroform alone; but, at the same time, it improves rather than depresses the pulse. And those who use it do not generally care to revert afterwards to the use of pure chloroform. The liquid should be mixed just before its employment.—*Brit. Med. Journal*.

THE BEST METHOD OF REMOVING FOREIGN BODIES FROM THE EARS.

I quote the following passage from an interesting pamphlet by Mr. Ernest Maylard. He is speaking of the importance of museum illustrations of the anatomy of the ear, in order that students may know the curves of the external auditory canal, and thus be made competent for the every-day duties of practice. He writes: "How many unfortunate patients have had the membrana tympani ruptured by pushing in a foreign body in the fruitless endeavor to pull it out, from ignorance of the curves and direction of the external auditory canal. I know of one case, which came immediately beneath my notice, where death occurred indirectly from the inflammation set up by a foreign body in the ear. The body was extracted, but not until the evils of previous delay and vain endeavors at removal had rendered the patient's recovery hopeless. But instances too numerous must exist in the knowledge of every surgeon."

My own experience, like Mr. Maylard's, comprises more than one case of this kind; and whilst I quite agree with him as to the impor-

tance of good anatomical knowledge, I am yet induced, by his statements of recent experience, to try to draw attention to a method of treatment which I long ago advocated, and which is so simple and so efficient that it almost supercedes the need of knowledge. It is the use of a silver wire-loop, instead of either forceps or scoop. I have never, since I was a student, used either of the latter instruments; and, for the purpose of extracting hard bodies from the ear, I hold that they are most dangerous. With a flexible silver wire-loop, or, if need be, with two placed at right angles, I have repeatedly succeeded when all other means had failed. Thus, not only is the loop quite devoid of danger, but it is both more easy of use and far more efficient than any other method. It is impossible that it can injure the membrana tympani, or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once; but sometimes a little patience is necessary. In one instance, I took out a piece of heavy lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety and efficiency of the method make it desirable that it should be better known.—*Jonathan Hutchinson, F.R.S.—Brit. Med. Journal.*

EXCESSIVE VOMITING OF PREGNANCY INSTANTLY RELIEVED BY ETHER-IRRIGATIONS UPON THE EPIGASTRIUM (Mendel, *Archiv de Tocol.*)—A young woman, primipara, of feeble constitution, had frequent vomiting since the second month of pregnancy. At the fifth month the vomiting became more persistent, and was accompanied in the intervals with nausea, fainting, and general malaise. In a few hours the attacks became so frequent that they succeeded without interruption, producing syncope, absolute prostration of power, noises in the ears, chills, cold and profuse sweats, frequent and filiform pulse. Her life was manifestly in danger. Means the most varied to arrest this vomiting had been employed without result. In their turn antispasmodics had been used

(ether, valerian, musk), then opiates, chloral, carbonated and iced drinks, idione (internally and externally), blisters upon the epigastrium, hypodermic injection of morphine, ether, etc. Ultimately irrigation of ether upon the epigastrium was tried. The effect was instantaneous. A single irrigation sufficed to cut short the vomiting. The patient drew a few long breaths, said she was cured, and felt perfectly well. Later the vomiting returned twice, and each time the ether-irrigations arrested all trouble.—*Edinburgh Medical Journal.*

THALLIN.—Dr. Janssen, in an article in the *Weelblad van het Nederlandsch Tijdschrift voor Geneeskunde*, mentions that he has had a favorable opportunity, in the military hospital at Helder, for testing the value of thallin. He used exclusively sulphate of thallin, dissolved in alcohol and water. This solution possesses an aromatic taste and smell, and is perfectly harmless, both when inhaled and when taken internally. It has a strong antibacteric action. The average dose given was one gramme. Dr. Janssen observed seventeen cases of malarial fever; in sixteen the thallin was of less use than quinine, since it produced no permanent effect on the disease, only serving to prevent or shorten attacks; but, when its use was discontinued, the fever returned. The indications for the use of thallin Dr. Janssen does not consider to be numerous. In regard to antipyretic treatment, thallin should be preferred in those cases only where the temperature attains such a height as to endanger life; and, even then, he is of opinion that cold baths are better. If, however, circumstances exclude the use of cold baths, thallin is of great service, acting quickly and producing no dangerous symptoms. There is no injurious effect on the kidneys. Thallin is preferable to kairin, which produces numerous complications and unpleasant results, yet gives an extremely short period of apyrexia. It is also preferable to antipyrin, which must be used in large quantities, and, when used as an injection, is apt to produce vomiting. Dr. Janssen states that he has seen a scarlatinal patient, after an antipyrin injection, seized with violent collapse; and that another patient, who

had taken 5 grammes of antipyrin, exhibited symptoms of cardiac adynamia. Antipyrin is, however, superior to thallin in the duration of the apyrexia produced. Dr. Janssen has found thallin of great service in phthisis, as very small doses control the fever.

AMENORRHŒA.—Six years' experience with the remedy in many cases, some apparently intractable, the record of which would occupy too much space, I am able to assert, with no slight degree of satisfaction, that this long neglected remedy has proved highly successful in my practice.

Dr. Lavagna's plan is as follows:—

Liq. ammon ʒi.
Lac. vel. aqua Oj.

The water or the milk, warm, I use milk when convenient.

Inject one or two ounces three or four times a day into the vagina.

By repeating the injections at short intervals so as to keep up a state of constant excitement in the parts, the effect will be demonstrated by the appearance of the discharge.

It may happen that the infector is too strong, or if the parts are highly vasculor, or in a state of irritation from some unhealthy condition, the patient may complain of great heat, and sometimes intolerable itching, but this will soon subside.

The remedy is simple, safe and inexpensive; but will not succeed, nor would its use be justifiable, in any of the pathological conditions to which the uterus and its annexes are subject.

It is in arrested menstruation, scanty, retarded, disturbance of the monthly period, that ammonia will prove eminently useful, but should not depend on chlorosis, or on some organic or visceral disease.

It is true that we seldom meet with chlorosis without amenorrhœa, still the latter is often seen without the former; we know it is held that chlorosis is often the cause of amenorrhœa, here again the injection of ammonia, combined with the use of internal remedies, will prove useful and beneficial.

The confidence I express in ammonia in cases of amenorrhœa is derived from the invariable

success met with by its use. How far the remedy may be useful in the hands of my colleagues, experience must decide, and should its merits stand the test [I should be very much surprised if it does not] I shall be amply repaid for my attempt to rescue the remedy from the neglect it has suffered.—*Dr. Wolff, in Courier Record of Medicine.*

CHRONIC TEA POISONING.—As a result of the analysis of seventy-four cases of chronic tea intoxication Dr. William N. Bullard, of Boston, records the following conclusions:—

1. That the action of tea is cumulative.
2. That its action is more pronounced on the young and on those subject to anæmia or in a depressed physical condition, although persons otherwise healthy not unfrequently show toxic symptoms.
3. That among the class of people under consideration, who, as a rule, use medium grades of Oolong and English breakfast tea the average amount needed to cause toxic symptoms is a little less than five cups per diem.
4. That chronic tea poisoning is a frequent affection, and that its most common symptoms are loss of appetite, dyspepsia, palpitation, headache, vomiting, and nausea, combined with nervousness and various forms of functional nervous affections, hysterical or neuralgic. These symptoms are frequently accompanied by constipation and pain in the left side or cardiac region.—*Boston Medical and Surgical Journal.*

TREATMENT OF ACUTE TONSILLITIS.—Dr. John Brown states in the *Brit. Med. Jour.* that it is a rare event for suppuration to occur in acute tonsillitis, if treated early with the following mixture:

℞ Sodæ salicylat ʒiiss
Pot. bicarb ʒiiss
Tinct. aconit. ℥ 40
Sig. opii sed. ℥ 30
Sp. chloroform ʒii
Aq. ad. ʒviii

℥.—One ounce to be taken every 2 or 3 hours for the first 36 hours. The same mixture is his sheet-anchor for rheumatic fever.

SUDDEN DEATH FROM HEMORRHAGE INTO THE ABDOMINAL CAVITY DURING MENSTRUATION.

At 4 a.m. on November 11th, 1885, I was summoned to R. E. T., aged 27, a resident of Hayes, Middlesex, who was said to be very ill. Within ten minutes I arrived at the house, and found that life was extinct, with all the signs of collapse present. Her husband stated that she had always enjoyed good health, and was the mother of two children. She was perfectly well until about 7 on the previous evening, when she complained to him of pain in the region of the stomach, which she attributed to the fact that she was menstruating at the time, and said she thought she would go to bed. She gradually grew worse, was extremely restless, complained of pain in her chest, and of difficulty of breathing; but refused to allow medical aid to be summoned, as she said she would be better in the morning.

Shortly before 4 a.m., her condition becoming more serious, my attendance was requested; but the patient had already died during her husband's short absence.

A necropsy was made on November 13th, by Mr. E. J. Parrott and myself. The body was well nourished. Rigor mortis was present. The surface was unusually blanched. There were well-marked blood-stains to be seen at the external genitals. The lungs were found to be healthy; the pleura was normal, and the pleural cavity contained its natural quantity of serum. The pericardium was natural, with the usual amount of fluid. The muscular tissue of the heart was healthy. The ventricles were contracted; there was a small clot of fibrin in the left ventricular cavity. The valves were healthy. After the thoracic viscera were removed, the diaphragm was seen to bulge upwards in an unusual manner, particularly on the right side. On opening the abdominal cavity, a large quantity of dark fluid blood immediately escaped, and the whole of the right side of the abdominal cavity was found to be full of fluid and semi-coagulated blood; the right iliac fossæ was occupied by a tolerably firm clot, of the size of a foetal head. The viscera were carefully removed and examined, and were found to be healthy, with no trace of

lesion. The aorta and its principal branches were also minutely examined, and found to be everywhere healthy, nor could any lesion be discovered in the veins. On removing the large clot from the right iliac fossa, and tracing it onwards, it was found to lead to the right ovary; and a small but firm clot, at least an inch in length, was discovered attached to the outer surface of that organ. Two ruptured Graafian vesicles were also seen, to one of which an ovum was adherent; and, in the neighborhood of these, several small blood-vessels were found to be distended with clot, one of them being distinctly ruptured; and it was to this site that the clot above-mentioned was found to be adherent. The left ovary also showed signs of activity having taken place previously to death; and on its surface were seen small blood-vessels filled with clot, whilst an ovum was also attached to it. The uterus, which was not removed, appeared to be normal.

The occurrence of hemorrhage into the abdominal cavity, due to the rupture of a Graafian follicle during menstruation, is undoubtedly rare; but it is, notwithstanding, admitted by various writers on Obstetrics, and notably Dr. Graily Hewitt. Hemorrhage, in this case, evidently took place very slowly, occupying at least nine hours, while the quantity of blood extravasated was enormous.

It seemed as if the whole body had been drained into the abdominal cavity; and the facts above stated, to our minds, so clearly indicated the ovaries as the seat of the hemorrhage, that I had no hesitation in stating such to be the cause of death at the coroner's inquest.—*E. J. Penny, M.R.C.S., in Brit. Med. Jour.*

INCONTINENCE OF URINE CAUSED BY OBSTRUCTION OF THE NOSTRILS.—Dr. Zeim has just confirmed the opinion of Dr. Major, of Canada, that incontinence of urine occurs very often in infants who breathe by the mouth. He bases his assertion on three cases, and he thinks it very likely that we can cure this disease by re-establishing the normal method of breathing. The author tries to establish the relation of incontinence of urine to breathing by the mouth in regarding the former as due to insufficient hæmatosis from accumulation of carbonic acid in the blood.—*Allg. Med. Cent. Zeitung.* R. Z.

DIGITALIS IN PRACTICE.

At a recent meeting of the N. Y. Academy of Medicine, Dr. A. Jacobi said his paper was in the nature of some remarks on digitalis in practice, and was based on experience in its use in many hundred cases which had come under his observation during the last quarter of a century. While a great deal had been written on the use of digitalis, it was based largely on the generally accepted view of its physiological action; his own experience, being more or less in a different line, was in some respects new. With regard to fatty degeneration of the heart, the general impression was that its treatment could only prove palliative, but Dr. Jacobi thought it was a mistake to give up a case of partial degeneration of any organ as hopeless. He had found the use of digitalis in cases of fatty heart to be of benefit, and the method of its action was by increasing the nutrition of the organ. Given in these cases in combination with iron, and in some cases with camphor, its effects were at times admirable. In chronic consumption with pulmonary infiltration digitalis was a valuable attribute in the treatment, and, quoting from a paper which he had read before the New York State Medical Society, Dr. Jacobi said he knew of nothing which was so effectual in regulating the circulation, in spite of the many localized obstacles in pulmonary phthisis, as was digitalis, the beneficial influence being manifest from the increased regularity and power of action of the heart muscle. In connection with arsenic, digitalis had more than a temporary effect in the incipient stage of phthisis. There were cases of dyspepsia and resulting indigestion in which digitalis was borne well. Its effect upon the circulation resulted in increased nutrition of the heart and of other organs throughout the body, and hence he had found it of benefit in anæmia from over-exercise, from excesses, from diarrhœa, and in certain other conditions, either alone or in conjunction with stomachics, stimulants, etc. Digitalis was a diuretic through its action upon the heart and arteries only, and consequently the forms of dropsy in which it was of benefit were limited according to the cause. The effect was the indication for the size of the dose. It should not be continued

in quantities causing tinnitus aurium, dizziness, etc. The author was positive that he had had no occasion to regret having administered the drug in the following doses: Of digitalin, a tenth to an eighth of a grain daily in three doses; of the extract of digitalis, a grain and a half to two grains daily in two or three doses. Such doses he had been in the habit of giving day after day for one or more weeks, and he had found them both safe and efficient.

The extract of digitalis had served him better than any other preparation of the drug. Digitalin had to be given with more caution, and it was often inert. He had given up the use of digitalin, as well as the tincture of digitalis, by hypodermic injection, because of the local irritation which they produced. Digitalis could be given in a five or ten-grain dose, perhaps to be repeated after a few hours, in a case in which its action could be watched. The fluid extract had not proved so satisfactory in his hands as the other preparations.

Dr. Jacobi then read the histories of a number of cases illustrative of different disorders in which he had found digitalis of benefit, the drug usually being administered in combination with others, and hygienic treatment not being neglected. He not frequently combined it with nux vomica and iron, sometimes with nitrate of silver, belladonna, camphor, etc., according to the complexity or simplicity of the patient's disorders. The drug had its failures, as had all others. It was only here and there that some symptoms of commencing poisoning developed. Atheromatous heart and arteries did not bear much digitalis. It would fail in cases in which there was chronic myocarditis, and it would do actual harm in the acute disease. The presence of these diseases, which were occasionally difficult to recognize, was sometimes the cause of failure in its use.—*N. Y. Med. Journal.*

INSTANTANEOUS REMEDY FOR LUMBAGO. — Prof. Burggraave has published the following formula as an instantaneous remedy for lumbago:—Collodium, tincture of iodine, liquid ammonia, p.aq. To be applied widely over the parts with a camel's hair brush. This applies to accidental or à frigore lumbago, or to rheumatic pain produced by a strain or muscular.

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PURE TEREbene IN THE TREAT-
MENT OF WINTER-COUGH.

Upon seeing in the *British Medical Journal* for December 12th, 1885, Dr. Murrell's eulogistic account of the action of pure terebene in winter-cough, under which name, I presume, he includes all cases of chronic bronchitis and emphysema, also cases of chronic phthisis, but not those cases depending upon heart disease, I determined to give the drug a trial in the Birmingham Workhouse Infirmary, where a great number of such cases are met with during the winter months. I had for some years previously frequently ordered terebene inhalations for the relief of urgent dyspnoea in these cases, but had never administered the drug internally. I accordingly prescribed pure terebene, obtained from Messrs. Southall & Co., the well known Birmingham chemists, in 100 cases, giving five drops every four hours, increasing the dose to ten drops in a day or two, with the following results:—

Of the 100 cases, 94 were cases of chronic bronchitis, and 6 of chronic phthisis. Of the cases of chronic bronchitis, 68 were relieved; and 4 of the cases of phthisis, that is, 72 per cent. of all the cases were benefited. Several of the cases were "greatly" relieved. Twenty-eight patients were not relieved; 11 complained of nausea, 11 of headache, 10 of thirst, 2 of vertigo, 2 were purged, 1 complained of a burning sensation at the stomach, and 1 that he was always passing his urine. The symptom most constantly relieved was dyspnoea. The 72 patients benefited all said, that the medicine eased their breathing, but many asked for medicine in addition to ease the cough.

I compared the above results with those obtained previously by our routine method of treatment, which consists in prescribing a mixture of ammonia and senega (℞ Ammoniae carbonatis gr. iij; tincturae scillae ℥xv; tincturae camphorae co. ℥xv; infusum senegae ad ʒj), with the occasional addition of a few grains of iodide of potassium if expectoration were difficult, and of a small quantity of lobelia if dyspnoea were marked, many cases also being given cod-liver oil, the latter being, in my opinion, one of the most useful of all drugs in the treatment of chronic bronchitis. I collected

the prescription papers of 100 cases that had been treated during the last few weeks before I commenced the terebene treatment. Of the 100 cases, 28 were discharged well, the chest being perfectly clear; 69 were discharged relieved, and 4 left the infirmary unrelieved. None of them complained of any ill effects of the remedies used.

The great majority of the cases treated in the infirmary were old people, who had suffered from bronchitis for years. Of course, the more admission, from their wretched homes, of these patients, into warm wards, with good food and nursing, will account for a great deal of the relief given, but this holds good in the case of the terebene as with the other drugs given.

I feel obliged to conclude, from my experience with terebene: (1) that it greatly relieves the dyspnoea of chronic bronchitis; (2) that it is very variable in its action, the same specimen causing good results in some, bad symptoms in other patients; (3) that it is by no means a specific for chronic bronchitis.—
C. W. Suckling, M.D., in Brit. Med. Journal.

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SUPRAPUBIC LITHOTOMY.—The operation of suprapubic lithotomy received the attention it deserves at an extra meeting of the Royal Medical and Chirurgical Society, which was held last Tuesday to discuss it. Sir Henry Thompson showed a remarkable series of eight very large calculi, which had been extracted by that method with complete success (except in one case in which there had been advanced renal disease, and which it is hardly possible to think would have been amenable to the lithotrite, even in very skilful hands, or to the lateral operation, without very dangerous bruising of the tissues). The immense mass which Mr. Rivington showed, weighing about 24 ounces, could certainly have been attacked in no other way. Considering the peculiar circumstances of its encystment in a sacculus of the bladder, it was a considerable triumph to have removed it at all, and brought the patient through the immediate danger of the operation; although its sequelae, combined with probably pre-existing pyelitis, proved ultimately fatal in three months. That the suprapubic operation was not very difficult was the opinion of all who had had

practical experience, and that it was appropriate to the treatment of some large stones was the conclusion to which all agreed, whether speaking from theory or practice. Some opinions of the highest value were expressed by Mr. Lund, Sir Henry Thompson, and Mr. Cadge. A good deal of time was spent in discussing the effect of the distension of the rectum on the anatomical position of the bladder and peritoneum, and some divergence was found in the results of experiment; but we cannot help agreeing with Sir Henry Thompson, that the practical convenience to the operator of a steady base upon which to work, and his ultimate success, must be the final test of the importance of the anatomical question.—*British Med. Journal.*

COCAINE IN THE TREATMENT OF DYSENTERY.
—Dr. J. E. Winters reported the following case at a meeting of the N. Y. Clinical Society:

A boy, three years old, had been ill three weeks with dysentery, followed by ulceration of the rectum. The degree of inanition was such that the child was literally *in extremis*—unconscious; the extremities, ears, nose, and chin cold, urine retained, tongue beefy, fissured; lips cracked and covered with dried blood, and sordes on the teeth. He could not be induced to take any kind of nourishment, not even water. Notwithstanding this extreme exhaustion—loss of vital power—there was almost constant straining, and every quarter to half an hour a discharge of pus and mucus. Everything that could be thought of that would tend to control the disease, in the way of medication, alimentation, and hygienic management, had been tried, and particularly for the control of this one distressing and wearing symptom, tenesmus. When the respirations were but six to the minute this straining continued. Opium locally, hypodermatically, or by the mouth, had but little effect. As a last resource I retried cocaine. Ten drops of an eight-per-cent. solution were put in one drachm of water and gently injected into the rectum. In a few minutes the straining lessened; soon it was stopped altogether. The effect lasted two hours. Then twenty drops of the same solution in one drachm of water were injected. This controlled

all symptoms for five hours. From this time twenty drops of an eight-per-cent. solution in one drachm of water were injected every four, six, or eight hours, according to symptoms, for two days. It never failed in its action. No other remedy was used after the first injection of cocaine. The boy was now well.

A second case had been seen by him at the college clinic. A child, who had been treated for ten weeks for dysentery, was brought to him. He had had five movements before ten o'clock that morning, and had been having from ten to fifteen daily. The same method of treatment acted equally well.

In a third case, which had been brought to him for rectal ulceration following dysentery, he directed that the rectum should be washed out, and then the cocaine injected and the patient kept in bed. At the end of a week he was perfectly well.

He believed that the first case, which occurred in August last, was really the first in which cocaine had been used for the treatment of dysentery. In the early treatment of this disease he thought that cocaine was much better than opium or astringents. No bad results had followed its use in any of the cases above reported.

Dr. Holt believed that the suggestion was a valuable one. He had tried the method of treatment by injections in several cases, but had found that the tenesmus was usually so great that the fluid could not reach the disease when highest. In a number of autopsies which he had made, the rectum and descending colon were found nearly normal, while in the ascending colon and cæcum lesions were found. He thought that cocaine might have proved useful, but could not understand how cocaine applied to the rectum would reach the disease higher up. He had been able to inject only about two ounces of water, with twenty grains of tannin, as patients could not retain more.

Dr. Wright had always felt that the greatest benefit could be derived from any remedy which would control the tenesmus, as each time the constant desire to strain was yielded to added something to the disease.

Dr. Kelsey congratulated Dr. Winters on this successful use of cocaine. He had found

it of great use where the introduction of rectal specula had proved painful, and in one case, after injecting some into the rectum, he was able to remove some polypoid growths painlessly.

The President agreed with Dr. Holt that it was difficult to understand how cure of the rectal ulcerations affected the disease situated higher up, yet in many cases just such relief followed the application of nitric acid to the rectal ulcers.—*New York Medical Journal*.

ON PAPAÏN AND ITS USE IN THE TREATMENT OF DYSPEPSIA.

BY GEORGE HERSHELL, M.D., LOND.

For some time past, a drug has been before the medical world, called papaïn, which claims to be able to replace pepsin and pancreatin in medicine, but, for several reasons, has not come into general use. It is a powder, and is prepared from the juice of the *Carica papaia*, or melon-tree. There are at present two chief varieties of this drug on the market: namely, that sold by Christy, with which most of the experiments up to recently have been made, it having been before the profession some considerable time; and a papaïn quite lately introduced into this country, and prepared according to the process of Professor Finkler, who occupies the chair of physiology at the University of Bonn, and who for the last few years has been experimenting with the digestive ferments. This latter (papaïn, Finkler) is likely to prove of considerable use, as it is without the imperfections which have prevented papaïn (Christy) from doing so. In the first place, it is cheaper; in the second, it is less energetic. This we shall show to be a *sine quâ non*.

I will commence by an account of its properties as determined by Professor Finkler, which will advantageously compare with those of pepsin and pancreatin. 1. It digests equally in acid, alkaline, or neutral fluids, best of all in water. 2. It will dissolve 1,000 times its own weight of fresh blood-fibrin. 3. Its action is increased by the presence of pepsin and pancreatin. 4. It acts at the temperature of the

body. 5. Meat infused with a solution of papaïn keeps, while undergoing a softening process, much longer than it does without it. From this, it can be inferred that it has an antiseptic as well as a peptonising action. 6. The product of its action is a pepton, which, from its properties, may be taken to be Meissner's c pepton. 7. Papaïn adheres to albumen to such a degree as to prevent its being removed by protracted washing with water. 8. Papaïn, in contrast to pepsin, acts when the resulting pepton-solution is highly concentrated. 9. The addition of antiseptics, such as salicylic or carbolic acids, does not interfere with its action. Hence, in papaïn (Finkler), we have apparently an ideal digestive ferment.

I will now pass on to consider the difference in properties of papaïn (Christy), and papaïn (Finkler). In experimenting with them, and comparing the results, it appears at first sight that the former is much more energetic than the latter; but, on further investigation, it will be seen that this apparent virtue really unfits it for internal use, inasmuch as, not content with converting the fibrin into pepton, it again splits it up into bodies soluble in alcohol, and analogous to leucin and tyrosin, which, so far from being of any use in digestion, are absolutely injurious. It is therefore evident that the chemical and medicinal results must be kept apart.

If .01 gramme of papaïn (Finkler) be placed with 10 grammes of fresh blood-fibrin, and 50cc. of water, at 45° to 50°C. (113 and 122 Fahr.), and put into an oven of the same temperature, the solution takes place in from forty-eight to eighty hours. If, on the other hand, papaïn (Christy), be used instead, in the same experiment, the solution takes place in a much shorter time. But here an important distinction comes in.

If to the result of each experiment be added 10 grammes of fresh blood-fibrin, it will be found that the papaïn (Finkler) will still dissolve this in twenty hours, while that containing the papaïn (Christy) will not dissolve at all. This proves that the former is a true catalytic ferment, and that the latter is not. An alcoholic extract of the latter will also show the presence of the leucin and tyrosin

like bodies by the usual tests. These experiments are easy, and anyone can make them for himself without any very special apparatus.

Dr. Finkler states that he can prepare a papain identical in its action to that of Christy, by a different method. I have received a sample, and find it identical in its action with that of Christy. He has discarded this method in favor of that which he now uses, and which produces a papain, whose initial action is less energetic but is infinitely prolonged. It is this papain (Finkler) which I have been for some time prescribing, and with which I have obtained very satisfactory results in cases of dyspepsia.

I find it chiefly valuable in the following classes of cases:—

1. *Chronic Stomach Catarrhs of Children.*—Everyone of us is familiar with that state in which we find children at times, and which is very frequently called "biliousness." It is characterized by loss of appetite, languor, pasty complexion, loss of sleep at night, and irritability during the day. There is frequently frontal headache, and the urine is loaded with lithates. If this state continue for any length of time the child emaciates, the unhealthy mucus which sheathes the stomach and intestines preventing the due absorption of the food. Cod-liver oil and compound syrup of the phosphates, which are generally given for this complaint as soon as the child begins to lose flesh, are not assimilated. Sometimes a cough develops, and the child is supposed to have incipient phthisis. I have found these cases rapidly improve with the following prescription:—℞ Papain (Finkler), gr. $\frac{1}{2}$ - gr. j; sach. lactis, gr. j; sodii bicarb., gr. v. M. To be taken after every meal. It is also advantageous to give a drop or two of tincture of nux vomica immediately before the meal in a little water. The papain probably acts by dissolving the mucus, and thus facilitating the absorption of the food.

2. *Acid Dyspepsia.*—This drug is extremely valuable in this form of indigestion. *a.* As it acts equally well in the presence of an alkali, a sufficient quantity of bicarbonate of soda may be given with it to neutralize the excess of acid in the stomach without impairing its pepton-

izing power. *b.* Its antiseptic action checks the abnormal fermentation to which much of the accompanying flatulence is due. *c.* An antiseptic can be given with it to increase this action. I usually order it in the following manner:—℞ Papain (Finkler), gr. ij; sach. lactis, gr. v. M. To be taken an hour after meals with the following draught:—℞ Sodii bicarb., gr. xv; glycerin. acid carbolic, ℥ viii; spirit. ammon. aromat., ℥ xx; aq. ad ℥ iss. M. Fiat haustus. It appears that, taken one hour after a meal, a smaller dose of papain is required to produce the same result than if taken with the food.

3. *Cases where Severe Gastric Pain coming on Shortly after Eating is the Prominent Symptom.*—I have tried the drug upon twelve cases of this nature. Complete relief was given in ten, one case was partially relieved, and one completely failed to derive any benefit.

Apart from its internal use, papain will probably come into extensive use as a peptonizing agent, to prepare ready digested food and enemata in the way in which pancreatin and pepsin are used at present.—*British Medical Journal.*

GASTRO-ENTEROSTOMY.—A woman was recently admitted into University College Hospital, suffering from symptoms of pyloric obstruction. As a very mobile tumour could be felt in the situation of the pylorus, an exploratory laparotomy was performed by Mr. Arthur E. Barker. The new growth was found to extend too far along the lesser curvature to permit excision of the whole tumor and pylorus, and a palliative operation was therefore performed. A loop of the jejunum was picked up, and an opening one and half inches long made in it; an opening of similar dimensions was then made in the stomach, and the two stitched together. In this way, a short cut was provided by which the chyme could pass from the stomach into the jejunum without traversing the diseased structures. The patient bore the operation well, and was able to take food by the mouth five days after the operation. Fourteen days after the operation she was completely convalescent, and expressed herself as greatly relieved.—*Brit. Med. Journal.*

HYDRASTIS CANADENSIS IN METRORRHAGIA.

Dr. A. J. Akuloff, of Vilna, details (*Proceedings of the Vilna Medical Society*, No. 9, 1885, p. 6) the case of a married woman, aged 42, who had been for nine years suffering from profuse flooding occurring every two weeks. Treatment by intra-uterine injections of perchloride of iron, and subcutaneous injections of ergotine, had brought no improvement. On examination, there were found dilatation of the cervical canal, enlargement, hardness, and impaired mobility of the womb, considerable distension of the cervical veins, and numerous easily bleeding erosions, scattered over the whole mucous membrane of the cervix. Fluid extract of Hydrastis Canadensis, in doses of twenty minims three times daily, was given for about three months. The first catamenia were yet profuse, lasting about ten days; but, subsequently, they returned only once a month and lasted each time three days, the amount of blood being moderate. A decrease in the bulk of the womb was also noted by the end of the three months' treatment.—*Quarterly Compendium*.

SPONTANEOUS EVOLUTION OF A LIVING CHILD AT TERM.—Dr. E. Lvoff reports the following rare case in the *Russkaya Meditsina* of Feb. 9, 1886. The woman, a strong, well-nourished peasant, thirty-five years of age, had given birth to six children by normal head-presentations. At the birth of the seventh child, after the bag of waters had ruptured, a hand came down. The midwife thought, however, that there was no occasion for alarm, and did not send for assistance until four hours had elapsed. When the writer was summoned, he found a transverse presentation with the left hand down in the vagina. The head lay high up on the right side, and the back of the child was directed forward, and the breech was to the left and rather tightly wedged into the entrance of the true pelvis. The child was alive, and the pulsations of the heart were distinctly audible. The pains were strong and frequent. Just as Dr. Lvoff was about to introduce his hand to turn, during a severe pain, the breech slipped a little and came into the outlet, while the head passed upward.

After this the labor was quickly terminated without assistance, and a living child, weighing nine pounds, was delivered. Spontaneous evolution is not very infrequent in the case of a dead or immature child, but it exceedingly rarely happens that a well developed living child is born in this way—indeed, some writers have denied that such a termination is possible.—*N. Y. Medical Record*.

A RARE FORM OF PLEURISY.—In the *Journal de Médecine de Paris*, Feb. 14, Dr. Fenneson reports a case of pleurisy. It began with the usual signs and symptoms, and after some days the temperature falling, and the level of the fluid being unaltered, aspiration was resorted to; repeated punctures in different places were made and no fluid found. However the patient improved, but imprudently exposed himself to cold, and the temperature ran up to 40° C., the effusion reached the clavicle, and the apex of the heart was pushed five centimetres to the right. Symptoms of empyema ensued. The aspirator was again used and two or three table-spoonful of sero-purulent fluid evacuated. No more fluid could be found, though several punctures were made with large and small needles. After consultation it was decided not to operate, and the case was left to nature, assisted by tonics, stimulants and nourishment. The chills disappeared, temperature fell, appetite returned, the heart returned to its place, and the space below the clavicle became resonant, when one day, while sitting up talking to his wife, he suddenly fainted and died. Post-mortem showed the pleural cavity distended, with an immense fibrous, discolored clot weighing 1,500 grammes, and evidently formed some time. There were no tubercles. Hæmorrhagic spots corresponding to the punctures were found. R. Z.

THE REFLEX ACTION OF NECK OVER OTHER ORGANS—BROWN-SEQUARD.—We know how frequent is bronchitis at this season of the year. There is a very simple cause for this frequency, and that is the reflex action which is produced by the impression of cold on the neck, when one comes of a warm place, the theatre, for instance, the neck being extremely

susceptible to cold, especially in those who have formed the bad habit of wrapping it in warm coverings. Now this region is, as we know, a centre of reflex actions connected at a distance with a number of organs at various points. What means shall we use to counteract this? It is simple, and consists in early accustoming the neck to exposure to cold. The first essay of this kind that I made was with a young Protestant clergyman of London, who had become so susceptible that in cold weather he did not dare go out to his church. I advised him to give himself every day applications of air to his neck by means of a bellows, at first with warm air, gradually applying it at a lower temperature. The success was complete. Since then I obtained the same results with several of my friends. Personally I have not required it for bronchitis, but I have by this method got rid of a troublesome catarrh to which I was very subject.—*Gazette des Hôpitaux*. R. Z.

A CASE OF COMPOUND FRACTURE WITH GREAT INJURY TO THE SOFT PARTS.—In the case of a man who had sustained a compound fracture of tibia and fibula from the passage of a waggon wheel over the leg, M. Martel succeeded in saving the limb, by excising seven centimetres and a half of the tibia and fibula and wiring the bones. The soft parts were so extensively lacerated, that after removal of the mortified parts, the wound left was too large to hope for its healing, and either amputation or resection had to be resorted to. At the end of a month the wound was granulating nicely, and in three months the fracture was consolidated.—*Bull. Gen. de Therap.*

BORACIC ACID IN DIABETES MELLITUS.—Dr. F. A. Monckton (*Australian Med. Gaz.*) reports he has cured one case of diabetes mellitus with this drug. The patient was not stringently dieted, but was given seven grains of the acid three times a day, and at the end of ten weeks the sugar had all disappeared from the urine, and its specific gravity was reduced from 1025 to 1016. The drug produces no unpleasant effect. He is anxious that all who have an opportunity shall test the value of the drug in this disease.—*Quarterly Compendium*.

PERMANGANATE OF POTASSA— AMENORRHOEA.

Dr. Lee O. Rogers, of San Francisco, reports the following case in corroboration of the article of Dr. Billington in *The Medical Record* of March 6th: "Miss F—, aged nineteen, was sent to me for advice, and gave the following history: She leads an active life when at home, spending much time in the open air. In July, 1884, she came to a town adjacent to this city on a visit to friends. She began shortly after to grow 'stout,' her abdomen particularly becoming prominent. Her menses disappeared entirely after the period in July, previous to which she had always been perfectly regular. In March, 1885, she was sent to me by her hostess, who thought her pregnant, for the purpose of being kept in the city and confined. The girl seemed to be remarkably healthy and was very 'fat,' and she proved, upon physical examination, to be a virgin. I immediately put her upon potassium permanganate, a two-grain compressed tablet, four times a day, each tablet to be followed immediately by a large gobletful of water. Much nausea and some vomiting occurred during the administration of the medicine, but I attributed this to the fact that I gave the tablets on an empty stomach, as I accepted Bartholow's theory of the action of the drug. On the fourth day of the ministration of the permanganate the menses appeared and lasted four days, after which the patient was sent to her home. She was instructed to inform me if her menses failed to appear on time after her return home, but I have not heard from her."—*N. Y. Med. Jour.*

THE PREVENTION OF HYDROPHOBIA.—There is reason to believe that the Government has under consideration the propriety of appointing a Commission to examine and report on the results obtained by M. Pasteur in his preventive inoculation of hydrophobia, with a view to decide on the question which has been raised of the establishment of a similar institution in this country for the purpose of carrying out the treatment. Sir James Paget, Professor Burdon Sanderson, and Dr. Lauder Brunton, are named as probable members of the Commission, the details of which have not yet been officially determined.—*N. Y. Medical Record*.

ARSENIC IN LYMPHADENOMA.

In the *Brit. Med. Jour.*, Dr. Stephen Monckton records the case of a man, aged 57, who suffered from enlarged lymphadenomatous glands in the armpits and groins. The author decided to try arsenic in a new form of pill preparation carried out at Hamburg, the principle being to invest the drug in keratin or horn-gelatine, in such a way as to render the pill insoluble in the acid fluids of the stomach, while it becomes readily dissolved in the alkaline contents of the upper bowel. A supply of pills was obtained from Bell & Co., each pill containing one-thirteenth of a grain of arsenious acid. The pills were commenced on April 5, and were continued until June 4, at the rate of three a day. During this time the glands everywhere gradually diminished in size; but, unfortunately, just at this time the patient was seized with pleuro-pneumonia and died. The author remarks that he had never seen glands disappear so rapidly under any other treatment.—*Quarterly Compendium*.

PROLAPSUS ANI.—M. Schwartz (*Nouveaux Remèdes*) has employed an extract of nuxvomica with success for the past ten years in the treatment of prolapsus ani, not only in children, but also in adults in whom this condition had been neglected and passed to the chronic stage. He administers it in a dose of 3 to 1 grain, dissolved in an ordinary tumbler of water, of which 7, 8 or 10 drops are taken every four hours. He claims that in 24 hours the prolapsus will have disappeared. For children the dose is five drops, and for infants up to two years of age, 1 to 3 drops. In order to prevent recurrence he advises the continuation of this medicine in two doses daily, for a week after the cure. If the prolapsus is of long standing, and does not yield to this treatment, he adds to the above 60 grains of extract of rhatany.—*Therapeutic Gazette*.

TUPELO IN DILATATION OF THE UTERINE CERVIX.—Ménière regards the tupelo root as preferable to sponge or laminaria for the following reasons:—

1. Tupelo acquires its maximum degree of expansion in less than an hour and a half, while sponge and laminaria require from six to seven hours.

2. Its surface remains soft, pliable and spongy, and in extracting it there is no danger of injury to the mucous membrane.

3. It returns with facility to its former size and shape, and may be used several times if subjected to disinfection in mercuric chloride after each operation.—*Gaz. de Gynécologie, Medical News*.

Therapeutical Notes.

(Translated by R. Z.)

COCAINE IN TUBERCULAR CYSTITIS.—For frequent and painful micturitions of tubercular cystitis Dr. Dubuc advises direct applications of a solution of cocaine, 3 or 4 per cent. It is possible by this means, especially at the commencement, before ulceration sets in, we shall succeed in giving our patients marked relief.—Dr. Deligny, in *Jour. de Med. de Paris*.

CYANIDE OF MERCURY HYPODERMICALLY IN SYPHILIS.—Prochoron uses cyanide of mercury in solution of 1 per cent. hypodermically in the treatment of syphilis. After 20 injections, of 20 to 25 drops each, the symptoms generally disappeared. In a large number of patients only two cases of abscess occurred.—*Jour. de Med. de Paris*.

CODEINE.—M. Schneider recommends codeine in larger doses than usually given. In 30 cases he gave doses varying from 0. gr. 10 to 0. gr. 20. With the exception of one case, in which vomiting occurred, the results were satisfactory. The patients slept all night, or at least four or five hours, without after ill-effects on waking. In cases of morphiomania it is a useful soporific in doses of 0. gr. 10, every three hours.—*Allgem. Med. Central Zeitung*.

PSEUDO-MEMBRANOUS ANGINA AND CROUP.—M. Conéton applies to the throats of children glycerole of sulphide of sodium, 1 in 10 to 1 in 20, every 2, 3 or 4 hours. He recommends the

following as an antiseptic to be burnt in the room :

Acid phenic	280 grammes.
Acid salicylic	56 "
Acid benzoic	12 "
Rectified spirits	468 "

An iron spoon is filled with this solution and ignited. The room is filled with vapor possessing great prophylactic properties. This is repeated at intervals.—*Jour. de Med. de Paris.*

OINTMENT FOR ECZEMA OF THE HANDS.—

R Oxide of bismuth	2 grammes.
Oleic acid	30 "
White wax	12 "
Vaseline	30 "
Essence of roses	2 drops.

℞.

THERAPEUTICS OF HIPPURATE OF SODA.—

Garrod having demonstrated by numerous observations that hippurate of soda readily caused the decomposition of uric acid, Dr. Bon proposes to utilize this property and administer the hippurate in affections characterized by excess of uric acid in the economy. He uses the following formulæ :

R Hippurate of soda	5 gr. 15
Carbonate of lithia	1 gr. 55
Glycerine	15 gr.
Distilled cinnamon water	240 gr.

Dose, four spoonfuls a day.

R Hippurate of soda	7 gr.
Chlorate of Potash	1 gr. 50
Simple syrup	24 gr.
Mint water	180 gr.

Dose, four to six spoonfuls a day.—Dr. Deligny, in *Jour. de Med. de Paris.*

TREATMENT OF ALOPECIA. — The following treatment has been successful in Lassar's practice in over 50 cases. It should be persevered in for at least two months in spite of amelioration. Each day the head is vigorously rubbed for a quarter of an hour with tar or glycerine soap. 2nd. Affusions at first hot than cold are practised. 3rd. A lotion of sublimate, 2 grammes in a thousand, is applied. 4th. The head is dried and rubbed with a solution of naphthol, 0 gr. 50 per cent. 5th. Twenty-five grammes of carbolated or salicylated oil of 2 per cent. strength is applied.—*Berlin. Klin. Wochenschrift.*—*Jour. de Med. de Paris.*

MUSCULAR ATROPHY OF CEREBRAL ORIGIN, WITH INTEGRITY OF THE ANTERIOR CORNUA OF THE SPINAL CORD AND OF THE MOTOR NERVES. —At the Society of Biology M. Babinski reported a case occurring in Charcot's service at the Salpêtrière in which there was total right hemiplegia without hemianesthesia, with contracture and pronounced muscular atrophy, especially pronounced in the thenar and hypothenar eminences. The patient, a woman aged 70, died eight months after the attack of paralysis. In the left centrum ovale there was a small area of softening. Descending degeneration of the *crossed pyramidal tract* on the right, and of the *direct pyramidal tract* on the left. The anterior cornua presented appreciable lesion. The anterior roots of the 5th, 6th, 7th and 8th cervical, and the 1st dorsal nerves were alike on both sides presenting no trace of degeneration. The muscular fibres on the right side were wasted and fatty degeneration was marked. The intramuscular nerves were absolutely normal. The median and ulnar nerves were alike on both sides and healthy.—*L'Union Medicale*, March 18, 1886.

CALOMEL IN HYPERTROPHIC CIRRHOSIS OF THE LIVER, AND IN OTHER AFFECTIONS—BY SACHARJIN OF MOSCOW.—According to the author calomel is a powerful alterant of the biliary secretions, and very useful (1) in grave febrile conditions accompanying cholelithiasis; it acts as purgative, especially when the hepatic region is tender. It is best to begin by doses of 0,06 every six hours, then every two hours; which represents 12 doses in the 24 hours. We continue the calomel until we cause sufficient stools, using, if necessary, castor oil or injections. If several days are required to loosen the bowels the patient should wash his mouth with chlorate of potash lotion. (2) An apparant hypertrophic cirrhosis of the liver seemed, as well as the general health, to improve under calomel continued several months. The author extols calomel also in typhoid fever and facial erysipelas of old people, who cannot take cold baths or cold applications, or quinine; also in pneumo and acute Bright's disease.—*Jour. de Med. de Paris.*

The chlorides, bromides, and iodides generally act much better when given in large quantities of water. They are more easily absorbed and less irritant to the gastric mucous membrane.

TO DISGUISE THE ODOR OF IODOFORM.—Kriegar makes use of the ethereal oil of sassafras. The addition of a few drops, he says, suffices to remove entirely the offensive odor.

ACNE ROSACEA.—The fact that acne is frequently due to gleet is not sufficiently appreciated as yet. The introduction of sounds will cause a simultaneous disappearance of both troubles.

It is stated by a correspondent of a foreign exchange, that the injection of a few drops of a 2 per cent. solution of cocaine rapidly relieves the chordee and pain in urinating, following upon gonorrhœa.

BELLADONNA AND IODIDE OF POTASSIUM.—Dr. Aubert employs belladonna to prevent the disagreeable effects sometimes caused by iodide of potassium on the naso-pharyngeal mucous membrane. He gives along with the iodide three centigrammes of the extract of belladonna drug, for in a short time the mucous membrane ceases to be affected by the iodide.—*St. Petersbu Med. Wochenschrift.*

LOTION FOR BALDNESS—LAILLER.

R Sulphate of quinine . . . 1 gramme.
Essence of bergamot . . 10 grammes.
“ wintergreen 2 “
Alcohol 90° 100 “

Rub the scalp daily with flannel soaked with the solution until the skin becomes tender. The head should be shaved occasionally.—*L'Union Medicale.*

SUBCUTANEOUS INJECTIONS.—M. Lartique while extolling the hypodermic injection of ether in the adynasia and collapse of cholera, says that severe pain, inflammation, ecchymosis, and even gangrene, and localized paralysis are not infrequent. The needle should be inserted

deeply into the subcutaneous cellular tissue. In cholera the condition of the blood is sufficient to account for some of the accidents.—*Bull. Gen. de Therap.*

TREATMENT OF SYPHILIS—BY WATRASZEWSKI.—Finding that calomel hypodermically was frequently followed by intense local inflammations, the author determined to try the binoxide or protoxide of mercury mixed with water and gum arabic. He injects 6 to 10 centigrammes. Three to five injections at intervals of one to eight days suffice to dissipate all symptoms of syphilis. These injections cause no local or general inflammatory reaction, and are much less painful than injections of calomel.

FORMULÆ FOR DIPHTHERIA:—

I.—R. Sodium chlorid ʒ j.
Sodæ bibeat ʒ j.—3 ij.
Aquæ ferven Oj.

M. et Sig.—Use with a syringe into the nose and throat every two hours, lukewarm.

II.—R. Acid. carbol gtt. x.
Aquæ calcis ʒ iv.

M. et Sig.—Use with a hand atomizer in the nose and throat every half hour.

III.—R. Tr. ferri chloridi . . . ʒ j.
Glycerin ʒ j.
Aquæ ʒ jss.

M. et Sig.—Dose: a teaspoonful every hour.

IV.—R. Potass. chlorat ʒ ss.— ʒ ij.
Glycerin ʒ ss.
Aquæ calcis ʒ ijss.

M. et Sig.—Dose: a teaspoonful every hour, alternated with No. III.

When an unirritating astringent is deemed advisable, I add to No. I. formula tr. kino, ʒ ss.—ʒ j.

Since treating the following cases, I have used with the atomizer, instead of No. II. formula, the following formula, and am well pleased with it:

R. Listerine ʒ vj.
Glycerin ʒ iij.
Aquæ rosæ q. s. ft. ʒ iv.

M. et Sig.—Use with the hand atomizer instead of No. II.—*New York Medical Record.*

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, 68 Gerrard St. East.*

TORONTO, MAY, 1886.

DR. OSLER'S LECTURES ON THE PHYSIOLOGY OF THE BLOOD CORPUSCLES.

In the study of the numerous and varied pathological processes how often are we blocked in our work by the want of positive knowledge as to the origin and destiny of the red and white blood corpuscles? This is especially the case in studying the relationship between the different members of that very interesting class of diseases in which the blood seems to play such an important part, viz., pernicious anæmia, leukæmia.

In the Cartwright Lectures, Dr. Osler has given in a clear and concise manner the present state of knowledge in this important department. As the lecturer has for years made a study of this subject, and has added very much to our stock of knowledge upon it, he is in a position to give a most perfect resumé, and one which would be of service to the practitioner.

In this brief notice we shall refer particularly to the second lecture, in which the "degeneration and regeneration of the corpuscles," is taken up. The lecturer commences by saying that it is universally acknowledged that there is in health a constant degeneration of red corpuscles; but the facts which go to prove this are not numerous. The coloring matter of the bile and urine is derived from the red blood corpuscles, and there must be a constant degeneration to supply this and a constant regeneration to supply those destroyed. The great variation in number at different times, and the direct evidence of degenerating red corpuscles in the

spleen are the most salient facts in the physiology of blood. It is in the diseased conditions and particularly in pernicious anæmia that we find the most fertile field for the study of this subject.

In health there is a remarkable uniformity in the size of corpuscles, but in some diseased conditions this uniformity is destroyed. Some are found much smaller and some much larger than normal. The former are called mycrocytes and the latter megalocytes. Mycrocytes are found normally in the blood of the embryo, but in the adult are generally seen in diseased conditions, such as anæmia, pernicious anæmia, leukæmia, Hodgkins' disease, etc. These mycrocytes are said by some to be disintegrated remnants of corpuscles, and by others, to be young forms in process of development. Dr. Osler distinguishes two forms—the smaller which he thinks are portions broken off from the red corpuscles, the larger which may be developing forms.

The megalocytes, or giant corpuscles are sometimes twice the size of the red blood corpuscle. They are found in pernicious anæmia, chlorosis and leukæmia. They also occur in icterus. Their size may be due to the presence of the bile coloring matter.

The lecturer then speaks of the irregular form of red corpuscles, as found in pernicious anæmia, and of nucleated red corpuscles.

The latter portion of the lecture is taken up with a description of the process of formation of red corpuscles in the bone-marrow.

This process has been carefully worked out by Dr. Osler, and consequently his opinions are of the more weight. He states "that, after all, the most solid acquisition to our knowledge of the process of regeneration of the corpuscles, is the participation in the adult of the bone-marrow, and the development of the red corpuscles from its nucleated, colorless cell. Here we seem to tread on a firm pavement of carefully observed and well-worked out facts."

According to the *Lancet* of March 27th, Dr. Robert F. Weir has lately read a paper before the New York State Medical Society, giving seven cases of chronic infusion into the knee-joint treated successfully by antiseptic irrigation. The treatment is recommended after

failure to procure relief by the more ordinary means, such as rest, counter irritation, aspiration, and pressure. It consists in tapping the joint with a hydrocele trocar, and afterwards injecting a 5 per cent. solution of carbolic acid till the fluid returns clear and free from flakes. Antiseptic precautions and dressings are employed, and the limb fixed in a plaster-of-Paris case.

As a rule the pain caused is slight, and all dressings can be removed in the second week, and the patient allowed to bring the joint gradually into use again.

THE TREATMENT OF AMENORRHOEA.

The treatment of what may be called (through want of a better name) idiopathic amenorrhœa, has generally been far from satisfactory. Although various remedies have been employed, such as hot baths, fumigations, sinapisms, cuppings, electricity, ergot, rue, savin, aloes, iron, etc., the results have been so uncertain as to apparently justify a keen and careful observer like Fordyce Barker in his assertion, frequently repeated in former times, that there was no such thing known as a direct emmenagogue.

A few years ago Drs. Ringer and Murrell, after a series of careful experiments, announced to the Profession that the permanganate of potassium has an efficient and reliable emmenagogue. Since that time it has been used for amenorrhœa by many with fairly uniform success. Among those on this side of the Atlantic, who have watched its effects most carefully, are Bartholow and Barker, who speak of it in the most favorable terms. At a recent meeting of the New York Academy of Medicine, a discussion on the subject took place after the reading of a paper by Dr. Billington. Most of those present referred in favourable terms to its use. Dr. Thomas had used both the permanganate of potassium and binoxide of magnesia; and, although he had obtained favorable results from both, he preferred the binoxide.

Unfortunately the permanganate is apt to cause considerable gastric disturbance, and after a short trial some refuse to continue its use on that account. Dr. Barker, who has used it in forty-three cases with very excellent results, generally prescribed it in two grain tablets, one

to be taken three times a day. In order to prevent the severe gastric pain which is apt to ensue, he directs the patient to swallow a half-tumblerful of water, which is not cold, immediately after taking the tablet.

TORONTO SANITARY ASSOCIATION.

The report of the second annual meeting is somewhat disappointing. There seems to have been a falling off of interest in the meetings, but our friends must not lose heart in this; the first flush of excitement in every movement must ebb, leaving the earnest workers to establish the cause on a working basis. We can bear testimony to the influence of the association in wakening up public interest on many points connected with the city's health, and we heartily wish them a continuance of the energetic spirit which has infused so much life into their work. Mr. D. B. Dick's address was a thoughtful and valuable addition to sanitary knowledge; we regret it has not been printed. In the new president, Dr. Oldright, we recognize one of the most spirited and enlightened sanitarians we possess. We are glad to see Mr. Allan McDougall has been re-elected secretary. With such a combination, we are satisfied the future of the association will be bright, and that the council will be able to present a more favorable report next year.

TORONTO ISLAND.

The season is rapidly approaching when "camping out" on the island, or on so much of it as the late storms have left, will be *en règle*. We are much pleased to learn that an association has been formed to regulate the camps, and that the campers are to be licensed by the City Commissioner, under whom the sanitary arrangements are to be placed. This is satisfactory as far as it goes, but it must not rest here; the persons in camp as well as the regular *habitues* of the island must insist on the City Commissioner fulfilling his duties thoroughly and efficiently. There is no use of starting out on a theory of regular visitation and cleaning out of camps, or of advertising the intention to enforce the dry-earth system, unless it is to be intelligently, and decently,

and properly done. We hope our readers will keep this question in view, and that the profession will throw their weight on the side of cleanliness, by urging their patients who may be sojourning on the island next summer, to give the dry-earth system a fair trial. We trust that some more seemly and proper conveniences will be put into use for the public, both at the landing stages and at different parts of the island, so that one's feelings of modesty may not be shocked, and sense of decency offended.

UNPROFESSIONAL ADVERTISING.

We are surprised and deeply pained at the number of unprofessional advertisements which have recently appeared in some of the newspapers of the Province. Members of our profession, who ought to be respectable and respected, have surely nothing to gain in countenancing such disgraceful puffs in their behalf, and thereby placing themselves on a level with notorious and illiterate quacks. It is of course possible that a local item may appear in the columns of a paper without the knowledge of some skilled surgeon who has performed a certain *wonderful operation*, but a repetition of such favorable notices admits of no excuse whatever, and the odium attached to such practices must cling to the physician or surgeon thus advertised.

We think the members of the Ontario Medical Council deserve great credit for their efforts in the past to discountenance such procedures, and it would be rather a strange incongruity if any physician who adopted such means of advertising would be chosen as a representative to that honorable body, and the election of such a representative would not be creditable to any division in the Province.

ALBUMINURIA IN HEALTH.

In a recent article by Dr. C. Von Noorden, of Geissen, on Albuminuria in Healthy Persons, "physiological" albuminuria is divided into three groups. In the first class the albuminuria is found in weakly youths between the ages of fifteen and twenty. It does not occur constantly, varying very much within twenty-four hours.

In the second class much is present as well as albumen, and the latter is most marked in the urine passed before noon. The amount of albumen is variable and is most influenced by bodily exertion.

In the third class a slight renal catarrh exists, not however of sufficient importance to produce local symptoms.

ONTARIO MEDICAL ASSOCIATION.

The sixth annual meeting of this Association will be held in Toronto, Wednesday and Thursday, June 2nd and 3rd. The president, Dr. Tye, of Chatham, and the secretary, Dr. J. E. White, of Toronto, have completed all the arrangements so far as possible, and we are informed that the prospects of an unusually successful meeting are very bright. Gentlemen intending to read papers are requested to notify the secretary on or before May 25th. The members chosen to read papers on Medicine, Surgery, and Obstetrics, are Dr. Gillies, of Teeswater, Dr. Atherton, of Toronto, and Dr. Eccles, of London; and the subjects selected by them are, Pneumonia, Fracture of Thigh, and Puerperal Albuminuria. It is expected that members of the committees on these subjects will take part in the discussions following, although it is hoped that such discussions will not be confined to these gentlemen.

Many medical men from a distance have accepted invitations to be present, and we hope the members of the local Committee of Management will make it a special part of their duty to look after our guests. The meeting will be held in the Normal School Building, which has kindly been placed at the disposal of the Association by the Minister of Education.

CANADA MEDICAL ASSOCIATION.

The next meeting of the Canadian Medical Association will be held in Quebec, August 18th and 19th, and there are good prospects for a large and successful meeting. Apart from the interest in the Association, the charming and quaint old city of Quebec possesses many attractions, and for the members in the west we know of no more pleasant holiday trip than

one by water to that town. Members who desire to propose changes in the by-laws should give notice as soon as possible to the General Secretary, Dr. Stewart, of Montreal.

We have received a communication which we are unable to publish, because the writer is unknown to us by name. We adopt the rule universally recognized in journalism, of requiring the name of each contributor, not for publication, but simply as a guarantee for regularity in procedure. If the writer will kindly send his name we will not divulge it, and will gladly insert letter in next issue.

MEDICAL EXAMINATIONS.—WESTERN UNIVERSITY, LONDON, Ont.—*First Year: With Honors*—K. H. Honner, Jas. D. Kennedy, M. Wilson, and H. S. H. Williams. *Passed*—B. Bayley, R. M. Cooper, C. A. Cline, S. M. Fraser, John Hotsan, E. Macklin, E. Meek, J. A. McEwen, J. Y. McLachlin, T. S. McRitchie, A. McKellar, T. A. Patrick, T. L. Stringer, V. Stevenson, and R. F. Wilson. *Second Year: With Honors*—J. D. Balfour, and C. D. McDonald. *Passed*—O. Groves, John Hoggert, H. K. Hyndman, L. Hythenranch, J. A. McDonald, D. H. Piper, John Proudfoot, and Geo. H. Wilson. *Final Examination: With Honors*—J. W. Fraser, Robt. Gibson, H. A. McCallum, W. Logie, and W. J. Weeks. *Passed*—G. H. Wilson, and H. K. Hyndman. *Prize List: Gold Medal*—H. A. McCallum. *Third Year Scholarship*—J. D. Balfour. *Second Year Scholarship*—C. D. McDonald. *First Year Scholarship*—R. H. Honner, and M. Wilson.—H. ARNOTT, Registrar.

VICTORIA UNIVERSITY.—The following is the Honor and Pass list of the graduating class in Victoria University from the Toronto School of Medicine, 1886: *M.D., C.M., First-Class Honors*—W. A. Young, James M. MacCallum, John Caven, John Leaming, W. C. Heggie, J. A. Harvie, Wm. Dow, E. C. Eschelby. *M.D., C.M., Second Class Honors*—G. R. Cruickshank, W. J. Logie, W. G. Dow, J. F. Campbell, W. B. Thistle, C. R. Cuthbertson, E. Bromley, Geo.

Hunt, R. M. Bateman, Geo. Sanson, R. J. Wilson, W. R. Watson. *M.D., C.M., Pass*—G. M. Brodie, W. B. Hopkins, J. M. Nairn, A. F. Tracey, A. B. Riddell, Riel Hillier, S. West, Thos. McEwen, S. J. Jones, W. H. Fox, R. J. Wood, James Rea, James Forster, D. Dunton, A. O. Hastings, O. J. Grain, J. A. Carbert, C. Hodgetts. The oral examinations will not be finished before next week. *Primary Examination*.—The following have passed the primary examination for *M.D., C.M.*: Geo. Bell, O. R. Avison, J. J. Brown, D. A. Dobie, T. H. Little, W. J. Welsh, J. H. McCasey, J. M. Cameron, H. R. Hay, O. Taylor, C. B. Langford, M. Tovell, W. Armstrong, James Bell, O. Groves, F. W. Kitchen, T. P. Weir, Geo. H. Shaver, James Appelbe, F. J. Dawson, G. Stewart, T. A. Noble, W. H. Clapp, W. H. Westlake, Joseph Hord.

ROYAL COLLEGE, KINGSTON.—*M.D.*—M. L. Dixon, *Gold Medal*, D. E. Mundell and E. W. Wright equal, *Silver Medal*, W. C. Beeman, F. Bruce, H. E. Burdett, J. Casselman, C. Collins, J. M. Conert, S. S. Cornell, W. Coy, J. G. Creegan, A. A. Dame, E. J. Donovan, D. E. Foley, T. D. Galligan, J. A. Hamilton, J. E. Hanna, F. C. Heath, G. G. Jack, A. Jameson, S. Keith, J. J. Lane, W. M. Mather, S. J. Mellow, J. Mundell, E. J. McArdel, E. McLaughlin, A. F. McVety, J. H. Nimmo, C. Pitblado, J. M. Shaw, F. B. Smith, D. G. Storms, E. J. Watts.

Primary.—A. E. Bolton, W. H. Downing, A. R. Elliott, A. G. Fergus, A. J. Fisher, A. B. Gillis, Jno. F. Hart, M. W. Hart, W. Hay, E. H. Dorsey, D. Jameson, T. J. Jameson, A. P. Knight, F. H. Koyle, C. N. Mallory, S. H. McCammon, T. S. McGillivray, E. A. McGrath, T. O'Neil, W. D. Neish, A. F. Pirie, Wilton Pratt, R. P. Robinson, P. J. Scott, A. W. Whitney.

Prizemen.—A. B. Gillis and J. W. Begg, *Demonstrators of Anatomy*; W. H. Dawson and A. J. Errett, *Hospital Surgeons*.

WOMEN'S MEDICAL COLLEGE, KINGSTON.—*M.D.*—A. E. Dickson, M. Oliver. *Primary*.—A. D. Craine, E. Embury, A. Lawyer, M. Livingston, A. A. Marshall, E. S. Mitchell.

FACULTY OF MEDICINE — MCGILL UNIVERSITY.—The total number of students enregistered in this Faculty during the past year was 237. The following gentlemen, 53 in number, have passed their Primary Examination on the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Therapeutics, Physiology, Histology and Botany. Boyd, Jay; Berry, R. P.; Bradley, W. I., B.A.; Cameron, K.; Christie, W., B.A.; Clouston, J. R.; Conroy, C. P.; Desmond, F. J.; Donald, W. M.; Easton, C. L.; Edgar, C. J.; Fritz, H. D., B.A.; Gunne, N. D.; Graham, J.; Hall, A. G.; Hewitt, J.; Hoare, C. W.; Hopkins, H. J.; Hubbard, O. H.; Kennedy, J. H.; Kenney, F. L., B.A.; Kincaid, R. M.; Kirkpatrick, E. A.; Long, C. H.; McKinnon, H.; Macdonnell, A. E. J., B.A.; McCarthy, J. G.; McDonald, Geo.; McDonald, A. D.; McKay, H. H.; McFarlane, M.; McLennan, D.; McMartin, D. R.; McDougall, D. S.; Morrow, C.; Murray, D.; Orr, A. E.; Orr, J. E.; Orton, T. H.; Park, P. C.; Potts, J. M.; Pothier, J. C.; Pearman, H. V.; Robertson, A. G.; Schmidt, A. F.; Stewart, A. D.; Springle, J. A.; Thomas, W. R.; Thompson, J. H.; Weagant, R. A.; Wetmore, F. H.; Wilkins, H. P.; Wylde, C. F.

The following gentlemen, 46 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M. from the University. In addition to the Primary subjects mentioned they have passed a satisfactory examination, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence, Pathology and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital: Armitage, J. H.; Ayles, P.; Birkett, H. S.; Boggs, G. W.; Campbell, A. W.; Cattanaach, W. S.; Clarke, J. L.; Craig, M. A.; Crockett, W. C., B.A.; Decow, D. McG.; Gairdner, T. M.; Gibson, J. B.; Gladman, G. J.; Graham, J.; Grant, J. H. Y.; Groves, W.; Haythorne, T. J., B.A.; Hughes, P. H.; Kennedy, R. A., B.A.; Kinloch, J. A.; Kirkpatrick, R. C., B.A.; Murray, D.; McCollum, E. P.; McCuaig, W. J.; McGannon, T. G.; McKay, J. M.; Orton, T. H.;

Osborne, A. B.; Poole, Alf.; Pomeroy, L. E. M., B.A.; Pringle, W. R.; Raymond, Alf.; Raymond, G. H., B.A.; Robertson, F. D., B.A.; Ross, L. F., B.A.; Rowat, W. M.; Schmidt, A. F.; Schmidt, A. J.; Seery, F. J.; Thomas, W. R.; Turnbull, R.; White, F. J.; White, W. W., M.A.; Williams, J. F.; Wilson, C. W.; Worthington, A. N.

The Holmes Gold Medal for the best Examination in the Primary and Final Branches is awarded to Herbert S. Birkett, of Hamilton, Ontario. The Prize for the best Final Examination is awarded to Walter W. White, B.A., of St. John, N. B. The Prize for the best Primary Examination is awarded to William Bradley, B.A., of Ottawa. The Sutherland Gold Medal is awarded to William I. Bradley, B.A., of Ottawa.

Book Notices.

A Text-book of Pharmacology, Therapeutics and Materia Medica. By F. LAUDER BRUNTON, M.D. Philadelphia: Lea Brothers & Co.

The Principles and Practice of Surgery. By FRANK HASTINGS HAMILTON, A.M., M.D. Third edition, revised and corrected. New York: Wm. Wood & Co. 1886.

The Year-Book of Treatment for 1885. Philadelphia: Lea Brothers & Co.

This little book of some three hundred pages gives a useful summary of the therapeutic advances of the year, gleaned from the medical literature of all countries. To the busy practitioner who lacks the time and opportunity to wade through the mass of publications in the various departments of Medical Science it will be welcomed, as a judicious selection of articles has been made by well-known and competent physicians and surgeons. The reader gets in a small space the best of what was published up to September, 1885.

The New Manual of Hygiene.—We are glad to learn that this new manual, to which we referred in the last issue, is likely to become very popular. It will be a most useful book, and on that account we have to congratulate

our medical friends upon the ability and good judgment displayed in writing the work. In our notice we omitted to refer to many subjects which will deserve attention, and even now have not space for a proper review. The chapter on Ventilation is one that should be studied carefully by every physician and every householder. Among the others which are not only useful but exceedingly interesting is that on physical exercise, which is written in a pleasing style.

A Reference Hand-Book of the Medical Sciences.

Embracing Scientific and Practical Medicine and Allied Sciences. By various writers. Edited by ALBERT H. BUCK, M.D. Vol. I. New York: Wm. Wood & Co., 56 Lafayette Place.

From the advance sheet we learn that the Reference Hand-Book of the Medical Sciences is designed to cover so wide a field and embrace such a great variety of topics as to make it of greatest practical utility, not only to general practitioners, but also to those who are interested more particularly in special departments of medical knowledge. The work consists of a collection of concisely written essays on all the important topics belonging to the broad domain of medicine, surgery, and the allied sciences. It is aimed to treat the topics in such a thorough manner that the reader will rarely, if ever, find it necessary to consult larger special treatises or monographs for the information of which he may stand in need. Wood-cut illustrations of the best character are introduced wherever the authors themselves think that they will serve to elucidate the text. The work is limited to eight octavo volumes, thoroughly well illustrated. The price is from six to eight dollars per volume according to the binding.

The list of contributors to Vol. I. is a long one, containing as it does the names of leading physicians, surgeons, and pathologists in the United States and Canada. We notice the names of Drs. Gardner, Macdonnell, Mills, Ross, Shepherd, Wilkins and Stewart, of Montreal, and Dr. Wm. Oldright, of Toronto, as the Canadian contingent to this number.

The Blot upon the Brain Studies in History and Psychology. By WILLIAM W. IRELAND, M.D., Edin. New York: G. P. Putnam's Sons, 1886.

This book has been especially interesting to us at the present time, dealing as it does with a subject that has been widely discussed in the Canadian press. "The Border Land of Insanity." The first part is chiefly historical. Chapter I. discusses hallucinations in general; Chapters II. and III. deals with Mahomet, Luther, Swedenborg, and Joan of Arc, and their hallucinations. Then follow chapters on "The Insanity of Power," illustrated by the lives of members of the Claudian Julian family; Mohammed Toghlaq, Sultan of India; Ivan the Terrible; the Romanoffs. Paper V. gives an interesting account of the "Hereditary Neurosis of the Royal Family of Spain." Paper VI. is on "Francis Xavier, the Apostle of the Indies."

These six papers are written in a readable and interesting style, and will repay perusal. In them we are shown how much the history of a people depends on the character of the minds of its rulers. The remaining seven papers are metaphysical and psychological; in them are discussed the difficult problems of "Unconscious Cerebration," "The Relations of Words to Thoughts," "Fixed Ideas," "Folie à deux," "On the Dual Function of the Double Brain," "Left-handedness" and "Right-handedness," "Mirror Writing," etc. Some interesting instances of "Aphasia" in its various forms are given in the paper on Wordless Thought. We have given merely an outline of an entertaining book, and commend it to our readers as worthy of attention in our spare moments of relaxation. All interested in the mental condition of the late Louis Riel should buy it. The laity as well as the profession will profit by a study of its pages, and some of our legislators would have perhaps talked less twaddle had this book been in their hands before they made an exhibition of their knowledge; writers for the public press might profitably invest also. The type is clear; paper and binding excellent.

Dr. Courty, the distinguished gynecologist of Paris, died in March.

Meetings of Medical Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, MARCH 5TH, 1886.

Dr. Roddick, President, in the chair.

UNUSUAL OVARIAN TUMOR.

Dr. Wm. Gardner exhibited an ovarian tumor, and briefly narrated the case. The woman, aged 48, long married, sterile, consulted him six years previous for a moderately large cystic tumor, with solid nodules in the pelvis. Menstruation was increased. She was advised against operation, but saw another surgeon, who explored through abdominal incision, but apparently did not otherwise interfere, as she appeared sometime afterwards unchanged in her condition, except for the scar, with a ventral hernia. Dr. Gardner then lost sight of her till two months ago, when she was admitted to the Montreal General Hospital and he was asked to take charge of her. She then related that a few months after the exploration she began to enlarge rapidly, and pressure symptoms became so distressing as to induce another surgeon to tap. This was necessary many times, but four months previous to admission the tumor ceased to enlarge. The lower part of the abdominal walls and lower limbs were œdematous. The whole abdomen, except the upper part, was elastic, indistinctly fluctuating, and dull on percussion. The hypochondriac and epigastric regions were tympanitic, but gave distinct wave-fluctuation. Menstruation had ceased eight months previous. Patient was eager for operation, although made fully to realize its serious character, and it was decided to give her the chance, though small. There were universal very firm adhesions to parietes, intestines, bladder and everything in the pelvis. The bladder was adherent and drawn up at least six inches over the tumor. It was separated without difficulty. Intestine was wounded twice during the operation, but promptly sutured. Above the tumor was an encysted collection of peritoneal fluid, with the intestine floating on it. Under this lay a large, very thin, translucent cyst attached to the tumor.

Hemorrhage, although no. excessive, was free enough, when aided by the long severe operation, to so exhaust that it soon became apparent that the patient's chances were almost nil. The base of the tumor contained the uterus and a large mass of calcareous matter and myomatous nodules. It was included in a Tait's wire clamp, constricted, and then amputated. Bleeding being nearly arrested, the abdomen was closed, with a drainage tube inserted. The woman died half an hour after being put to bed. The tumor was a multilocular cystoma, the large cysts containing large masses of papilloma, nodules of which were also found on the parietes of the abdomen. The mass of calcareous matter measured $3\frac{1}{2} \times 2 \times 1$ inches.

SMALL FRAGMENTS OF TRANSPARENT ROCK-CRYSTAL REMOVED FROM THE CORNEA.

Dr. Buller exhibited the crystals and related the case. They consisted of three small fragments of rock-crystal. The largest of the three is of a triangular or conical shape, about $1\frac{1}{2}$ millimetres in length; the others are of smaller size. He removed them from the cornea of a marble worker, where they had been lodged for several days. They had been projected into the eye from the chisel of another workman as the young man who received the injury was passing by. He came to him about an hour later, and he found two small incised wounds of the cornea lying parallel to each other, about one millimetre apart, and nearly opposite the lower margin of the pupil. After a careful scrutiny with focal illumination, he failed to find any foreign body, but prescribed a solution of atropine and cold water compresses. The patient returned for inspection from day to day, but despite the treatment the eye became more and more inflamed. The other one he had lost by a penetrating wound of the eyeball some months previously, so that he was led to explore the little wounds with a fine cataract needle. By this means the steel point coming in contact with the gritty particles instantly gave unmistakable evidence of their presence, though wholly invisible to ocular inspection. On moving one of the particles some aqueous humor escaped, showing conclusively that it had penetrated partly into the anterior chamber, and

from being invisible, would be extremely liable to be pushed into the anterior chamber during any attempt at extraction. The eye was then put under the influence of cocaine, and the blade of a broad needle was passed through the cornea (of course penetrating the anterior chamber) in such a way that the part containing the foreign bodies rested upon the flat surface of the transferring blade. It was an easy matter then to remove the particles with a fine cutting needle, and without the slightest chance of their being pushed into the anterior chamber, a mishap which would have led to disastrous consequences if it had been permitted to occur. The eye, once freed from the source of irritation, made a rapid and satisfactory recovery.

Dr. Johnson exhibited the following specimens:—

SACCULATED KIDNEY FROM RENAL CALCULUS.

Removed from a patient who died of heart disease, with thrombosis of right middle cerebral artery. Symptoms of blood and pus in urine observed before death. Right kidney enlarged to double usual size, distended by fluid, renal tissue destroyed, and organ converted into series of cysts containing foetid ammoniacal fluid, tissue debris and uric acid granules. At inferior, extremely small parts of renal substance remaining; in calices, several small uric acid calculi. This portion of kidney alone communicated with ureter.

FATTY DEGENERATION OF HEART—ANEURISM OF LEFT VENTRICLE PERFORATING INTO PERICARDIUM—ANEURISM OF ABDOMINAL AORTA.

Patient was 75 years old. At autopsy, pericardium contained eight ounces of fluid. A small amount of firm clot adherent to anterior surface of heart on dissection. Valves healthy; substance showed extensive fatty degeneration. In left ventricle, a poached sac size of walnut found in wall of septum, bulging towards left ventricle. This communicated directly through a small opening 2 mm. in diameter, with lacerated external opening of large size in septum, the orifice situated to right side of anterior coronary artery. Sinus about orifice infiltrated with extravasated blood; and in same patient, extensive atheroma of aorta, and in abdominal

aorta, just above bifurcation, a fusiform sacculated aneurism rising from right side of vessel; extensive fatty change of intima at this point, with formation of cholesterine. The sac contains a soft dark-clot, non-adherent.

Dr. Geo. Ross said this patient had been suffering from cellulitis of the arm, and alarming symptoms coming on, he was asked to see her. She had become suddenly pallid. On examination, he found her almost pulseless and extremely feeble. A systolic murmur was to be heard over the lower sternal region, also over the tricuspid area. The murmur could be heard over the apex, but not at the base. The house physician said she had no murmurs before. Dr. Ross said that it was remarkable the time she lived after the grave symptoms set in—from 2 p.m. till 9 p.m. It was no doubt due to the small amount being poured into the pericardium. He believed the bruit to be caused by the current in the aneurismal sac containing clot.

Dr. Wilkins said it might be due to the blood poured out with each systole through the rent.

Dr. Rowell exhibited the Lumbar Vertebrae of a patient, the immediate cause of whose death was

MILIARY TUBERCULOSIS.

The following is the history of the case:—Mrs. A., aged 46, married, admitted to the Western Hospital under the care of Dr. Armstrong, complaining of intense pelvic and lumbar pain. The patient was comparatively easy if quiet, but the pain was much exaggerated on walking. On examination, found fixation of the lumbar vertebrae, which would remain curved strongly forwards (lordosis) in any position in which she was placed. A plaster-of-paris jacket was applied, which gave her perfect relief for some weeks, when she began to complain of chilly sensations, accompanied by a high temperature, going up to 104° and 105°, without, however, any distinct rigors or profuse sweating. Moist sounds were heard over both lungs, back and front. She now became hectic, suffering from anorexia, with rapid emaciation, and finally died about three months after admission into hospital. At the post mortem, found both lungs completely filled with miliary tubercles

throughout their entire extent. The spleen and kidneys also contained a large number of miliary tubercles, especially the spleen, which was completely studded with them. The heart and liver were fatty. The 2nd, 3rd and 4th lumbar vertebrae were removed, and found softened by an inflammatory process in their cancellous tissue, where there were small pus cavities. The cancellous tissue of the 3rd lumbar vertebra was broken down to considerable extent, and there was pus found between the dura mater of the cord and the bone in the spinal canal of that vertebra. It was noted that the intervertebral substances were healthy, the disease being confined to the cancellous tissue of the bodies of the vertebrae.

Drs. Ferrigo and Trenholme, under whose care this patient had been at different times, also made some remarks.

Dr. Rowell also showed—

OVARIAN TUMORS FROM A CASE OF DOUBLE
OVAR OTOMY.

Mrs. E., aged 27; family history negative; married three years ago, never pregnant. For the last two and a half years has suffered a great deal from abdominal pain, not particularly exaggerated at the menstrual periods, which occurred regularly once in 24 days. She was not herself aware that she had any localized enlargements. The operation was performed in the month of February last, by Dr. Armstrong, in the Western Hospital. The cyst on the right side was found to be unilocular, about the size of a foetal head, and containing serum. Its walls were strongly adherent to the brim of the true pelvis by their under and posterior surfaces, which made its removal very difficult, and it was followed by a considerable oozing of blood, which, however, was controlled by hot sponges. The cyst on the left side was about the same size, also unilocular, and contained serum. It was slightly adherent to the omentum, but was removed with much less difficulty than its fellow. The patient recovered without a bad symptom.

Two students of the Woman's Medical College of Toronto stood well up in the honor list at the recent examinations of Trinity University.

Personal.

Dr. Grasett will sail for England in May.

Dr. J. R. Jones, of Winnipeg, is now in England.

Dr. Fulton, of Toronto, sails for England May 1st.

Dr. J. H. Duncan, of Thamesville, is in Vienna.

Dr. Burns, of Toronto, returned from England during first week of April.

Dr. Heggie, of Brampton, is spending a well-earned holiday in the Old Country.

Mr. Savory, President of the Royal College of Surgeons, England, has declined to accept the honor of Knighthood, which was lately offered to him.

Dr. Edward G. Janeway has been appointed Professor of the Principles and Practice of Medicine to the Bellevue Hospital Medical College, in the place of the late Dr. Flint.

Dr. Billings, of Washington, has been requested to deliver the address on Medicine at the next meeting of the British Medical Association, in the place of the late Dr. Flint.

Dr. Henry, of Orangeville, is a candidate for election for Ontario Medical Council in Division of Saugeen and Brock. It is said that Dr. Jones, of Mount Forest, will also stand. As we informed our readers in last issue Dr. Herod, of Guelph, has been in the field for some time.

Miscellaneous.

NOTICE OF REMOVAL.—Dr. T. Gaillard Thomas has removed from 294 5th Ave., N.Y., to 600 Madison Ave., between 57th and 58th Streets.

ILLUMINATING GAS POISONING.—A few drops of acetic ether, administered on sugar, will usually revive persons who have become insensible from inhaling illuminating gas.

MUSTARD PLASTER.—*The Popular Science News* says that if mustard is mixed with the white of an egg instead of water it will draw thoroughly without blistering the most delicate skin.—*Technics.*

PUERPERAL ECLAMPSIA.—At a recent meeting of the British Gynæcological Society, Dr. Routh recommended that a patient with puerperal convulsions should be turned on her belly, with the object of removing pressure from the kidneys.

TYING THE LINGUAL ARTERY WITH THE EYES CLOSED.—Billroth has recently done several operations for cancer of the tongue. A correspondent of the *Iowa State Medical Reporter* says: "The operation, by tying the lingual artery, was nearly bloodless. In order to show the students how easy it was to tie the lingual artery, he found and ligated the same in one case, after making the first incision, without using his eyes."

A PREMIUM FOR LARGE FAMILIES.—A decree was recently enacted in France reaffirming the law of the 29th Nivôse, year XIII., according to which every father of a family having seven living children, may have one of his sons educated at the expense of the State. The object, of course, is to increase the population of the country, and the immediate occasion of the decree was the publication last year of statistics showing a large falling off in the average size of families in France.

A NEW CURE FOR CONSUMPTION.—Dr. Caius, some four hundred years ago, when an old man, tried to regain his youth by suckling the breast of a woman. He died of stone—not of old age, at least. A more successful application of this remedy is reported to us by a correspondent, who says that "a party who had every indication of the last stages of consumption has regained former health, and attributes it to obtaining his nourishment from sucking a healthy nursing woman."—*N. Y. Medical Record.*

WANTS TO KNOW.—A "doctor" from the rural districts writes the *Medical and Surgical Journal* (St. Louis) an account of a wonderful case of intestinal obstruction, which he finally cured by passing a piece of rubber tubing up into the rectum just as long as he could shove it in. He says he "passed nearly two yards of tubing into the reseptic," and excitedly ex-

claims, "What I want to know is there such a thing as the illiasecle valve?" We respectfully refer him to the medical ———, where all such questions are answered.—*St. Louis Med. and Surg. Jour.*

TO PROTECT SURGICAL INSTRUMENTS FROM RUST.—It is stated in the *Dental Eclectic* that a physician was called upon to perform an operation on a farmer who was injured while ploughing in his field, and during the excitement of the occasion mislaid his case of instruments. Some months later they were found in the field. The case had become disjointed and all the instruments were rusty except an amputating knife, the handle of which was secured to the blade with zinc. The appearance of this knife suggested the possibility that galvanic action had prevented it from rusting.—*Technics.*

Dr. W. H. Mussey, of Cincinnati, used to advise his students to have strips of sheets of zinc in their instrument cases in contact with steel instruments to protect the latter from rust.

THE POETRY OF ATTENUATION.—In *The Record* of October 24th appeared the following:—

Little drops of water,
Little grains of milk,
Make the little doctors
Of the homœopathic ilk.

A correspondent from Massachusetts supplements this:

Precious little bottles,
Sitting in a row,
Filled with potent liquid
Known as H₂O.

A drop of Mother Tincture,
Humble though it be,
Makes the tenth dilution
When poured into the sea.

Of all the gulls delusive
The greatest is to know
Where lies the healing power
In a drop of H₂O.

COD LIVER OIL WITH HYPHOSPHITES.—As a nutrient means of checking and repairing bodily waste, and remedying disease of the throat, chest and lungs, Scott's Emulsion has held a foremost rank among preparations of cod liver oil. The time-honored firm of Scott

& Browne owe, in no small degree, their leading position in the trade, which they have held for the last twelve or fifteen years, to the superior character of this article. In it not only is the disagreeable flavor and nauseating effect of cod liver oil in its crude state overcome, so that it is pleasant and palatable, but it holds in combination the hyphosphites of lime and soda, a most important remedial agent and adjunct to the cod liver oil. The perfect chemical union of this valuable combination as prepared by this firm give it an exalted position in pharmacy, and brings this hitherto valuable but almost useless article (on account of its repulsive taste and odor) into practical utility for supplying to the depleted system iodine, bromine and phosphorous in the most desirable and acceptable form. The certificates of some of the most eminent physicians and analysts in Europe and America, in both of which countries it is widely esteemed by the profession and the public, attest both its efficacy and its chemical purity.—*Townsend's Quarterly Epitome.*

THEORY OF INFLAMMATION.—Dr. Sutton, in his recent lectures on evolution in pathology, thus defines inflammation: Inflammation, as read zoologically, may be likened to a battle. The leucocytes are the defending army; their roads and lines of communication are the blood-vessels. Every composite organism maintains a certain proportion of leucocytes, representing its standing army. When the body is invaded by bacilli, bacteria, micrococci, chemical or other irritants, information of the aggression is telegraphed by means of the vaso-motor nerves, and leucocytes rush to the attack. Reinforcements and recruits are quickly formed to increase the standing army, sometimes twenty, thirty, or more times the normal standard. In the conflict, cells die, and are often eaten up by their companions; frequently, the slaughter is so great, that the tissues become burdened by the dead bodies of the soldiers in the form of pus, the activity of the cell being testified by the fact that its protoplasm often contains bacilli, etc., in various stages of destruction. These dead cells, like the corpses of soldiers who fall in battle, later become hurtful to the organism which they in their lifetime were anxious

to protect from harm, for they serve as breeding grounds wherein the bacteria may germinate and, like a pestilence and scourge, devastate the individual.—*Lecture delivered before the Royal College of Surgeons.*

A correspondent writes: Nothing conduces so much to absence of friction, in the matter of consultations, as a competent knowledge of the proper etiquette which has been handed down to us as the fruit of centuries of careful observation. It is not, therefore, a useless task to attempt to define the rules of this etiquette, so that both the ordinary practitioner and the consultant may be made cognisant of the proper course to pursue, in order that the dignity of all the parties concerned may receive the attention it deserves. In the first place, the ordinary medical attendant should invariably lead the way, and enter first into the sick-chamber; and this is a rule that, for obvious reasons, should admit of no relaxation. When the interview with the patient comes to an end the consultant should leave the room first, and the medical attendant should be the last to leave the room. Where there are several consultants, they should enter the room as stated above, but in the order in which they have been called into the case; the converse holding good for the exit. No communication, direct or indirect, by word of mouth or by letter, should ever take place between the consultant or consultants and the friends of the patient or the patient himself, except through the intermediary of their ordinary medical attendant; and any breach of this rule should lay the consultant open to the most serious remonstrance. The prescription should be written by the medical attendant, who, as a matter of courtesy, should precede his own initials by those of the consultant. This, however, should be done by the medical attendant himself, and not by the consultant. If these rules were duly observed, especially in the country, much of the soreness and disagreeable feeling, now too common, would be obviated, and the foundation laid for more cordial relations between the consultant and his brethren in general practice.—*British Medical Journal.*