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THE  
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

*EDITORS:*

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, JANUARY, 1887.

## Original Communications.

### INTUBATION OF THE LARYNX.

BY DR. L. L. PALMER.

As will be seen from my article in the December number of the CANADIAN PRACTITIONER, I strongly advocate tracheotomy in diphtheritic laryngitis under certain well determined conditions; these views were expressed at our society to meet some objections raised against the operation, which I believe to be groundless and ill-advised, but not to place tracheotomy in preference to another method of relieving laryngeal stenosis which has been adopted during the last few months with a reported success, and a promise of future usefulness, viz., Intubation of the Larynx.

To O'Dwyer is due the credit of resuscitating this deceased offspring of the impetuous Bouchut, of Paris. Born in 1858, its early infancy was vigorous, but it died prematurely—strangled to death by a tumultuous opposition; so that its resurrection has scarcely been dreamed of as possible, even in the great day; but it has risen again out of its own ashes, with apparently increased vigor. Intubation, as advised by Dr. O'Dwyer, commended itself to my judgment when first brought to my notice some months ago, and I resolved to give it trial.

My object in this communication is to report my first experience—and, so far as I know, the first case in Canada—that we may gather up facts and data as rapidly as possible which,

with others that may hereafter be accumulated, may enable us to draw impartial conclusions as to the part this new procedure is to play in the hands of the profession, in relieving the urgent symptom of diphtheritic croup—dyspnea—and to determine how much of the work it will do that has been hitherto accomplished by tracheotomy.

Ada E—, aged 5 years and three months, was brought to Dr. Wagner on Sunday, Dec. 12th, with sore throat.

Diphtheritic patches not large but characteristic on both tonsils. Pulse somewhat increased in frequency and temperature slightly elevated; but child was bright and did not look very ill.

13th. Dr. Wagner visited and found the child about the same.

14th. Apparently better in all symptoms and membranous patches smaller than before—promise of a speedy recovery—but in the evening began to breathe heavily, and in the night became very croupy and had severe spasms of dyspnea. Parents thought she would choke. Gave her an emetic and goose oil with relief to the spasms.

15th. In the morning she was better of the croupy symptoms, but hoarse, and continued to breathe heavily, but was bright and played about the room.

Towards evening she grew worse, respirations labored, croupy and stridulous. Expirations, prolonged and labored. Eyes rolled up frequently as if in distress. At midnight respiration much more labored, with frequent prolonged spasms of dyspnea, threatening as

phyxia—patient cyanotic; this continued till morning.

16th. Dyspnoea continuous and increasing, with frequent exacerbations—patient cyanotic. At midday Dr. Wagner called me in consultation, with a view to operative procedure.

Child lies in semi-stupor from which she is aroused only by spasms of extreme dyspnoea, in which she becomes almost asphyxiated—quite cyanotic; breathing labored, with continued stridor; respiratory act imperfect.

Death seemed certain before very long unless the dyspnoea were relieved. We discussed tracheotomy and intubation, and decided upon the latter.

Dr. Sweetnam was called in counsel and agreed with our diagnosis, prognosis, and treatment. We all thought it a case that promised a favorable issue either from tracheotomy or intubation.

At 2 p.m. we introduced the O'Dwyer tube into the larynx.

Considerable irritation and cough were excited during the first half-hour, with expulsion of a good deal of mucus, some pus and exudate. When the larynx began to tolerate the presence of the tube, the dyspnoea was entirely relieved. Respiration, 24 per minute, perfectly free and easy; pulse, 130, more frequent than before—attributed to the excitement of introducing the tube. Expression, that of quiet comfort.

Auscultation gave us now over both lungs respiratory murmur, vesicular, full, free, distinct, low-pitched—no crepitation, no rales. We left the patient with her mother, feeling that the result so far was most satisfactory. 6 p.m.: child looks and feels well; respiration full, free, easy, but 28 per minute, and pulse 140. Gave a little milk which was easily swallowed, but followed by cough, sometimes very severe.

17th. Dr. Wagner found at 9 a.m. the condition the same as previous evening; at 2 p.m. the pulse and respiration steady and rapidly increasing in frequency, but respiration not labored—delirium.

At 5 p.m. I visited patient with Dr. Wagner. Above symptoms all intensified. Crepitation, both coarse and fine, over whole of both lungs; no respiratory murmur posteriorly; faint an-

teriorly. 7 p.m., patient died 28 hours after intubation.

*Post-mortem.*—At 9 o'clock, two hours after death, we gained permission to *remove the tube* by incision through the trachea. The tube was *in situ*, but on raising the trachea it slipped up into the mouth, showing it was not unduly tight; and when the trachea was opened it could not be drawn down through the glottis without tilting up the lower end, showing how impossible it was for it to slip down into the trachea.

Trachea and larynx opened.

Entire supra-glottic portion of larynx covered with exudate.

Below the glottis, so far as the tube reached, the mucous membrane was much inflamed, but no exudate; but below the point reached by the lower end of the tube, the mucous membrane was covered with a complete cast of exudation membrane, this cast commencing abruptly at the lower end of the tube; there was no ulceration recognizable, no abrasion, no part of the mucous membrane seemed unfavorably affected by the tube.

Briefly, a few points may be noted and conclusions drawn.

Respiration is suspended entirely during the effort at introduction of the tube, and in an amazingly short time your patient is livid—*asphyxiated*.

I have seen it stated somewhere that "the attempt at introduction should be short, that frequent attempts do no harm." With the first part of the statement I agree, but with the last I entirely dissent. Let your first attempt be short, but be sure it is successful, for every time you asphyxiate your patient by an unsuccessful attempt at introducing the tube you engorge the lungs—perhaps already overloaded with half-oxygenized blood—and contribute thereby to the excitement of inflammation in those organs already predisposed in diphtheria to this morbid process. In the interest of your patient *be short, but be sure*.

In this case the pulse rate was increased after operation from 15 to 20 beats per minute. This we at first thought due to the excitement consequent upon the operation, and hoped that rest and quiet for a couple of hours would re-

store them to their previous condition, but it gradually increased in frequency, notwithstanding the respirations were easy.

Question: Did the introduction of the tube, or its presence there, favor extension of disease?

I confess myself unable to trace any relation between the extension of disease and the introduction or presence of the tube, though the fact remains.

The *conclusions* then from this case are:

It relieved the dyspnoea promptly and efficiently.

The parents did not object to or dread the procedure when proposed, and after the death expressed themselves "so thankful that we had operated and given the child such relief."

The operation is bloodless, free from danger, and free from serious shock, if successful in the first or second attempt.

As no special nursing is required, we could confidently leave our patient in the mother's hands for subsequent care, and congratulate ourselves when leaving the house on the striking contrast with the anxiety after tracheotomy.

In feeding—no small factor in the successful treatment at this stage—we experienced difficulty. Milk, cream condensed, and frozen cream, all alike produced violent and spasmodic coughing. I would therefore advise no food by the mouth, but would feed at stated intervals by an oesophageal tube, and thus save the irritation from any escape of fluids into the trachea, and the consequent spasmodic coughing—escaping also the repetition of asphyxia and pulmonary engorgement, which never fail to favor fresh invasion of disease.

If intubation gives us as successful results in laryngeal stenosis from diphtheria as tracheotomy (and it seems to give such promise), it has many points of advantage, and must be preferred.

In these conclusions I am supported by Dr. Wagner and Dr. Sweetnam, and we confidently commend the operation to our *confreres* in the treatment of croup, diphtheritic-croup, and laryngeal stenosis of syphilitic origin.

"Time," says Ovid, "is the best doctor."  
"True;" remarks Bob Burdette, "time will even cure a ham."

## A CLINICAL STUDY OF FIFTY-THREE CASES OF DIPHTHERIA.

BY JOHN FERGUSON, B.A., M.B., TORONTO.

By the time I have ended this paper all shall be agreed that it contains really nothing new. Notwithstanding this, I hope that some of our old faiths may be exhibited to view in new lights.

In the first place I shall speak of the fatal cases, five in all. One of these was a little girl aged 2 years and 3 months. She had just recovered from a medium attack of scarlatina, during which there was some albuminuria. The stage of desquamation was not completed, when she was taken ill with a marked attack of diphtheria, accompanied by a free formation of membrane. The membrane on the eighth day extended into the larynx, and an abscess formed at the left angle of the jaw. The child died on the eleventh day of the attack. The next three fatal cases occurred in the same family. The youngest was seven months. This little boy had never been taught to feed, and consequently refused everything except the breast. The membrane extended into the nares; and this, with an abundant coryza, so closed up these passages that on the second day the child could not nurse. The little patient died on the third day of the attack. The next death was that of a sister to the above, aged 3 years and 3 months. Three months previous to her last illness she had a mild attack of scarlatina, which was followed, however, by considerable anæmia. When taken with the attack of diphtheria there were some reasons for regarding her case as a promising one. On the fifth day she seemed much worse. Her temperature ran up two degrees and she began to cough. I feared the invasion of measles, as two other children were in bed with this disease in another room. This fear was unfortunately only too real. Extensive capillary bronchitis set in, and the patient died two days after the appearance of measles. The fourth fatal case was a brother to the two just mentioned. He was 16 years of age, and had successfully gone through a very severe attack of diphtheria, with an abundant formation of membrane on the tonsils, fauces, soft palate, pharynx, and in the nares. The fetor

was tremendous. All membrane had disappeared, and strength was returning. When informed of the death of his little sister he was completely overcome with grief. This information was communicated to him contrary to my instructions. He never fully recovered from the shock. When I saw him his pulse was very feeble, and only 32 per minute, and he could not swallow. Nutrient and stimulant enemata were given, and in this way life was maintained for three days, when the patient suddenly expired, being the eighteenth day of the attack. In the *Philadelphia Medical News* for 15th Dec., 1883, I reported three cases of sudden deaths in diphtheria. In that article an instance was given where strong emotion seemed to be the only cause for the unexpected and fatal result. In the case now under consideration all was going on well until he was informed of the death of his sister. What followed has already been stated.

The fifth death occurred nearly three months after the attack of diphtheria, and was due to paralysis. As this is a very interesting case I shall take the liberty of going somewhat into details. The attack in the first place was an unusually severe one. There was a very abundant formation of membrane on the tonsils and palate, and in the pharynx and throughout the nares. The membrane persisted for a period of two weeks. On one occasion, while I was spraying the throat, the patient coughed and expelled a portion of membrane over an inch in length, three-fourths of an inch in breadth, and, in the thickest part, one quarter of an inch. On carefully cutting this portion the naked eye could detect five or six distinct layers of membrane formation, the outer being the oldest and the inner the most recent. It was tough, dense and elastic, and could bear considerable pressure between the finger and the thumb without breaking up. The patient was a married lady, aged 22 years. She had been married four years, during which time she had had neither miscarriages nor children, and had menstruated but three times. Ten weeks subsequent to her recovery she went to the Exhibition, and spent an entire day upon the grounds and in the various buildings. The day was cold, there being a decidedly steady east wind, and in the evening

rain. On her way home she got wet, and stated that she felt very much fatigued. From this time onwards she was indisposed, and on 20th September sent for me to see her. On making the visit, she informed me that she had some pain in the region of the left lung. On applying the stethoscope over the part indicated by the pain, crepitant and subcrepitant râles could easily be heard. In addition to this the palate was partially paralysed, and fluids returned through the nostrils. She also complained of a feeling of numbness, and "pins and needles" in her hands and feet. There was marked loss of sensation on the anterior and lateral portions of the neck. By the 22nd she had lost the power of swallowing completely, and had to be fed by the rectum. The food ordered consisted of milk, eggs and meat extracts, all of which were carefully peptonised. She had  $\frac{1}{2}$  grain of strychnine every four hours and all the stimulants that the rectum would bear. By the 24th September the left lung was pretty generally involved, and there were marked symptoms that the nerve supply to the respiratory muscles was being cut off. I ordered two fly-blisters, each one inch wide and six inches long, to be applied on the course of the pneumogastric nerves. These rose, and the patient felt greatly improved during the 25th. On the morning of the 26th the respiration had again flagged and the heart's action was greatly impaired. A fly-blisters was applied along the spine from the hair to the first dorsal vertebra. This also rose well, and was followed by marked improvement in the symptoms. On the evening of the 27th she had a very bad turn, the respiration and heart's action being very faulty. Dr. Carveth saw her on this occasion with me, and assisted me to counter-irritate several parts of the neck with chloroform. We left her expecting to hear of her death in the morning. Instead of this, however, I found her greatly improved; the pulse was much fuller and stronger and could now be counted easily, which was quite impossible the evening before. She passed the 28th fairly well. On the 29th the rectum began to be irritable and reject the enemata. I passed an œsophageal bougie twice during the day, and gave her food by the stomach. On the after-

noon of the 30th Dr. W. W. Ogden saw her with me; the same general management of the case being continued. On the evening of this day she succeeded in swallowing a little, and told me she could feel the brandy and water go down to the stomach. During the night and the ensuing day, 1st October, she continued to swallow. On the 2nd October her symptoms again became very bad, having lost all power to swallow a second time. This afternoon Dr. J. E. Graham saw the case with me. By this time the left lung was involved throughout, and the lower half of the right. The heart was also extremely weak. She had  $\zeta j$  Tr. digitalis by enema, which was retained. The heart improved a little, but she lapsed again, and died during the night.

Now what was the pathology in this case? My own opinion was that it was mainly a peripheral ascending neuritis. While ill with the diphtheria she had decided albuminuria. From this she completely recovered. She had, in the interval of the two attacks, been well enough to go to Bradford and spend a week with her mother with comfort and enjoyment, and was doing her own housework up to the date of her going to the exhibition. From these facts I am slow to admit that the cause of the paralysis was really essential to the disease or toxic in its nature, though I believe this to be a true cause in some cases. I am also inclined to think that the anæmia remaining from the primary illness had no small share in the causation by at least weakening the tissues and favoring the extension of the inflammation. The neuritic view was strengthened by the good, though temporary, results of the counter-irritation, and was finally established by a post mortem examination of the nerve tissue taken from the neck. That profound anæmia may, in some cases, give rise to paralysis, I know. I have on one occasion produced symptoms of a true paralysis by keeping a young dog in a condition of great anæmia by daily bleedings, extending over a period of two months. In a case of cirrhosis of the stomach, which once came under my notice, there was a very extreme degree of anæmia; and with it evidence of some paralysis, other than the debility accompanying the condition of the patient.

\* A few remarks must now be made on the condition of albuminuria, which is so frequently present. Of my 53 cases, albumen was found in the urine of 39. Every specimen was tested by the four different methods of heat, nitric acid, Dr. George Johnson, and Dr. Oliver. The albumen was small in amount in 11 cases, medium in 13, and abundant in 15.

With regard to remedies, the following observations and suggestions are thrown out. In the first place, I would unhesitatingly condemn the use of chlorate of potash, and for the simple reason that in every case where given, it increased the amount of albumen in the urine. This observation has been also made in scarlatina. Now for chlorate of potash to do any good, it must be given freely, and the more freely the greater the danger arising from its use.

Quinine does not seem to have any special action, other than the merely tonic one. To give it in doses sufficiently large to act on the system, as a general antiseptic, it would be altogether too depressing; while in small doses it is almost useless.

The only other constitutional remedy to be mentioned is the tinct. ferri perchlor. In this there is nothing new, unless it be in the mode of giving it. For a patient of ten years, I order:

R Tr. ferri perchlor. . . . .  $\zeta i$   
Syr. simplicis. . . . .  $\zeta iiii$

Of this one teaspoonful is given in water every hour. If any irritation is produced in the stomach, give half the dose every half-hour. If the case be at all adynamic, the chances are that the dose can be increased rather than lessened. One little patient aged seven months, with great prostration, took every hour one teaspoonful of the following:

R Tr. ferri perchlor. . . . .  $\zeta ii$   
Syr. simp. ad. . . . .  $\zeta iv$

This would be mins.  $3\frac{1}{2}$  for each dose, or about one drachm doses for an adult. In another case, that of a married lady, aged 22 years, with a very excessive formation of membrane, marked prostration, and great fetor, one ounce and a half tr. ferri perchlor. were consumed every twenty-four hours for some ten

days. This is the case that subsequently had paralysis and died.

The question may be raised as to bad effects from such doses. All I can say is that I have not met with any. These doses have not caused diarrhœa, nor have they irritated the kidneys, judging by the albumen in the urine, nor did they injure the stomach. One point is worthy of note. As the need for the medicine passes away less of it can be borne. The lady just mentioned, who used one and a half ounces a day during the true period of the disease, could not bear over mins. xv. every four hours during convalescence. In this respect there appears to be a sort of therapeutic harmony between the disease and the remedy. The greater the prostration, and the more the need for sustaining treatment, the greater the amount of the tincture the system can bear.

In twenty of my cases the blood of the patients was microscopically examined every day or every other day. It is really wonderful to note how rapidly the red blood globules are reduced in number; and further, to observe them becoming less healthy in appearance. Both of these tendencies are greatly counteracted by the free use of the tincture of iron as recommended above. My rule for its administration is, simply, all that the patient can retain every hour or half-hour, and the greater the need for it the greater this amount will be.

As to alcoholic stimulants, very little has been used, and I have not been able to notice any specific action other than stimulation.

The local treatment consisted in spraying the nose and pharynx with a fresh, caustic solution of lime water, neither diluted nor with anything added. In cases where the membrane was not abundant, this part of the treatment was omitted.

Does the tincture arrest the formation of membrane? This question, I think, must be answered decidedly in the affirmative. Saturate the system early with the iron and the increase of the membrane will be checked, in the same manner that the spread of erysipelas is influenced by a similar treatment. From what I have been able to judge from my own cases, the inflammation in the tonsils, fauces, pharynx and nares, accompanying diphtheria, partakes

very much of the nature of a phlegmonous erysipelas. Indeed, the phlegmonous and gangrenous inflammations of the throat, described by Lawrence, Dupuytren, and many of the older surgeons, correspond clinically very closely with what we now recognize as the local sore throat of the constitutional disease, diphtheria. In some cases of severe erysipelas which I have attended, as much as half drachm doses of tincture of iron were given every hour with excellent results.

In some instances, where one of a number of children was taken ill with diphtheria, very good results have followed the administration of iron to the other children still unaffected. In the event of these taking sick, the disease did seem to be modified, and the system fortified against it.

Under the above treatment I have had only two examples of post-diphtheritic paralysis. In one case the paralysis came on about three weeks after recovery. It affected both arms, was not severe, and soon passed away. The second case is the one fully described already.

In all cases where the membrane extends into the larynx, abundance of steam, simple or carbonized, aids recovery very much. At the same time it must never be forgotten that a free supply of fresh air is imperative. With regard to the burning of tar, turpentine, sulphur, etc., in and near the room, I think we cannot be too careful, as these vapors only tend to irritate the trachea and bronchi, and guide the trouble into the very regions we are so anxious to guard against its inroads.

One of the leading works on diseases of children, published some twenty years ago, speaking of croup and diphtheria says: "The diet must be low and restricted." The very opposite of this is the true rule—abundance of milk, eggs, and good meat extracts, such as contain its nourishing constituents.

I shall now add a few remarks on some experiments which I have made with a view to determine whether the disease is a local or a general one; and whether it can be communicated to the lower animals or not. The first three experiments were on dogs. Membrane and discharges from the throat of a patient suffering with diphtheria were made into an



emulsion with water and injected beneath the skin. The first dog became feverish in a few hours, and by the second day had a sore throat, but there was very little if any membrane. This dog recovered. The second dog became feverish, but had no membrane, though a slightly congested throat, and got well. The third had a considerable amount of membrane. I killed this animal when it had just recovered from the sore throat, in order to examine the nerves of the neck and the spinal cord. There was a slight hyperæmia of the meninges. The kidneys were examined, without evidence of inflammation; yet this animal had passed albumen in the urine. Was the albuminuria due to a toxic condition of the system, or to the hyperæmia existing in the nerve structures, which might have caused some derangement in the various secreting and excreting functions of the body?

My other experiments were also three in number and conducted on calves. One was a complete failure; in another the only results were fever and malaise for a few days. One of the experiments, however, was very successful. The constitutional disturbance was well marked and on the fifth day after the injection of the virus, membrane appeared in the throat and subsequently became abundant. This animal was killed during the attack, and the nervous system carefully examined, but nothing unusual was discovered.

The above experiments are admitted to be very imperfect, yet they show that diphtheria is a truly constitutional disease, and that it can be communicated to the lower animals.

**A MEDICAL ELECTION.**—By a recent amendment of its medical laws, English practitioners have received the right to elect a certain number of direct representatives to the General Medical Councils—this council having previously been made up of representatives of the teaching bodies. Considerable excitement has attended the first election. The results, so far as known, give the election to Mr. Wheelhouse, Sir Walter Foster, and Dr. Glover for England, Dr. Bruce for Scotland, and Dr. Kidel for Ireland.—*N. Y. Med. Record.*

## Selections.

[We are indebted to DR. ZIMMERMAN for the translations from the French and many of the therapeutic notes, and to DR. R. B. NEVITT for the Italian translations.]—ED.

### SIMPLIFICATION IN THE TECHNIQUES OF THE SÄNGER OPERATION.

At the recent meeting of the German Gynecological Association in Munich, Dr. Säger stated that, while the classic simplicity of the Cæsarean section was irretrievably a thing of the past, there was not necessarily any great complexity in the modern modified operation. His rules as to technique are as follows:

1. *Preparation.* No especial instruments are needed. The abdomen, vulva, and vagina are disinfected with sublimate solution,—the instruments with carbolic acid. Sponges may be substituted by large cotton wads dipped in the antiseptics just named or in chlorine water, or by napkins of sublimate gauze, etc. Two assistants are sufficient. In case of need the narcosis may be intrusted to a layman.

2. *The abdominal section* is in the linea alba. The application of hæmostatic clips and the introduction of provisional sutures may be dispensed with. Unless there has been death of the fœtus, rolling out of the unopened uterus is not advisable on account of the increased length of the incision involved and the likelihood of intestinal prolapse.

3. *The uterine section* is the anterior middle median incision, the lower uterine segment being avoided. The deep diagonal incision advised by Kehrer is not commended. In Cæsarean placenta prævia, the placenta may either be rapidly cut through or it may be loosened laterally. The author has followed the first method in one case, and the second in two cases; in neither were there any resultant difficulties in suturing or in arrest of hæmorrhage. The removal of the fœtus is best begun at the feet. If the head be retained the operator waits a short time and, if then necessary, enlarges the incision upward.

4. *Eventration of the uterus.* A napkin is spread over the intestines and the uterus en-

veloped in another. In the absence of elastic rubber tubing, an artificial bloodlessness of the uterus may be produced by manual compression or by torsion on its long axis. The placenta is separated by the fingers, and the patency of the collum is ascertained. The uterine cavity is now disinfected with iodoform and is filled by sponges or strips of gauze until the introduction of the deep sutures.

5. *Sutures.* The deep sutures include the serous and muscular coats, but not the decidua. They are wide, eight to ten in number, and best made with flexible silver wire. The superficial stitches are taken with fine silk at the edges of the wound, and are from sixteen to thirty in number. In the absence of silver, which is highly commended, strong, aseptic silk may be employed.

6. *Washing out the uterus* is effected with sublimate, five parts to the thousand. Iodoform is applied to the line of suture, and the uterus is replaced as soon as all bleeding has ceased. There is no abdominal toilet except under especial indications, and *no drainage*. The abdominal wound is closed with silk knot sutures; iodoform and a thin adhesive plaster covers all. Ice bladders are placed upon the abdomen and several ergotin injections are given.

7. *The after-treatment* is to be as inactive as possible. Sanger maintains that while uterine suture is not strictly speaking easy, yet suturing the intestine is more difficult.—*Centralblatt f. Gynakologie.—Med. News.*

## THE CONTAGIOUSNESS OF SCARLET FEVER.

A paper was read on the above subject at a recent meeting of the Philadelphia County Medical Society, by Dr. Arthur V. Meigs. The conclusions arrived at were as follows:—

1. Experience shows that scarlet fever is not so actively contagious as some of the other exanthemata, and that it is largely because it is so dangerous a complaint, and often so terribly sudden in its effects, that it is so considered, and that therefore

2. It is proper that we, as physicians, should combat the unreasoning fear the public have of

the disease, and should diffuse more generally an understanding of the real degree of its contagiousness, and should lay down rules with regard to what ought to be done to prevent its spread.

3. That it is comparatively slightly contagious during the first day or two after its outbreak, and that, therefore, it is very important to take all reasonable precautions even if the disease is not very early diagnosticated; in this respect differing radically from measles, whooping-cough, etc.

4. That the disease is not nearly so much carried from place to place by persons unaffected transporting it upon their persons and on their clothes as is commonly believed."

In the discussion which followed various opinions were expressed. Some of the members, Dr. Wilson in particular, were of opinion that the contagiousness of scarlet fever was not over-estimated. The majority, however, were in accord with the conclusions arrived at by Dr. Meigs.

So far as our limited experience goes we quite agree with the reader of this paper.

We have long been of opinion that scarlet fever is not nearly so contagious as measles and whooping-cough. Several instances have occurred where the disease has been confined to one member of a household, by the rigid isolation of the patient affected. We have not known of a case of contagion the result of its conveyance in the clothing. It is remarkable that, although physicians are frequently in the midst of severe epidemics, they very rarely carry the disease home to their families. Doctors frequently take their children in the carriage with them on their rounds when visiting scarlet fever patients, without any ill effects.

There is no doubt, as Dr. Osler stated in the discussion, that individuals are much more liable to the disease at one time than at another, and that some persons more easily contract infectious diseases than others. We also think that the disease is more contagious during some epidemics in which it is especially severe.

The subject is one of a good deal of importance, and we would like to have the views of some of our readers with regard to it, especially those who have had large experience.

## VERMIFORM APPENDIX.

A study, based upon 257 cases of perforating appendicitis, has just been made by Dr. Reginald H. Fitz, and appears in the October number of the *American Journal of the Medical Sciences*. From their consideration it is apparent that perforating appendicitis is a disease most frequently occurring among healthy youths and young adults, especially males. Further, that attacks of indigestion and acts of violence, particularly from lifting, jumping and falling, are exciting causes in one-fifth of the cases. A local cause is to be found in more than three-fifths of all cases in the retention in the appendix of more or less inspissated feces, or in the presence there of a foreign body. The retention of feces may be promoted by a constipated habit, but congenital or acquired irregularities in the position and attachments of the appendix frequently act as favoring causes. A fact in support of the last-mentioned statement is to be found in the frequency of successive attacks, one or more, of inflammation of the appendix. The inflammatory process once excited, its course and results show extreme variations; appendicitis may exist without giving rise to any characteristic symptoms, and often without a symptom of any distinct malady. Errors in diagnosis have been numerous, chiefly because the cardinal symptoms of localized pain, general heat, and circumscribed swelling have not been duly appreciated in their defined sequence. As to treatment, the first and last thought should be to keep the bowels quiet, together with absolute rest in bed, liquid diet in small quantities often repeated, and, above all, sufficient opium to neutralize pain. If, after the first twenty-four hours from the onset of the severe pain, the peritonitis is evidently spreading and the condition of the patient is grave, the question should be entertained of an immediate operation for exposing the appendix and determining its condition with reference to its removal. If any good results are to arise from such treatment it must be applied early. If surgical interference is not instituted within the first twenty-four hours after the onset of the sudden and intense right iliac pain, to keep the bowels quiet must

still be the injunction. The formation of the tumor, the circumscribing of the peritonitis, is then to be awaited. It is sure to form, in the large majority of cases, if the patient live long enough. It is only in a small fraction that it occurs before the third day. In more than two-thirds of the cases the contents will escape externally or internally. Without surgical aid the escape is into the peritoneal cavity in most instances, with a rapidly fatal result. In a smaller number, the escape elsewhere not infrequently produces serious, if not fatal, sequels. Dr. Fitz concludes his elaborate study of the disease and its treatment with the following statements: The vital importance of the early recognition of perforating appendicitis is unmistakable. Its diagnosis, in most cases, is comparatively easy. Its eventual treatment by laparotomy is generally indispensable. Urgent symptoms demand immediate exposure of the perforated appendix, after recovery from the shock, and its treatment according to surgical principles. If delay seems warranted the resulting abscess, as a rule intraperitoneal, should be incised as soon as it becomes evident. This is usually on the third day after the appearance of the first characteristic symptom of the disease.

#### A SIMPLE AND EFFICIENT METHOD OF TREATMENT OF TÆNIA.

Reported by H. A. VEAZIE, M.D.

During the past year a little boy, aged three years, became the host of a large tænia, which was attributed to his having eaten raw beef, given to him during an attack of dysentery some few months before.

His symptoms included restlessness, wakefulness, capricious appetite, irregular fevers, urticaria, coated tongue denuded in spots, and a tendency to fall without any apparent cause. An examination of his stools revealed on one or two occasions several inches of the worm.

Several physicians were consulted and various remedies were tried, but without success. Among other things used were male fern, pumpkin seed and kamela, but their only effect was to bring away a few joints. One reason for the failure was the impossibility of getting the little fellow to fast. He would cry so hard and

beg so piteously for food, that his mother could not starve him, as she was instructed to do.

Finally, after every other plan had been tried unsuccessfully, the following course was adopted: A large pumpkin was bought and made into pies. The seeds were dried and hulled, and the pockets of the little fellow filled with them. Whenever he got hungry he was given a piece of pie, about all he ate in twenty-four hours. In addition, he was encouraged to eat the seed quite freely. For one day he tried seed and pie exclusively. At night he was given fifteen grains of kamela. The next morning, the first thing he said to his father was, "Papa, the worm is dead." At nine o'clock he passed the worm, head and all. Its total length was thirty feet, which, added to the pieces which had been passed before, and carefully measured, made altogether forty feet. The little fellow is in excellent health.

I have since tried this plan in several cases with good results.—*New Orleans Med. and Surg. Jour.*

#### CALOMEL AS A DIURETIC.

The calomel treatment in dropsy, especially that of cardiac origin, is being much spoken of lately. It was discovered accidentally by Jendrassik while treating a man in whom a dropsical effusion was supposed to be syphilitic in nature. He at first used calomel and jalap combined, but further experiments showed him that the latter drug was superfluous. The most effective dose is three grains from three to five times a day, but the diuretic action of the drug does not show itself until some two or three days after beginning its use; that is, not before indications of its absorption appear, then polyuria begins and lasts until all effusions vanish. Any dose above three grains will very likely purge, in which event diuretic action is not obtained. Furthermore, after diuresis has begun it is not necessary to continue the calomel, for polyuria will not cease until cedema has disappeared. The author is unable to explain this action of calomel unless it is through the absorption of the effused materials by the blood.

If healthy persons are subjected to this

treatment mercurialization occurs, but no diuresis. He also failed in pleuritic exudations with diminished urination. This plan, too, seems to be contraindicated in cases where dropsy is due to renal disease.

Where diarrhoea or stomatitis follow this use of calomel, a little opium (one-seventh grain) will check the former, without diminishing the urine, while chlorate of potassium, as a gargle or internally (twelve grains daily), will relieve the latter.—*Boston Med. and Surg. Jour.*

#### PNEUMOTOMY.

We predict that there will yet come a time when we shall have pneumotomies and pneumotomists in surgery, just as we now have ovariectomies and ovariectomists. Already pneumotomy has made much headway, and has encountered far less opposition than did laparotomy. Since the lungs are the most frequently diseased of all organs, the surgical opportunities which they invite may develop almost indefinitely.

A most successful pneumotomy, recently performed at the Hôpital Trousseau, by MM. Prengreuber and de Beurmann, illustrates so clearly what the operation is capable of doing, as well as its comparative simplicity, that we venture to give an account of it.

A child of twelve years entered the hospital with a history of having been ill for four years. Six months before admission it had been suddenly taken with fever, pain in the right side, and vomiting of blood. It improved for a time, then relapsed, and on admission to the hospital was found to have a good-sized cavity in the lung. The child's expectoration was very fetid, and a gangrenous process was diagnosed. No tuberculosis was present, judged by the absence of bacilli from the sputa; and it was supposed that the gangrene and excavation had been caused by the breaking down of a bronchopneumonic process or of a suppurating interlobar pleurisy.

A U-shaped incision was made in a line with, and below, the lower angle of the scapula, and the tissues cut through to the bone, a circular wound ten centimetres in diameter being made, at the bottom of which lay the fifth and sixth

ribs. The periosteum was incised in a longitudinal direction, and very carefully dissected off the rib. About two inches of each rib was then removed.

A fenestrum had now been made in the thoracic wall, of which the vertical walls measured seven to eight centimetres, the horizontal five centimetres. At the bottom of the wound the lung could be seen bound firmly to the wall by adhesions of the visceral and parietal pleurae. The lung was now penetrated by a thermo-cautery moderately heated. After it had reached a depth of three centimetres it entered the cavity, as was evidenced by the exit of fetid gas and secretions. The opening was enlarged so that a finger could be passed into the cavity. It was left to drain itself without any washing or disinfection. The operation lasted only three-quarters of an hour, and there was no loss of blood; air passed freely in and out of the thoracic wound. The expectoration became gradually less fetid and smaller in amount, and by the fourth day the communication of the cavity with the bronchi had closed. The cavity was then for the first time systematically washed out, and began to heal up. At the end of three weeks the healing was not complete, nor had the fetor entirely disappeared, but the general condition of the patient was excellent and showed plainly the efficacy of the operation.—*N. Y. Medical Record.*

WARTS.—The *Med. Press*, October 20, says: It is fairly established that the common wart, which is so unsightly and often so proliferous on the hands and face, can be easily removed by small doses of sulphate of magnesia taken internally. M. Colrat, of Lyons, has drawn attention to this extraordinary fact. Several children treated with three-grain doses of Epsom salts, morning and evening, were promptly cured. M. Aubert cites the case of a woman whose face was disfigured by these excrescences, and who was cured in a month by a drachm and a half of magnesia taken daily. Another medical man reports a case of very large warts which disappeared in a fortnight from the daily administration of ten grains of the salts.

## SYZYGIUM JAMBOLANUM IN GLYCOSURIA.

Dr. C. O. Kingsbury thus writes in the *Med. Age*:

During the month of June last, I was called to see Mrs. McF——, multipara, aged 54. Her case was somewhat obscure, owing to her reticence, and being a very energetic business woman, she had kept going as long as possible.

In examining her urine I was interested in its peculiar color and odor, and proceeded to test for sugar. On inquiry I found that for some two years she had been treated for "kidney trouble," and had taken a good many kinds of medicine. Taking an ounce of recently voided urine, I found it contained between thirty-five and forty grains of sugar. I treated her to the best of my ability with such remedies as are usually laid down in our books as indicated in diabetes, until Aug. 24. On that day I succeeded in getting and preparing for her an infusion of syzygium jambolanum, one-fourth ounce to the pint of water. Dose, one teaspoonful three times per day, gradually increased to two tablespoonfuls four times per day.

On the 27th of August her urine showed fifteen grains of sugar. I have not had an opportunity of making a test since, but am to-day (September 6) in receipt of a letter from the lady's daughter in which she reports continued and rapid improvement in her mother's condition. During a practice of thirty-five years I have seen many such cases go down to the grave under the treatment of skilful, honest, and earnest men, and was thus led to try a new method in this case. I did not follow any of the prescribed rules as to diet, but told my patient to eat any kinds of food that she relished and that agreed with her.

The improvement which so promptly followed will, I am sure, convince any one of the wisdom of giving the new treatment a trial in this class of cases.

Dr. William Goodell, of Philadelphia, has performed thirty ovariectomies within the last year, with only one fatal result out of the whole number. As these were not selected cases, such a series will compare most favorably with any heretofore reported.

## THE EXTRACTION OF THE AFTER-COMING HEAD.

From time to time, during the past few years, an animated discussion has arisen in the German medical press, as to the comparative merits of manual and instrumental extraction of the after-coming head in breech presentations, and after turning, especially in cases of contracted pelvis. Credé has been the foremost advocate for the use of the forceps, while Schröder and his followers condemn this practice, and recommend manual extraction alone.

In a recent number of the *Berliner klinische Wochenschrift*, A. Martin declares himself also in favor of manual extraction; but, appreciating the danger to the child which undoubtedly attends the present manner of applying this method, he proposes a modification which he has practised in thirty-eight cases with very good results. Instead of the usual method of placing the finger of one hand in the child's mouth, and hooking the fingers of the other over its shoulders and then pulling vigorously, throwing all the strain on the lower jaw and cervical vertebra, Martin's plan is to introduce the middle finger of the hand, the palmar surface of which corresponds to the abdomen of the child, into the mouth, and make moderate traction upon the lower jaw, while the other hand is used to make powerful pressure upon the child's head externally and from above. Of thirty-eight children extracted, or rather expressed in this manner, seven, or eighteen per cent., were stillborn, a result better than that obtained by the forceps in the hands of Credé himself, who reports in the *Archiv für Gynäkologie*, Band xxv., sixteen cases, of which number, four, or twenty-five per cent., were stillborn. In view, therefore, of the comparatively good results achieved, the wish expressed by Martin that the profession may at least deem this method worthy of trial will probably be gratified.—*Medical News.*

### ETHER SPRAY IN THE REDUCTION OF HERNIA.

—Dr. George R. Fellows, of Moose River, Me., writes: "About two years ago I was called to see a case of strangulated hernia of two days' duration. Two physicians had been called, but

were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unable or unwilling to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand-atomizer, and was greatly surprised to find the hernia disappearing spontaneously. Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless, and reduction occurring spontaneously or with slight pressure."

## TREATMENT OF UTERINE FIBROIDS.

Dr. Goodell, in a clinical lecture reported in the *Virginia Medical Monthly*, says: In the treatment of fibroid tumors of the uterus, the remedy *par excellence* is the combination of ammonium chloride in ten-grain doses, three times a day, with as much of the fluid extract of ergot as the woman can bear. In order to make the treatment as inexpensive as possible, I shall direct the patient to procure six drachms of chloride of ammonia, and dissolve it in a pint of water. Of this she will take a table-spoonful in a little water three times a day. She will also take twenty drops of the fluid extract of ergot three times a day, if possible before meals. If this should cause too much pain, the dose will be lessened. If it upsets the stomach, she will take it after meals.

I shall direct her to report the result of this treatment in two weeks. If in two months there is no decided improvement, I shall recommend the removal of the ovaries—an operation which, in my hands, has never failed to put a stop to menstruation, and arrest the growth of the tumor.

As illustrating the effect of the treatment by ammonium chloride and ergot, I may state that in June, a lady, who had been bleeding excessively, presented herself at my office. She was 50 years of age, and had a fibroid tumor. She had been taking ergot for some time without benefit. I gave her the remedies just indicated. In July she again came to see me, and I found that the uterus, which one month before was five inches long, now measured only four and one-half inches. I saw her again this morning

and the sound gave a measurement of only four inches—a diminution of one inch in three months. Her last period was the best she has had for years. This patient will probably be bled over the climacteric, after which the tumor will become smaller and smaller. I have, however, never known it to disappear wholly; but it then usually becomes innocent.

### IODOL, THE NEW ANTISEPTIC.

Two recently published papers on iodol, one by G. Schmidt and the other by Fr. Pahl, disclose some additional facts in reference to their new antiseptic agent. Schmidt employed iodol at the University clinics of Heidelberg in the following forms: 1. As a powder, applied to the wound like iodoform. The iodol formed no scab with the secretion; the secretion itself was odorless, the granulations abundant and the healing of necrotic ulceration surface satisfactory. 2. As a solution 1:16 of alcohol + 34 glycerine, intended for tampons in carcinoma of the uterus and rectum, also for injections in fistulas and ulcerative cavities. 3. As iodol gauze. Schmidt expresses himself thoroughly contented with the results obtained with these various modes of iodol application, and lays particular stress upon the absence of all intoxication phenomena in the use of the new antiseptic. He believes, however, that the granulations obtained from the use of iodoform are more luxuriant than those appearing after the employment of iodol.

Pahl, commends, likewise, the use of iodol, especially in view of its "comparatively slight toxic qualities."—*Therapeutic Gazette*.

FORTY THOUSAND NEW DOCTORS IN TEN YEARS.—The *Medical Record* says that in the last nine years 103,595 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly forty thousand. For making these the medical colleges must have received over twelve millions of dollars.

### THE THERAPEUTIC USES OF WATER.

BY D. T. SMITH, M.D.,

Lecturer on Medical Jurisprudence in the University of Louisville.

It is in the treatment of fevers of various kinds that the efficaciousness of water is exhibited in the highest degree, though in numerous other affections it will be found to occupy a leading position. It is beneficial in various fevers, by reason of the comfort and agreeable sensations it produces, exalting the mental and strengthening the vital forces of the patient, and by reducing the temperature where this is so great as to endanger life.

When used for the purpose of reducing temperature, I have found no better way than pouring cold water over the patient's head. The full bath and the wet sheet are preferred by many, but the physician must possess very fully the confidence of his *clientèle* if he can carry it out in private practice without considerable difficulty. Indeed, I much incline to doubt if there is sufficient advantage, even when readily submitted to, to compensate for the extra annoyance and shock to the patient.

Sponging the body with either cold or hot water is good treatment. The cooling effect of the hot sponging being probably not less than that of the cold, while it is often, even in the highest fever, a more agreeable application.

Water taking the form of vapor, absorbs a thousand degrees of heat. If then, cloths are wrung from hot water and applied to the body, evaporation takes place very rapidly, and the heat required for the vapor is taken in large part from the tissues. The pores also, in this way, are left open to continue giving off heat along with the insensible perspiration. With cold water, on the contrary, it often happens that the pores are closed by spasm, so that all the heat removed must be absorbed through the substance of the skin and subjacent tissues.

Where there is internal pain or inflammation, as in pneumonia, pleuritis, or peritonitis, only the hot applications should be made use of. In these diseases the applications can not be too diligently kept up from the very beginning. About the head, however, in these diseases, cold water can generally be used to advantage, and, since no contraction can take place in the

calvarium, and the water may be brought close to large masses of blood, there seems to me no more rapid way of reducing temperature. Even ice with proper precautions, may here be used in various ways to the greatest advantage.

In several cases of deep stupor from intense malarial fever, I am sure I have saved life in this way. In these cases, being called to patients already in such a state of stupor that nothing could be swallowed, and apparently beyond the reach of internal medication in whatever way applied, I have ordered cold water poured on the head in great amount, with the result that they speedily rallied and made a good recovery; quinine, of course, being given to remove the cause of the disease.

In persistent vomiting there are few remedies, or none, so efficacious. Cloths freshly wrung from hot water applied to the stomach, iced water externally over the pharynx, and iced water or hot water frequently swallowed in small quantities, relieve the vast majority of cases of vomiting. In the convulsions of children, due to intensity of fever, the method of using is that already described, viz., pouring it on the head.

In the convulsions of hysteria it acts like magic when properly used. In these cases we have to discriminate, since the rude use of water which gives the best result can not always be resorted to. Where we have full control, as among certain indigent and hospital patients, we can relieve these cases almost instantaneously by the dashing of water from a distance upon the face and head, as if we were bent on drowning them. A few minutes usually suffice for the relief of the worst cases.

In many cases of this character, where the nervous element is prominent, the treatment seems to act by breaking up the association of ideas or emotions that have taken on a warped character and engross the attention of the mind.

As a hemostatic, hot water occupies the very front rank. In hemorrhagia or *post-partum* hæmorrhage nothing else compares with it in a great majority of cases for arresting the excessive discharge.

In the morning, when we need to wash out from the blood and tissues the ptomaines ac-

cumulated during the previous night, and which makes us feel so weak, languid, and worthless, at a time when it seems we ought to be at our best, what is better than plenty of pure cold water drunk freely from the moment of first waking?

In heartburn, and especially in that form in which eructations of sulphuretted hydrogen occur, there is no better course, perhaps, than to fill the stomach with water, pending other measures of treatment.

In this way a patient may be able to come out in the morning fresh and comfortable, whereas, if the attack had been permitted to run on through the night, a week would have been required for the stomach to recover its normal tone.

As a laxative water has no equal for persistence of effect and freedom from untoward after-results. In this trouble the patient should begin on first waking in the morning, and drink from time to time as the stomach will bear until breakfast, or as experience teaches it to be necessary. When food is taken into the stomach, and the flow of gastric juice begins, the absorption of water in a measure ceases, and in large quantities it will then prove harmful.

For local inflammations, especially after injuries, water stands almost alone.

After dislocations or severe sprains or bruises, it is my custom to have a large vessel, usually a bucket, with a hole made in or near the bottom, swung so as to permit a stream of water to pour constantly on the injured part, using water as hot as it can be borne with comfort. In warm weather, however, and in injuries of the extremities, it may often with advantage be used cold. In this way I have seen a case of dislocated patella recover without perceptible swelling.—*The American Pract. & News.*

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ON A MEANS OF RECOGNIZING THAT THE UMBILICAL CORD IS ROUND THE NECK OF THE CHILD.—Dr. F. R. Humphrys, in the *Brit. Med. Jour.*, says that in nearly all the cases of this occurrence he has come across, the mother has cried out, much the same as she would in the early part of the first stage of labor, and com-



plained of sharp acute pain, which stands out in curious contrast with the bearing-down of the latter part of the second stage of labor, (when the head is on the perineum) at which it is obscured. He has very rarely noticed this cry when the cord was not round the neck of the child.—*Medical and Surgical Reporter*.

#### WHAT OTHERS SAY OF US.

[Extracts from editorial notes of the recent meeting of the American Public Health Association in Toronto, *St. Louis Courier of Medicine*]:

Among the institutions of Toronto which are of interest to a physician, I must mention the Toronto General Hospital where I spent some hours very pleasantly.

The institution has a large, well-constructed building, in which are the general, surgical and medical wards, and the amphitheatre in which clinical lectures are given. In a detached building, only connected with the larger building by an open corridor, are the wards for eye and ear patients. The lying-in wards are in a building which stands by itself, entirely apart from the main building. They have accommodations for twenty-five patients in the lying-in wards, and for two hundred and fifty in the whole institution. The number in the wards at the time of my visit was about two hundred and twenty, including a number of cases of typhoid fever.

The hospital has quite a considerable endowment, in addition to which the Dominion Government pays forty cents a day for each patient cared for, and the City of Toronto pays thirty cents a day for each patient sent in by the city authorities. Then they have private rooms for the reception of pay patients who choose to avail themselves of the opportunity for greater seclusion than they would find in the general wards. Such patients are at liberty to make choice of professional attendants from any member of the hospital staff with whom they make any arrangement that proves satisfactory with regard to compensation. In case a patient in a private room makes no selection of attendant, the physician or surgeon, as may be, on duty at that time

takes charge of the case, and compensation for his services is optional with the patient.

The hospital staff is triple, each set of attendants being on duty four months at a time, taking charge of the patients and lecturing to the students in the hospital theatre. There are two medical schools situated in the immediate vicinity of the hospital. One set of hospital staff attendants is selected from each school, and one set from the profession not connected with either school. The hospital staff lecture to the students, not as coming from one or the other school of medicine, but as having taken out tickets which entitles them to attend these hospital lectures, for which they pay entirely independently of their college ticket. The charge for the hospital ticket lectures is eight dollars for one year, or twenty dollars for the four years' course. The theatre in which the lectures to students are delivered is exceptionally well adapted for the purpose. It is claimed that it will seat six hundred students, and that every one is so placed as to readily see a patient placed upon the table for operation. It certainly is better arranged in this regard than any other room that I have ever seen. Thanks to the courtesy of Dr. Adam Wright, one of the clinical staff I had the pleasure of meeting the class of students in their theatre, and of giving them a friendly greeting in the name of the profession south of the Great Lakes. In appearance the medical students of Canada are much like those of the States, except such difference as might be expected between classes who must of necessity attend four courses of lectures and those who are rushing through in half that time. Among the students in the hospital theatre I noticed several young ladies who are in attendance as regular matriculants.

The nursing in the hospital is all done by the pupils of a Training School for Nurses, which is conducted as a department of the hospital work and is in a flourishing condition. A large class graduated on Wednesday evening of the week in which the meeting of the A. P. H. A. occurred.

The superintendent of the hospital, Dr. Charles O'Reilly, has been for eleven years in charge of the institution, and has proved a

most efficient officer. The system of ventilation in the wards, which has been arranged in accordance with his express directions, is most efficient and thoroughly satisfactory.

Thursday evening, in lieu of a public address as an inaugural of the course of medical lectures for the year, the faculty of the Toronto Medical Collège gave a conversazione to which an invitation was extended to the members of the A. P. H. A. This was attended by a few of the members of the Association, the greater part being occupied with the regular business till too late to go. The absence of these delegates, however, was hardly to be noticed in the throng of ladies and gentlemen who filled the halls and other rooms of the college, and enjoyed the music and other entertainment there provided.

#### LOCAL APPLICATIONS IN VAGINITIS.

Slocum has recently, in *The Medical News*, called attention to a communication upon the use of vaginal tampons of absorbent cotton "coated with boracic acid" in the treatment of profuse and offensive leucorrhœa, a method which he prefers to the use of boroglyceride cotton tampons, because the glycerine causes a copious watery discharge which, though at times beneficial, is not always desirable. At the Jefferson Medical College Hospital boric acid has been used in the treatment of vaginitis with very satisfactory results. A large cylindrical tampon with a string attached to it, is covered with glycerine and then thoroughly coated with boric acid sprinkled from an ordinary pepper-box. It is allowed to remain in the vagina for forty-eight hours.

Delineau, in the *Révue Médico-Chirurgicale des Maladies des Femmes* for October, advises, in vaginitis, the use of a powder composed of salicylic acid three parts, powder of poplar charcoal five parts, and powdered talc ten parts, applied by an insufflator to the entire vaginal surface.

We find in the same number of the *Révue* the following method of preparing salicylated cotton, which may also be used not only for uterine, but also for vaginal application. One hundred parts each of concentrated alcohol

and of purified cotton, ten of salicylic acid, and one of glycerine are provided. The salicylic acid is dissolved in the alcohol, the glycerine added, and then the cotton is saturated in the mixture, the superfluous fluid squeezed out, and the cotton dried and kept in hermetically sealed flasks.—*Med. News*.

#### POST-PARTUM TROUBLES IN AMERICAN WOMEN—TOO MUCH GYNECOLOGY ONE CAUSE.

Sir: I have read with great interest your recent editorial in *The Medical Record* concerning post-partum troubles in American women. I cannot agree with Dr. Barnes in his estimate of the causes of injuries following parturition in American women, particularly his assertion that American women are defective in physique. It is very true that we have many women of defective physique in this country, but these it can be proven are mostly of foreign birth. I have been quite an extensive traveller in Europe, but have failed to find the women of any nation more beautiful or better formed than those of the native Americans in the United States. Indeed, our American girls, and especially those of the last generation and those born since the close of the last war, are, in fact, generally superior to those of any other nation, with only a possible exception in the English. Our girls certainly suffer from too much indoor life, but I think this is being very rapidly corrected, and out-of-door games and occupations are becoming more and more popular.

The greatest danger our girls and young women have nowadays to encounter is the amateur gynecologist. As soon as a physician possesses a brass-mounted table and a speculum and a pair of forceps, he is recognized at once as making a *specialty* of gynecology, and the number of congestions, ulcerations, flexions, versions, and heaven knows what all, that afflicts our young girls from sixteen years upward is simply awful! No, the girls are all right, but the gynecologist is all *examinations*. Give our women a reasonable rest, and spare the dreadful nickel-plated speculum, and our women will be healthier and happier, and there will be less to complain of concerning post-partum troubles

in American women. The poor uterus, punched, pricked, soaked with iodine, or blistered with nitrate of silver and all the other applications, not to speak of the legion of pessaries which are introduced, for no good reason, is enough to make any woman weak and liable to post-partum troubles, even if such abuse does not make them sterile.

For young girls of sixteen to be subjected to the examination with a speculum, or for girls of nineteen to be obliged to carry about a pessary big enough for a multipara, is certainly not very desirable, and reflects little credit upon the amateur gynecologists who carry out such meddling theories. Gynecology is useful, and oftentimes indispensable; but every candid physician must admit that we have at present in full operation all the gynecologists we shall need for twenty-five years to come. There are other departments of medicine much worse off, as regards numbers, than gynecology, and the advice of the old physician to the younger when asked if an examination should be made, when he replied, "Don't," is a good advice in a large number of gynecological cases to-day.—*N. Y. Med. Record.*

### SOME MODIFICATIONS IN BRAIN SURGERY.

Mr. Victor Horsley's contribution to the subject of "Brain Surgery," at the last meeting of the British Medical Association, contained a number of practical suggestions, as well as some radical departures from ordinary methods. Surgeons will do well to consult his article in detail. We can present here only the main features of his paper. Mr. Horsley describes the method of operating when portions of the brain-substance are to be incised or excised, but some of his methods can be adopted with advantage in ordinary operations for trephining. The main points upon which he lays stress can perhaps be summed up as follows:

First. Strict antisepsis, including the use of the spray, is enjoined. The patient's head, on the day before the operation, is shaved, washed with soft soap, and then with ether. The portion to be operated upon is then covered with carbolyzed lint for twelve hours or more.

Second. A purgative is given on the day before the operation, and an enema on the day of the operation. Chloroform is used as an anæsthetic, as a rule, and just before anæsthetic the patient he is given one-fourth of a grain of morphine. This allows a less amount of chloroform to be used, and it also contracts the cerebral capillaries and lessens hemorrhage.

Third. The incision in the scalp is not cruciform, but semi-lunar. It is carried directly to the periosteum, and its curve is to be directed so as not to cut large vessels, and so as to allow drainage when the patient lies on his back.

Fourth. A very large trephine is used, one of two inches in diameter. Or, two smaller openings may be made, and the intervening bone removed with a Hey's saw. The dura mater is cut around four-fifths of the area exposed, and at a distance of one-eighth of an inch from the edge of the bone, so that it can be stitched into its place again. If the dura mater is intact, and can thus be replaced, the pieces of bone removed are placed between aseptic sponges, are cut in small pieces, and replaced at the end of the operation between the dura and the flap.

Fifth. The hemorrhage caused by incisions into the brain itself, can be controlled by plugging with small bits of sponge. The hot iron is not recommended.

Sixth. Wound cavities produced by the removal of brain are not to be drained for more than twenty-four hours. At the end of this time the drainage-tube is removed. The advantage of this plan is that the inflammatory exudation causes a pressure which is beneficial. If this exudation becomes too great, it can be lessened by opening up the track of the drainage-tube with a probe.—*N. Y. Med. Rec.*

TREATMENT FOR RECENT LACERATIONS OF THE CERVIX.—This formed the subject of a paper read before the late meeting of the American Gynaecological Society, by Dr. Ellwood Wilson, of Philadelphia. When the laceration is observed immediately after labor he directs vaginal injections of corrosive sublimate solutions—1 to 5000; three to be used every other day and an iodoform suppository inserted after

each irrigation. If the injury is discovered within three weeks after delivery his method is, after thoroughly cleansing and drying the part, to paint the surface with a solution of nitrate of silver—60 grains to the ounce. Dr. Wilson stated that three to five applications at intervals of about five days usually sufficed to make a complete cure.—*Practice.*

### THE VALUE OF COMBINING DRUGS.

It has long been known that by combining drugs certain results may be produced which will not follow if any one of the ingredients be given singly. To Dr. Fordyce Barker belongs the credit of having shown this fact very clearly some years ago.

Quite recently Professor Goll has called attention to practical points in the same direction. (*Therapeutic Gazette*, September, 1886.) Thus opium, given with irritating or emetic substances, lessens the irritating property. When given with tartar emetic, for example, it prevents the painful retching and cramps, without preventing emesis. When given with mercury the rapid elimination of the latter drug is prevented, it is more abundantly absorbed, and its constitutional effect more quickly obtained.

The utility of opium used in conjunction with morphia is often observed, relieving as it does the subsequent nausea and vomiting. Given with iodide of potassium it will often prevent the disagreeable nasal catarrh caused by the iodide. The combination of belladonna or hyoscyamus with cathartic drugs, in order to prevent the griping, is a well established therapeutical practice. Belladonna, by eventually paralyzing the intestinal muscular fibres, is useful in colic.

Another use for belladonna is its administration as a cardiac stimulant. The following statement of Luchsinger deserves to be widely known: "If the heart is brought to a standstill, whether by chloroform or potassium salts, by gallic or oxalic acid salts, by apomorphine, quinine, zinc, or poisonous mushrooms, atropine will always succeed in the commencement of the paralysis in restoring the action of the heart." Again, the combination of morphia and atropine in the proportion of twenty to one

will accentuate the action of cocaine; combined with caloral, belladonna reduces the paralyzing action of the former on the heart, while, according to Bert, Morat, Aubert, Doster, and Laborde, preliminary injections of atropine will greatly remove the danger of arrest of the heart in chloroform narcosis. Finally, the combination of belladonna with quinine or salicylic acid has deserved the greatest reputation in the treatment of neuralgia.

Still another use of the combination, says the *Gazette*, of drugs is called attention to by Dr. Goll, where the production of solubility plays the most important rôle. Mercury, as is well known, is with difficulty absorbed, and is corrosive in many solutions. The combination of mercury with albumen forms one of the most absorbable compounds. Such a solution is easily prepared by warming a solution of one of the heloid salts of mercury in the presence of a soluble albuminate.

### THE TREATMENT OF RHEUMATISM IN THE BOSTON HOSPITALS.

Dr. Francis Minot usually employs in the treatment of acute articular rheumatism, ten grains of salicylic acid or fifteen grains of sodium salicylate, for an adult, every hour, or every two hours, until the pain and fever abate; after that, at longer intervals according to circumstances. If there be indications of endo or pericardial complications, sinapisms are applied, followed by fomentations, and quinine is given in two grain doses, three or four times daily. In cases of suspected cerebral inflammation ice is applied to the head, with opium, chloral hydrate, aconite, etc., internally. The affected joints are simply wrapped in cotton wadding. Purging is avoided.

The diet during the acute stage consists chiefly of milk and farinaceous articles. Wine and other stimulants are ordered according to the degree of prostration. The patients are kept in bed at least a week after all pain and swelling have subsided, and the temperature and pulse have fallen to the normal standards.

In the more chronic forms of articular rheumatism, reliance is chiefly placed on quinine

and iron. In all cases care is taken during convalescence to prevent fatigue, exposure to cold, and errors in diet.

Dr. F. C. Shattuck uses a combination of the salicyl and alkaline treatment, with a view to—first, relief of the articular pain and swelling; and, second, the prevention of cardiac complications, the results of which are far more serious than are those of the inflammation about and in the joints. He finds that under the use of the salicyl compounds the joint pains and the fever yield more promptly and fully than any other medication. Relapses are, however, common; and it would seem that, though the patient is made much more comfortable, his stay in the hospital is but little if at all shortened. There are good authorities who maintain that this treatment tends directly to lessen the liability to cardiac complications; there are other equally good and more numerous authorities who maintain that it has no such direct action. That the full alkaline treatment has some effect in averting and curing these complications, rests on evidence strong enough to make us listen to it; and the stay in hospital under its use is, if the statistics quoted by Professor Howard in Pepper's *System of Medicine* are reliable, rather shorter than under the salicyl compounds.—*Med. News.*

**CANCER OF THE WOMB**—We find in the *Medical Press* that Prof. Sireday uses a very simple but effective palliative treatment for cancer of the womb, and in the many cases in which he applied it, the patient's sufferings were rendered very supportable. His method consists in washing out the vagina by a solution of corrosive sublimate (1:3000), and in applying small plugs of cotton imbibed in a four per cent. solution of chloral and dusted with iodoform, to the wound. It is essential that the wound should be exactly covered with the first plug and left *in situ* for two days, when the dressing is renewed. After a few days of this treatment the ulcer, which hitherto wore a very ugly aspect, becomes clean and resembles an ordinary wound, and the pain is greatly lessened. By this method also hæmorrhage is arrested, and thus the life of the patient is prolonged and her general state is greatly improved.—*Archives of Gynæcology.*

## SEVERE ON THE PHILADELPHIA DOCTORS.

On Thursday evening, November 18, by special invitation of the College of Physicians of this city, Dr. E. O. Shakespeare delivered an "informal talk" before that body, reviewing briefly the main points in his forthcoming official report on cholera. We can truly say that it has been many a long day since those who were present have listened to a "talk" so instructive and so interesting. We do not like to indulge in strong language, but we feel compelled to say that the mass of the profession of this city ought to be ashamed of themselves. To listen to this wonderfully interesting address less than one hundred doctors assembled, although the whole profession was invited. If it had been stated on the card of invitation that fried oysters, chicken salad, and champagne would be served free after the address, the neighborhood of the college would have presented a scene somewhat analogous to the late Chicago riots. We always knew that doctors had stomachs, and we realized that they had a perfect right to enjoy the good things of this world as much as any one else (even though the matutinal headache and sick stomach might follow), but we also imagined that they had brains, and we were foolish enough to believe that they enjoyed a somewhat higher order of cerebral development than is vouchsafed to the common mortal; but we fear that our exalted estimate of our glorious brethren has been placed a niche too high.—*Med. and Surg. Reporter.*

**PASTEUR'S LAST REPORT OF HIS WORK.**—Pasteur's last report of his work of inoculation for rabies was made to the Academie de Medecine on November 2nd. He announced that he had inoculated 2,490 persons, of which 1,750 cases were from France and Algeria. In this latter number there had been ten deaths, or one in 170. The average number of deaths from rabies in Paris annually is twelve, but in the last year only three, of which one had been inoculated, but not by the "intensive" method. Pasteur now finds it necessary, in cases in which the face has been seriously bitten, to

inoculate more rapidly and with more powerful virus. Dr. Fitsch's failures with the inoculations in Vienna was attributed to his not adopting this more intense and rapid method.—*Med. Record.*

#### POST PARTUM HÆMORRHAGE.

For the sake of humanity, perhaps, I will inform some of the subscribers to the *Southern Clinic* about a very good, sure, harmless, inexpensive, and prompt agent, that has never failed in my hands, and never will in theirs, if properly applied.

Among the many little things that I have disposed around me, when I assist a lady in childbed, there is an honest, inoffensive, plump and juicy lemon; that, during the labor pains, I carefully peel, leaving upon it a very thin skin to retain the acid juice. The attendants often ask me what I intend to do with it. I invariably answer, in a jocose manner, that, when everything is over, I intend to crush that fruit, and make a lemonade out of it for my own benefit; but if that dreadful, that severe accident, post-partum hemorrhage, takes place, I am quickly on hand; I lubricate my right hand, place the lemon in it, and carry it into the womb to its fundus, where I squeeze the lemon, while with the left hand, from the outside, I manipulate and tease the uterus until it contracts.

Readers, you can safely depend upon that practice, for it never fails with me; the uterus does not take long to contract, and all danger is soon over.—*Dr. De Cailhol in Southern Clinic.*

#### EGGS IN THE DIETARY IN BRIGHT'S DISEASE.

—In order to solve the problem of alimentation in the subjects of Bright's disease, Löwenmeyer placed a number of patients upon a regimen which was as regular as possible, and added to the diet-list from six to nine eggs a day. In four of the patients, of whom three suffered from amyloid kidney and one from nephritis consecutive to cardiac disease, the addition of eggs to the dietary was followed by no increase in the excretion of albumen in the urine. In three others there was a notable in-

crease; but the experimenter excluded two of them, one because the patient was not carefully watched, and the other because menstruation occurred right after the beginning of the experiment. In the third case, one of interstitial nephritis, the author remarks that the increase in albumen might be accounted for by the fact that the patient took the eggs raw, while the others ate them cooked. He concludes as a result of these experiments, that an alimentation even very rich in albuminoid matters causes no increase in the amount of albumen in the urine. *Lyon Medical*, No. 38, 1886.—*New York Medical Record.*

#### IS EPILEPSY CURABLE?

It is not many years since this question was generally if not universally answered in the negative. Now many, with great assurance, affirm that epilepsy can be cured. The latest statement of the means employed to effect a cure is well presented by Dr. O. H. Hughes, in the *Transactions of the Missouri State Medical Society*. He says that to effect a cure it is necessary to give prolonged rest to the irritable psycho-motor area and disordered vaso-motor centres. Hence, there must be an uninterrupted therapeutic control of these parts for a period varying from a year and a half to two years, or even longer in exceptional cases. He combines bromide of potassium, Co. syr. hypophosphites, and arsenic in appropriate dosage till bromism is induced and then gradually diminishes the doses. Besides this he uses a mild galvanic current, plainly perceptible, but not painful when applied to the cheeks with a wet sponge electrode. This should be passed from the forehead to the back of neck, and from the motor side areas of the head to the hands of opposite sides.

No epileptic can be cured who persists in the use of tobacco or alcohol, or other depressing narcotic or vicious habits, or who does not give up tea and coffee and learn to use milk and a minimum of animal food. He must sleep long and quietly, and avoid all passionate outbursts. The bowels must be kept regular.

The indications are to put the general and glandular system in physiological working order,

remove all sources of eccentric nerve irritation, and daily tranquillize and reconstruct the irritable cerebral centres, keeping up the treatment till all tendency to psychical or motor explosion in the cerebral centres, disappears if it takes a lifetime to do it.—*American Lancet.*

#### RULES FOR EXPLORATIVE INCISION OF THE ABDOMEN.

1st. Every explorative incision should be made under the strictest antiseptic precautions. As to strict cleanliness all are agreed; if antiseptics of chemical character are valueless, they at least, in all probability, do no harm; while the question as to their utility is "sub judice," give the patient "the benefit of the doubt," and employ them.

2nd. Always employ an anæsthetic, lest the complaints of the patient should frustrate the investigation, or at least render it superficial and uncertain.

3rd. Always make an incision that will admit the whole hand; one which will admit two fingers only is hardly warrantable. If possible, let but one man's hand be passed into the abdominal cavity; in a multitude of counsel there is, in these cases, danger. The brain which guides the hand should be competent for deciding the question at issue.

4th. Never hurry an explorative incision, but never prolong one unnecessarily; let discussion as to diagnosis occur after the peritoneum is closed, not while it is open; and let the fact be appreciated that the clinical lecture, which is so common at this moment, is always a source of great danger.—*Dr. Thomas, Med. News.*

AN EPIDEMIC OF PARONYCHIA.—*Dr. Audry* reports, in the *Lyon Medical* of October 24th, 1886, an epidemic of "runround" affecting the pupils in a school of which he was the medical inspector. The first case occurred in a girl nine and a half years of age, who had a panaris on the tip of the middle-finger, about the nail. The trouble lasted about two months, and seemed to have affected the child's general health, as she became pale and anæmic. Following this case, twelve of the other children,

in addition to the teacher, had superficial paronychia, affecting in every instance the fingers of the right hand. The index was the finger most commonly attacked, but one child had panaris of two fingers, and in the case of the teacher the thumb and four fingers of the right hand were affected one after the other. Examination of the purulent fluid from the runrounds showed the presence of a few staphylococci and numerous streptococci. From a study of these cases the author concludes that runround is a contagious affection, and may occur as an epidemic in cases in which large numbers of children are together in one place, as in a school. He advises that children with paronychia be forbidden to come to school while the affection lasts, or, if allowed to attend, that they be kept isolated as well as possible from their mates, the finger being covered with a light antiseptic dressing.

OIL OF TURPENTINE IN SCROFULOUS OZÆNA.—*Malacrida (Gazz. degli Ospit., Mar. 7, 1886; Centribl. f. Chir. July 17, 1886)* reports the case of a girl ten years old who had ozæna of long-standing, which had long been under treatment in vain. Taking a suggestion from the cure of old fistulous tracts with oil of turpentine, the author used this drug locally, and gave the patient a supporting diet. Cotton tampons moistened with a few drops of the oil were introduced into the nose. As they caused considerable irritation, those subsequently used were wrapped with dry cotton. A perfect cure took place in a week. Five other cases treated by the same method are mentioned, in none of which was the cure delayed longer than a month.—*N. Y. Medical Journal.*

A NEW SIGN OF DEATH.—*M. Lessene* states that if a pin be thrust into the body of one supposed to be deceased, the appearance of the pin-hole left on withdrawing the pin will determine the accuracy of the supposition. If the person is dead, the hole remains open as when a pin is stuck into leather. If the person is alive, the skin contracts and the pin-hole entirely disappears.

THE  
**Canadian Practitioner.**  
 (FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. Adam Wright, 20 Gerrard St. East.*

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.*

TORONTO, JANUARY, 1887.

THE MEDICAL SCHOOLS IN TORONTO.

On a previous occasion we alluded to the changes which must necessarily take place in our Medical Schools, when the Confederation of the Universities is completed. We then spoke of the manner in which the whole subject of medicine had been overlooked by the original Committee on Confederation. No representation from the affiliated medical schools was asked for on that Committee, nor have we since even heard, from any one in authority, of the appointment of a medical faculty in connection with the new University.

It is well known that some of the greatest Universities of Europe owe their reputation to the powerful medical faculties in connection with them.

We have often been surprised at the short-sighted policy which the authorities of the University of Toronto have shown with regard to its medical department. We hope that a change will now be made, and that instead of having two medical schools in affiliation, both of which are in more or less sympathy with rival institutions, it shall be the future policy to have one powerful medical faculty as part of the University system.

The great defect of the medical schools as they are now constituted, is their want of permanency. They are merely joint stock companies, made up of medical men for the purpose of educating students. If one half of the faculty should disagree with the other half, a collapse of the school would ensue, and in all probability the result would be the formation of another school.

Again, under the present system, we can never expect to get any legacies or bequests to form an endowment. Every one knows that the more students the greater the lecturer's pay, and unless given for a special motive, any endowment would have the effect of augmenting the salaries of the teachers, rather than of increasing the educational advantages of the college.

As a remedy for these deficiencies, our scheme would be as follows: "The formation of a joint school or college, which would be controlled by a board, made up of the following: the Trustees of the General Hospital, a certain number of representatives of the University Senate, and a certain number of representatives from the College Faculty. The governing board should make all appointments at the recommendation of the College Faculty. Professors might be paid certain stated sums as salaries, and any income over and above the running expenses might be appropriated to improving the facilities of the College, or to the formation of an endowment. The College would then be in intimate relationship with the Hospital and with the University of Toronto.

The Medical Schools of Toronto have done good work, and the increase of educational facilities has been marvellous. We are convinced, however, that the time has come for a radical change in the system, if we wish to make further progress.

We feel certain that we have the profession of the Province with us in this matter. The establishment of such a school as we propose, would mark an era in the progress of medical science in Canada. It would be a credit to the city, and we might in time expect to possess an institution which would not only educate our own young men, who wish to enter the profession, but would draw from all parts of the continent those who desire to obtain a thorough medical education."

We thus, briefly, outline a scheme which would require to be worked out in detail, so as not to interfere with the rights of those already engaged in the medical schools.

We know that this would be considered by some to be an impossible task. If, however, a



thoroughly active and enthusiastic committee were appointed who would patiently work out a scheme similar to that proposed, we are confident that neither the rights nor reasonable prejudices of those now acting as medical teachers, would necessarily be interfered with.

### THE LIEUTENANT-GOVERNOR AND THE MEDICAL STUDENTS.

The Lieutenant-Governor of Ontario and Mrs. Robinson gave an "at home" to the medical students and professors of the two schools of Toronto, in the Government House, on Saturday, December 11th. Among the invited guests present were: His Worship the Mayor; Mr. John Gillespie, of the Hospital Board; Dr. O'Reilly, Superintendent of the Hospital; Rev. Dr. Potts, Drs. Burns, Powell, King, etc., Mr. Mark Irish, together with wives and daughters of the members of the medical faculties. There were about five hundred students present. A most enjoyable time was spent. The students sang several of their college songs, which were evidently appreciated. His Honor gave one of his inimitable speeches, which took the hearts of "the boys" by storm. He expressed the great pleasure he experienced at the two annual dinners of this year, and extended a most hearty and cordial welcome to those present, and at the same time wished the medical students to thoroughly understand that the Lieutenant-Governor of Ontario was one of their most ardent and steadfast friends.

Dr. Potts expressed his delight in meeting the students of both schools at this pleasant reunion; and as he, through his official position in connection with Victoria College, was working specially in the interest of federation for the purpose of affording increased facilities for higher education, so he ventured to hope that the two schools of Toronto would join hands in the near future, and form one grand, strong medical college, which would be a credit alike to Toronto and the Province of Ontario.

It is needless to state that the students were highly delighted with the kind and gracious treatment they received, and this day will long linger in their memories as one of the brightest spots in their collegiate course. The professors

of both schools, if we could judge from their smiling faces, were quite as happy and grateful as the students. This graceful and generous act on the part of the Lieutenant-Governor and Mrs. Robinson will do more to ennoble the students than policemen's batons could accomplish during a whole session.

### SPECIAL MEETING OF THE COUNCIL.

The following is the petition from a large number of medical students:—

*To the Medical Council of the College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—In view of the recent amendment to the Imperial Act, affecting students, who intend obtaining their license in Great Britain and subsequently registering with the College of Physicians and Surgeons of Ontario, and in consideration of the fact that there are over one hundred students affected by this change, we respectfully petition you to grant the following requests:

1. To accept the primary examination of the various Universities, of final students, as a substitute for the primary examination of the College of Physicians and Surgeons of Ontario, in order that they may present themselves for the final examination of the aforesaid College.

2. To accept as matriculants of the College of Physicians and Surgeons of Ontario those students who have matriculated in the Faculty of Medicine of the various Universities, thereby also opening the way for second year students to present themselves for the primary examination of the College of Physicians and Surgeons of Ontario.

December, 1886.

In consequence of a requisition signed by a large proportion of the members of the Council, and in accordance with the rules and regulations for conducting the proceedings of the Medical Council, the President has called for a special meeting to be held in the Rossin House, Toronto, at 3 p. m., on Thursday, January 6th, 1887.

We are pleased to see that the requests of the students are explicit, and at the same time

couched in respectful language, and we hope the Council will grant the petition. The amendment to the Imperial Act has so materially strengthened the Council, as to make that body all-powerful in controlling medical matters in this Province, and we feel sure that the cause of higher medical education will be much benefited thereby; but we must remember that it is contrary to the spirit of any legislation that it should become retroactive, *i.e.*, that it should seriously inconvenience any parties who have engaged in any course under laws and regulations existing at the time of their entrance upon such course.

### LEUKÆMIA.

This interesting diseased condition of the blood, which may be considered due to the influence of malaria, protracted nervous exhaustion, or shock, was first noticed by Virchow and Bennett in 1845, and has been with difficulty and great uncertainty diagnosed in the early stage, until recently when Ehrlich introduced a method of staining, which, if successfully carried out, is most characteristic. If in a case of leukæmia, arterial blood be examined, three form of colorless cells are distinguishable, namely, (a) Large cells, with large and sometimes double nuclei, similar in appearance to cells found in the medullary substance of bone; (b) cells smaller than the normal corpuscles, frequently containing broken down nuclei, and (c) large colorless cells which Ehrlich has named "Eosinophil," because their protoplasm takes in the eosin colouring. These latter, Rindfleisch maintains, are cells which have not fulfilled their physiological task, and remain on the half-road to red blood corpuscles. The method of staining consists in drying a thin layer of blood on a cover-glass in a desiccator for twenty-four hours, the glass is then to be placed in a glycerine solution, containing aurantia, indulin and eosin for two days, to be then washed in water, dried again in the desiccator and mounted in Canada Balsam. The red corpuscles will be stained orange, the white corpuscles colored blue, and the cells diagnostic of the disease will be clearly brought out by the eosin coloring.

### Medical Societies.

#### TORONTO MEDICAL SOCIETY.

THURSDAY EVENING, DEC. 9TH, 1886.

Dr. Nevitt, the Vice-President, in the chair.  
Dr. Grasett's paper on

#### PROSTATIC HYPERTROPHY

was read. The chief diagnostic symptom are:—(a) Its size, which sometimes causes it to be mistaken for cancer of the rectum. Its size, however, is no criterion of its capability of giving trouble, as it is the enlargement of the middle lobe specially which gives rise to the prominent symptoms. The symptoms begin to be apparent when the bladder becomes overfull, as after a number of hours' sleep. The incontinence which then occurs is really an indication of retention. (b) The age is usually over 50 years. (c) The character of the water. It is usually abundant, clear, pale, and of low specific gravity in the early stages, becoming cloudy and putrid in course of time.

Fever, varying from a short, mild attack, to a quickly fatal suppression of urine, may follow catheterization. The author excluded from the causation of this fever. (1) Irritation of the urethra as a direct cause; (2) septic poisoning; and (3) absorption of extravasated urine; and considered that the most probable cause is a degree of shock exerted through the nervous system, and acting upon the excretory apparatus of the kidney, producing suppression. Since healthy kidneys react more readily than unhealthy, catheterization should be commenced early in the disease before the kidneys become affected. The catheter used should be soft and flexible if possible, and that with the French condéé is the best. It is best to give a sedative before the operation, as a hypodermic of morphia, or a urethral injection of a solution of cocaine. The bladder should not be completely emptied at the first sitting, as syncope or bleeding might result, but the total quantity contained in the bladder should be decreased gradually, so that the bladder may contract to suit its varying contents. When the urine in the bladder becomes putrid that viscus should be washed out with a solution of boracic acid and glycerine

in water. Not more than one or two ounces should be injected into the bladder at one time. During the stage of fever the bowels, liver and skin of the patient should be freely acted upon, so as to perform as far as possible the work of the kidneys.

Dr. Workman referred to the frequency of constipation, due to the mechanical obstruction caused by the increased bulk of the prostate. Dr. Abundee of Naples, has collected 40 cases of enlarged prostate, occurring mostly in young parietic patients; a large proportion of these cases are under 40 years of age. The very large bedsores, from which patients with general paresis suffer, are due to the irritation caused by the constant dribbling of the urine. In drawing off the water, the doctor prefers a silver catheter with a short curve which is made to hug the pubes as it is passed in. He considers that there is a large prospect for good in the application of electrolysis in the enlargement of the prostate as advocated by Dr. Emory of Boston.

Dr. Cassidy thinks that the application of a 4 per. cent. solution of cocaine is useful in those cases in which the urethra is irritable, or the patient apprehensive. Dr. Newman of New York, has used electrolysis extensively in this disease. In some cases he cauterizes the middle lobe by a platinum wire, heated momentarily to a white heat. He has found it necessary frequently to repeat this operation.

Dr. Grasett closed the discussion by replying to some questions which were asked.

THURSDAY EVENING, Dec. 16th.

#### PATHOLOGICAL SPECIMENS.

Dr. Reeve showed three large naso-pharyngeal polypi, which had been removed by the mouth. They were of the mucoid variety, and had the small narrow pedicle, characteristic of such growths. In removing these polypi modified vulsellum forceps were used, the soft palate being drawn forward so that the tumor could be grasped at the part which projected backward into the pharynx. The forehead mirror and small handled mirror were used to determine the position and relation of the growths. Two of the polypi were removed from the same patient at an interval of four and a half months.

The point of attachment of the second was close to, but not identical with, that of the first, so that the second was not an example of recurrence of these tumors. The rule is, that if the polypus is entirely removed and its point of attachment cauterized, no recurrence takes place. Cauterization is thus important, and may be done by means of the galvano-cautery, chloroacetic acid or other caustic. When cocaine is used in these cases as an anæsthetic, a minimum amount should be used so as to lessen the danger of syncope from its depressing effects. Dr. Reeve also showed a fibro-sarcoma which he had removed from the side of the pharynx. It was quite sessile, and about as large as a walnut. A snare of fine platinum wire was passed around the growth through the mouth. Then on passing a galvanic current over the wire and gradually tightening it, the base of the tumor was cut through. There is of course great liability of recurrence of the sarcomata.

#### CASES IN PRACTICE.

Dr. Cassidy related a case of atrophy of the testicle in a boy about 16. Fourteen months ago he suffered from a severe orchitis resulting from a kick. He was confined to bed ten days and afterwards wore a suspensory bandage. The testicle was not strapped. On examining the testicle a few days ago it was found to be reduced to a small tag, about the size of a marble.

Dr. Ross narrated a case of fistula in ano, in which so much tissue was included between the sinus and the rectum, that it was not thought safe to cut. A silver wire was accordingly made to include this tissue, and tightened every day until the mass was cut through. It shortly afterwards healed up perfectly. At this time there was no tubercular trouble to be detected in the lungs, but about four months later these organs were attacked, and the disease thereafter spread rapidly. The fistula in this case was probably tubercular in origin, the pulmonary manifestations being delayed.

Dr. Macbell mentioned a case of pneumonia in a child aged four or five. The prominent symptoms were an almost constant cough, which persisted in spite of treatment, a very rapid pulse, a dry, brown tongue, and great constitu-

tional depression. Diuretics and diaphoretics were given, but the child still grew worse. Ammonia and turpentine were then freely administered, with very marked benefit. In twenty-four hours the patient was pronounced out of danger, and was entirely well in five days. Dr. Machell attributed the improvement in this case to the turpentine, and was strongly supported in this view by Dr. Cassidy.

Dr. Carveth related the case of a woman, aged 24, who had endeavored to procure abortion in her third month of pregnancy by taking six powdered nutmegs. Her pulse ran up to 140, and she showed symptoms of a deep intoxication, followed by stupor. Emesis was produced, and the patient recovered. The active principle of nutmegs is the essential oil which acts as an intoxicant.

Dr. Novitt had met with a case of attempted abortion by taking oil of savin, in which the odor of the drug was distinctly perceptible in the vaginal secretions. Savin is said to be eliminated in this way.

Drs. Cassidy, Peters and Doolittle, each related cases of attempted abortion by taking oil of tansy. In one case the result was fatal from a 1-drachm dose, in another 3-drachms had been taken, and recovery ensued under active emesis and stimulation.

#### CHATHAM MEDICAL AND SURGICAL SOCIETY.

The ordinary monthly meeting was held on Friday, November 5th, Dr. J. P. Rutherford, President, in the chair.

Dr. G. A. Tye read a carefully prepared paper on The Differential Diagnosis of Hysteria from Diseases of the Brain. He narrated a couple of cases, where after a thorough examination of two or more medical men, hysteria was diagnosed in each case; and yet within a few days, one patient died of an uncertain brain disease, and the other of tubercular meningitis. He quoted Gowers, to the effect that hysteria simulated nearly every organic brain disease. Dr. Grassett, of Montpellier University, France, in *Brain* for January, 1884, advances the theory that hysteria is a symptom of the tubercular diathesis, and that attacks of each

may alternate one with the other. The reader of the paper has noticed this in many cases since his attention was drawn to the subject in the above journal. In grave and obscure cases we are justified in diagnosing the more serious malady, or at least in giving the warning that more serious symptoms may appear in the future. Hysterical pyrosis is generally fugitive, hence a continuous fever for some days favors a lesion. The coma due to hysteria must be diagnosed by the age, sex, absence of fever, ease or difficulty in deglutition and the former and present history of the patient. Rapid, and the Cheyne-Stokes form of respiration may occur in hysteria and especially in first attacks; but are present only in the last stages of grave organic diseases. In hysterical hemiplegia, the upper extremities are most frequently affected. Where there is a contracture in hysteria, it is more marked, less resisting and more irregular than in cases of true paralysis. The skin and tendon reflexes and the electrical reactions are preserved in hysteria. In the paralysis due to hysteria, the wasting is due to disease. Hemianesthesia without loss of motion is almost always hysterical. Gowers says, "In conclusion, it must never be forgotten that many organic diseases of the brain produce hysteria. In any case apparently hysterical, the slightest symptom of organic disease is of absolute diagnostic significance, and until the absence of any symptoms of that kind, no other symptoms nor former history should be allowed to bias the observer's mind." In a large number of cases attention to this rule will dispel all difficulty.

The discussion on this paper was postponed till a future meeting.

The ordinary meeting was held on Friday, December 3rd, Dr. J. P. Rutherford, President, in the chair.

Drs. McKeough and Hall reported cases showing the necessity for, and the value of, post mortem examinations.

Dr. McKeough's case was that of a young man aged 26, who had always been healthy, till about six months before death. During the last few months of his life, he complained of malarial and vague pains through the body. Some weeks

before death he was confined to his bed with what seemed to be a mild attack of typhoid fever. While convalescing from this he got up from a lounge to do some little thing, and on returning to the couch complained of pain over his heart, turned blue, and in a few minutes was dead. The heart was examined the day before death, and no enlargement or lesion was discovered. The urine contained no albumen, but deposited copiously of urates.

On post mortem examination, the pericardium was found filled with partially clotted blood, and a rupture existed in the anterior wall of the right ventricle. The cavity of the right ventricle was normal in size, but its walls were as thin and friable as blotting paper. His death was so entirely unexpected that a post mortem was asked for.

Dr. Hall's case was that of a baker, aged 52, of temperate habits and free from any syphilitic taint. He applied to the doctor about four weeks before his death, complaining of not feeling well and of constipation and a slight cough. At this time he was dull and very slow in comprehending questions. Pulse, rapid, wiry, and irregular; temperature, 97.5° F.; pupils contracted but even and responsive to light. He grew gradually weaker, and on rising to walk, would stagger and have to steady himself before starting. Sensation was impaired and the skin and tendon reflexes lost. The grip of the hands was weak, but both were equally strong. Respirations, 10-14 per minute. The temperature rose to normal two days before death. On post mortem examination, general softening of the entire brain was found, together with an abscess cavity in the right occipital lobe of the cerebrum and an excessive quantity of ventricular fluid.

The President reported two cases of poisoning, in a man and his wife, from eating head-cheese. The symptoms set in about three hours after partaking of it and consisted of violent vomiting, followed by purging. The general opinion was that the meat had undergone some fermentative change either before or after its manufacture.

Dr. Baker read a paper on Chronic Constipation, dealing with its causes, results and treatment. All present joined in the discussion

following it, and in the main agreed that more was to be hoped for from hygiene, diet, kneading of the abdomen, enemata and regularity in going to stool, than from the continuous use of medicine.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING OCTOBER 22, 1886.

I. C. Oamoron, M.D., President, in the chair.

### AORTIC ANEURISM.

The President called on Dr. M. C. McGannon of Brookville, who was present, to give the history of an interesting specimen of double aneurism of the arch of the aorta shown by him to the Society.

Dr. McGannon said that the patient was well six months ago. First symptoms were those of a severe bronchitis. Resonance was complete on both sides, but absence of breathing on right side. Patient had at that time had no pain, temperature and pulse were normal, and heart-sounds slightly accentuated. Later, a pulsation could be discovered to the right of the sternum, temperature went up, and the lungs became consolidated. Patient lost appetite, cough with expectoration increased, but at no time was there any peculiarity of the voice or any signs of pressure, except on the bronchi.

In reply to Dr. Smith, Dr. McGannon stated that the patient died from exhaustion.

Dr. Ross asked if there was any tugging at the trachea perceptible. Dr. McGannon replied in the negative.

Dr. Johnston said that the specimen showed that both aneurisms were of very rapid growth, and in neither was there any sign of lamination in the clot.

### PATHOLOGICAL SPECIMENS.

Dr. Gardner exhibited the following pathological specimens obtained during the previous ten days:—

I. *A submucous myoma*, removed by enucleation. The patient was the mother of several children, the last born five years ago, and had suffered from uterine hemorrhage ever since. After dilating the uterus, the capsule was slit

up, the tumor grasped with a volsellum, separated by the finger, and dragged from its bed. The shreds of capsule were trimmed off, the cavity well douched with hot water, and Churchill's iodine freely applied. No drainage or irrigation was practised. Patient made an easy and rapid recovery.

2. *Cystic tumor of the labium.* A cyst of the left labium magus of five years growth and the size of a hen's egg. It was easily enucleated entire. This was probably a degenerated gland of Bartholini.

3. *Extirpation of a cancerous uterus.* A cancerous uterus from a patient aged 49 years. Patient had intense pelvic pain and the other usual symptoms of malignant disease of the uterus. Examination before the operation proved that neither the broad ligament nor the pelvic glands were seriously involved. The removal was performed by the vaginal method. The patient being placed in the lithotomy position, and so retained by Clover's crutch, the uterus was drawn downwards and forwards to the pubes and the vaginal mucous membrane incised all round the cervix. Then the base of each broad ligament was ligatured by transfixion with a curved needle carrying strong silk; next, the posterior cul-de-sac was opened into the Douglas pouch and the bladder separated completely. The uterus was then retroverted through the posterior cul-de-sac. After this, the broad ligaments in their upper parts were clamped on each side with Terrier's clamps for the purpose, and the amputation of the uterus completed. Some bleeding points were secured, and the operation completed by a T drainage-tube laid in the Douglas pouch. The clamp forceps were removed at the end of three days, and the drainage-tube a day later. The patient recovered without a bad symptom.

4. *Ovarian cystoma.* A multilocular ovarian cystoma removed from a lady of 68 years. In this case, 48 hours after the operation, the patient developed a pleurisy of the right side, which extended to the left two days later. The pulse reached 175 per minute, and was irregular and intermittent. This was promptly checked by 10 min. doses of tincture of digitalis every four hours. No symptoms referable to the operation appeared, the alarming chest com-

plication soon amended, and rapid and complete convalescence took place.

5. *Ovarian cystoma.* A multilocular ovarian cystoma from a young lady of 22. There were some adhesions and troublesome bleeding from a rent in the broad ligament; as oozing continued after application of a continuous suture, a drainage-tube was used for 48 hours. The second ovary was found cystic and removed. Dr. Gardner remarked that Schröder formerly saved any portion of the second ovary not seriously involved, but of late had discontinued the practice. Dr. Schröder cites a case where pregnancy took place after removal of one ovary and part of the second.

*Discussion.*—Dr. Trenholme, referring to Dr. Gardner's method of extirpation of the uterus, stated that his method of procedure usually consisted in retroversion of the uterus and, after ligation, removal of it piece by piece, separating the anterior wall from the bladder with the finger. As the disease returned in two cases this year in his practice after removal of the uterus, he has lost faith in the operation of extirpation of the uterus for malignant disease.

Dr. Kennedy thought that cutting through the posterior cul-de-sac shortened the operation, and that the Terrier's clamp would greatly simplify it. He asked Dr. Gardner for statistics of the operation.

Dr. Gardner, in reply, stated that the mortality after total extirpation of the uterus was not more than 10 to 12 per cent. on the continent, but it was to be remembered that, in France especially, the uterus was frequently removed for other causes, e.g., incurable prolapsus, etc.

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MARK TWAIN once stopped at the house of a friend who had seven children, one of whom, a boy, was at the time suffering from a scurf on his head. The boy's mother was telling Twain about it, and asking him what she had better do. Twain inquired very carefully about when the scurf first appeared, what the symptoms were, and what remedies had been employed. Then, after thinking a moment, he ran his fingers through his hair, and said: "Try sand-paper."—*Med. Age.*

## Correspondence.

To the Editor of the CANADIAN PRACTITIONER.

### VIENNA CORRESPONDENCE.

DEAR SIR.—I had the pleasure some few days ago of seeing Professor Billroth perform the radical operation for hernia on a young man whose rupture was right, oblique, entero-epiploic, and irreducible. The operation being in itself not difficult, no special description need be given, suffice it to say that the omentum contained in the sac, as had been previously diagnosed, was found to be adherent to its posterior wall. This was dissected clear, the matted mass clamped, ligated in three divisions, separated by thermocautery, and all remaining hernial protrusion returned to the abdominal cavity. The sac was carefully dissected out, and removed in the same way as the omentum, two drainage tubes were now inserted, one from the ring downwards, the other from the scrotum upwards, the wound closed with silk ligatures, and dressed antiseptically. Previous to the operation the professor made in substance the following statements: I confine the radical operation to four classes of cases.

(1) Young children, in whom the operation frequently proves successful.

(2) Cases in which the hernia is so large and uncontrollable, that the patient is incapacitated for his ordinary duties by it.

(3) Irreducible hernia.

(4) Of course, strangulated hernia.

In other cases he considers it an inadvisable operation. The reason given is a simple one, namely, that with certain exceptions and under certain limitations to be mentioned, it is always a failure. The conditions of failure and success are as follows:

(1) If the wound heal by first intention, so little resisting cicatrix is produced, that the hernia always returns in a few weeks, or at most in two or three months.

(2) If the wound heal by granulation, without any important peritoneal complication, a considerable amount of cicatricial tissue will be formed during the weeks of enforced rest necessary to healing under such circumstances. In such a case it will ordinarily require one to

two years to stretch this cicatrix, and bring the hernia back to its original condition.

(3) If extensive peritonitis takes place in connection with the above-mentioned suppuration and granulation, so that adhesions result between the internal viscera and the cicatrised opening, a permanent cure is generally produced.

It is scarcely necessary to say, that the risks attending such a cure as that just mentioned are too great to admit of its general adoption.

These conclusions would drive us back to the most unsatisfactory reign of trusses for all cases. In connection with the above, it may be interesting to mention a few of the more striking cases of hernia, and operations for the same, which have come under my notice in the Vienna kliniks and post-mortem rooms.

The following cases will illustrate in part:—

(1) How we may operate with good prospect of success.

(2) When we should operate.

(3) When we must operate even with failure staring us in the face.

(4) When we should not operate.

The first was a child of five or six years of age, operated upon by Dr. Salzer, assistant to Professor Billroth. After dissecting out the normal sac and closing the internal ring, he brought a thin layer of fascia over the cord, and united it by sutures, so as to obtain complete covering for that structure through healing by first intention. The rest of the wound was left open and dressed with iodoform gauze to allow healing by granulation, and the consequent production of strong cicatricial support.

The second, a strongly built woman, with splendid general health, was sent to Professor Albert's klinik, by a private practitioner. Patient had been suffering from steadily increasing symptoms of strangulation of left femoral hernia during four days. Patience as treatment had failed, and the patient was in a collapsed condition. The operation, performed without an anæsthetic, revealed a gangrenous knuckle of bowel. The stricture was relieved, the bowel drawn down, and an artificial anus formed. The operation was, however, too late. The patient lived only six or seven hours after its completion.

The third case was brought to the klinik at the same time as the last mentioned. An old man seventy-six years of age. He had for many years suffered from a very large right, oblique, inguinal hernia; this had always been reducible till within a few days, when it suddenly became fixed in the hernial sac. Some vomiting occurred a few days after the incarceration and one day before his coming to the klinik. This, however, was slight. An attempt was made to reduce by taxis in a warm bath, but without success. Symptoms not being urgent, he was sent to bed till the following day. The operation was then performed without difficulty. The bowel showed no special evidences of strangulation. The sac was smooth and healthy, the ring large, three fingers passing through it without difficulty. It was, however, firm and unyielding. The hernia consisted of nearly the whole of the small intestines, part of the omentum, and a large part of the greatly elongated mesentery matted together by old inflammatory adhesions. In spite of this, however, the functions of the bowels had never been noticeably interfered with till incarceration took place. No peritonitis or other surgical complication appeared to take place, but the patient sank in a few days. The post-mortem revealed chronic cystitis, chronic suppurative pyelitis, and extensive parenchymatous degeneration of the kidneys. Here operation could scarcely be successful, yet could it be refused?

The last case is one of peculiar interest from the stand-point of diagnosis, and not the less so because it is a rare, if not a unique case.

The patient, a woman, large and strongly built, of middle age, and generally good health, was brought to a surgical klinik several days before I saw the post-mortem. She complained of intense pain in the left femoral and inguinal regions. She was constipated and vomited very freely. This was said to be of faecal character. A small oval tumor was found in the left femoral region, which appeared like a small hernia. A young surgeon employed taxis, and the tumor was felt to escape into the abdominal cavity. After this the patient seemed easier, though this may have been due to the anodyne, which had been administered. The vomiting

ceased, and a few hours after the patient had an operation of the bowels. Matters went on with little change for nearly four days, when the patient suddenly and most unexpectedly died.

At the autopsy the bowels were found to be perfectly healthy. No opening could be found at or near the femoral or inguinal rings through which a hernia could have passed. Professor Kunrat's acuteness was, however, equal to this puzzling occasion. An examination of the right lung showed a large embolus in one of the main branches of the right pulmonary artery. The professor at once returned to the femoral region, and on dissecting out the veins, found the great saphenous blocked with a broken thrombus, which had evidently extended into the greatly dilated femoral vein. This thrombus seems to have been by operation at the wrong time forced into the large veins of the abdomen, where it had broken up and produced the then naturally fatal results.

J. H. DUNCAN.

Vienna, Nov. 20th, 1886.

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### Book Notices.

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*The Heart of the Fish Compared with that of Meno-branchus, with special reference to reflex inhibition, and independent cardiac rhythm.* Reprinted from the *Journal of Physiology*, Vol. VII., No. 2.

*The Rhythm Innervation of the heart of the sea-turtle.* Reprinted from the *Journal of Anatomy and Physiology*, Vol. 31.

*The Action of Certain Drugs and Poisons on the Heart of the Fish.* Reprinted from the *Canada Medical and Surgical Journal*.

The above three papers are written by one of our own countrymen, who is fast becoming highly distinguished in this department,—T. Wesley Mills, M.A., M.D., L.R.C.P., Eng., Lecturer on Physiology, McGill University, Montreal.

*Laryngology and its Cognate Branches in America.* Read in the section of Laryngology in the eighth International Congress, at Copenhagen, Denmark, Aug., 1884.



*Recent Additions to Canadian Filicinee.*—From Trans. Royal Society, Canada; by T. J. W. BURGESS, M.B., London, Ont.

*Method in Medical Study.* By CHAS. H. MAY, M.D., instructor in ophthalmology, New York Polyclinic, etc. Reprinted from *New York Surgical Journal*.

*Urticaria Pigmentosa, or Xanthelasmaidea.* By THOMAS COLCOTT FOX, M.B., Physician for Diseases of the Skin to the Westminster Hospital, and Assistant Physician to the Victoria Hospital for Children.

*The Simplest and most Efficient Treatment of Diphtheria.* Read before the American Laryngological Association, at its eighth Annual Congress, 1886. By W. H. DALY, M.D., Pittsburgh, Pa., Senior Physician to the Western Pennsylvania Hospital; Senior Physician for diseases of the Nose, Throat and Chest to the Pittsburg Free Dispensary, etc.

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### Obituary.

We notice with regret the death of John T. Gray, M.D., LL.D., Superintendent of the New York State Insane Asylum. Physicians in this city will remember Dr. Gray as one of the most active members of the Association of Asylum Superintendents which met here some years ago.

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### Personal.

Dr. C. J. C. O. Hastings has returned from a few months' visit to the hospitals of England and Scotland.

Dr. J. M. McCallum arrived last week from London, England, where he has spent six months in visiting the hospitals, and attending the various clinics given there. He will practice with Dr. U. Ogden on Carlton Street, Toronto.

Dr. W. H. B. Aikins has returned and resumed practice at 68 Gerrard Street East. During his six months absence the doctor visited the Hospitals of Vienna, and devoted consider-

able attention to the study of pathology and bacteriology in that city. He speaks very highly of the facilities for study, and of the teaching done in that great medical centre.

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### Miscellaneous.

A NOVEL METHOD OF MAKING GOOD HOUSE-SERVANTS.—In a discussion on laparotomy, at the meeting of the American Medical Association, it was stated that in Central Asia little girls were castrated just before menstruation, and in this condition they made very useful house-servants.

An Irishman was being sued for non-payment of his doctor's bill. In answer to the judge's inquiry why he refused to pay, he said: "What for should I pay? Shure he didn't give me anything but some emetics, and divil a wan of thim could I kape on my stomach at all, at all."

Sir Andrew Clarke declares that one-half of the population of London is permanently ill. His definition of health is: That state in which the body is not consciously present to us; that state in which work is easy and duty not over a great trial; the state in which it is a joy to see, to think, to feel, and to be.

Drumine, a new Australian local anæsthetic, has been discovered and described by Dr. John Reid (*Australian Medical Gazette*, October 1886). Drumine is the alkaloid from *Euphorbia Drummondii*, and is an almost tasteless substance, soluble in chloroform and water, and producing local anæsthesia of mucous membranes in a way similar to cocaine.—*N. Y. Med. Record*.

Mr. Jonathan Hutchinson is thus described by a correspondent of the *North Carolina Medical Journal*: "He seems scarcely more than fifty years old, is tall, rather thin and round-shouldered, has dark hair and dark complexion, an intelligent but homely face, and might pass himself off at the State Fair or anywhere else as a North Carolina farmer, without the slightest fear of suspicion."

A SOURCE OF INCOME.—Among the many curious customs which prevail in Vienna, is one which has a direct bearing on the income to the general hospital, and through which a large sum is annually collected. Each householder who can afford the expense of a servant is bound by a contract to see to the health of his employee, and in case of sickness is responsible for the bill for medical attendance; if, however, he pays to the treasury of the hospital twelve florins a year for each servant, he is entitled in case of illness to send the patient to the hospital for treatment without further expense. But if he has not subscribed, and one of his servants enters the hospital, the authorities will collect from him the full amount of the fee.

Miss Kate Field tells the following, illustrative of one of the benefits of cremation. A lady, visiting some friends, neglected to bring her tooth powder. Looking about her bed-chamber she noticed an elegant vase. On removing the cover, she found a grayish, calcareous powder. This she regarded as a dentifrice, and proceeded to avail herself of the discovery, finding it very satisfactory. The next day she mentioned the fact to her hostess, apologizing for making free with her tooth powder. The countenances of the family expressed various emotions, which at last found vent in the gasp of one of the daughters: "Why, that's aunty." Thus, as a tooth powder, the ashes of the cremated are a success.—*American Lancet*.

More editorial amenities: The *Weekly Medical Review* says that "the able, gentlemanly senior editor of the *Kansas City Medical Index* allows his cub too much license." In commenting on the *Texas Courier Record's* statement that Lawson Tait operates in his own hospital, keeps his patients under his own hands, watching them with much care, and exercising the greatest cleanliness, our St. Louis contemporary says: "Yes, and even though he does all this, we would as soon believe that he could turn water into wine, raise the dead Lazarus, feed five thousand hungry travellers with five loaves and seven fishes, or perform any other miracle,

as to swallow his statement that he had operated 138 consecutive times on as many unselected cases of ovarian tumor without a single death," which remark excites a sort of suspicion that Kansas City does not have a monopoly of the cubs.

A story is told by a French paper of Baron von Humboldt, who, during one of his visits to Paris, expressed to his friend, Dr. Blanche, the distinguished authority on matters concerning insanity, a desire to meet one of his patients.

"Nothing easier" said Dr. Blanche. "Come and take dinner with me to-morrow."

Next day Humboldt found himself seated at the dinner-table of the famous alienist, in company with two unknown guests. One of them, who dressed in black, with white cravat, gold-bowed spectacles, and who had a smooth face and very bald head, sat with great gravity through the entire dinner. He was evidently a gentleman of undoubted manners but very taciturn. He bowed, ate, and said not a word.

The other guest, on the contrary, wore a great shock of hair brushed wildly into air; his shabby blue coat was buttoned askew, his collar was rumpled, and the ends of his crazy necktie floated over his shoulders. He helped himself, ate and chatted at the same time.

Story upon story did this incoherent person pile up. He mixed the past with the present, flew from Swedenborg to Fourier, from Cleopatra to Jenny Lind, from Archimedes to Lamartine, and talked politics and literature in the same breath.

At the dessert Humboldt leaned over and whispered in his host's ear, glancing at the same time at the fantastic personage, whose discourse was still running on.

"I am very much obliged to you. Your maniac has greatly amused me."

"My maniac!" said the doctor, starting back. "Why, that isn't the lunatic! It's the other one."

"What! The one who hasn't said a word?"

"Certainly."

"But who in the world can the man be who has talked in this fashion all the while?"

"That is Balzac, the famous novelist."—*Boston Med. and Surg. Jour.*