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THE CANADIAN PRACTITIONER

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Original Communications.

CASE OF ABDOMINAL PREGNANCY AT FULL TERM: UTERUS BICORNIS UNI- COLLIS; OPERATION; RECOVERY.

BY JAMES F. W. ROSS, L.R.C.P. LOND., ENG.,

Physician to the Woman's Hospital, Toronto.

Mrs. H., aged 30 years; married ten years; mother of two children. Had one miscarriage between first and second pregnancies. Five years have elapsed since last pregnant. On Sept. 26, 1886, she became ill with sudden pain in the stomach. Her physician was sent for. Lost considerable blood per vaginam, for about a week, when it ceased. A swelling was felt on right side, about size of a large orange, in the iliac region. A great deal of pain was experienced. Her physician was in constant attendance for two months, during which time she was confined to bed. When she got up, was quite "large with child," as she put it. The lump, she thought, had gone away. The legs swelled from knees to thighs. The right side continued larger than the left. Life was felt chiefly on left side. Breasts hot and large; milk came in them, and they frequently "caked." She felt life first at end of November, 1886, and felt it until April 15th, or two weeks before the operation.

On March 14, 1887, there was a very slight discharge with very little color, but some watery fluid followed this. Pains came on and the friends thought that the baby would be born before the physician could be obtained. The

doctor arrived and remained for a time. He was in attendance every day or two, for these supposed false pains, until April 15th. He often said, "those are something like pains," and returned a few hours later to find pains gone and no further progress made.

On April 15, the pains were severe all day. The doctor was in attendance that night. The pains ceased then, and never returned. There has been, however, a soreness across the stomach since. Milk then left the breasts.

On April 28, the os, being dilated with the finger, pieces of placental debris were removed from an empty uterus, and abdominal pregnancy diagnosed. The cervix was comparatively small. Finger could not reach fundus. The child's head could be felt in pelvis, and the cervix could be traced up to body of uterus, which was felt comparatively small and contracted, and pressed backwards and to left side. Patient was supposed to be two weeks over full time. Urine normal. Removed to Woman's Hospital.

April 29. Vomited; diarrhoea present.

April 30. Temp. 101°, pulse 130; feels very faint; constant feeling of soreness.

May 1. Enema, followed by large movement of bowels. Consultation held. Examination under ether, with instruments ready to proceed if thought advisable. Drs. Temple, Cameron, J. Ross, sen., and myself examined her and decided to proceed. Dr. Nevitt gave ether. A second opening was found during vaginal examination into another uterine cavity, to right side, proving the uterus to be a "uterus bicornis uncollis." All favored the diagnosis of abdominal

pregnancy. I made an incision in median line about seven inches long. The pre-peritoneal fat was very abundant and extremely vascular. Instead of incising, I tore it upon a steel director and exposed the peritoneum throughout the length of the wound; stopped all hemorrhage, and then opened the peritoneum. On passing in the finger I found extensive adhesions towards pubes in front in the line of the incision. While passing finger to left side, a gush of watery, dark-colored fluid took place, and a rent could be felt where the sac had ruptured, allowing this brownish-colored liquor amnii to escape into the peritoneal cavity. Passing the finger into the sac the limbs of the foetus could be felt. The walls of the sac were very soft, tearing like paper, and very vascular. I put a clamp on each side and divided the wall between them; then took a foot, and gradually delivered a half-macerated male child, well developed, well nourished, and weighing about eight and a-half to nine pounds. A large quantity of meconium, that had been evacuated from the foetus into the sac some time before operation, began to escape from the wound. The peritoneum was protected by sponges and absorbent cotton. The omentum was firmly adherent to sac above and bladder to it below. The navel string was tied previous to delivery, to prevent any pulling on it that would endanger the separation of the placenta. A quantity of vernix-caseosa, separated from the body of foetus after its death by the action of the liquor amnii, was found lying at the bottom of the sac. The placenta was of the battledore formation; was situated on the right anterior and lower wall of the sac, and its edge came to within half an inch of lower angle of the incision. A large depression was left in the left iliac fossa. The bladder was found, by means of the sound, to be pushed well under the pubis towards the left side. The sac was thoroughly cleansed, as was also the peritoneal cavity, with plain boiled water; the sac walls were cauterized and the clamps loosened, but as the blood oozed from the cut edges, they were stitched with silk all the way round to effectually prevent bleeding. The edges of the sac wall were then stitched to the peritoneum and abdominal wall. An extra thick silk suture was passed through the abdominal

wall, sac wall, and again through the abdominal wall, at the upper and lower angles of the wound. A large glass drainage-tube was inserted, and put well down into the depression previously mentioned in the iliac fossa and within the sac. No drainage-tube was put in the peritoneal cavity. The navel string was left hanging from the lower angle of the wound. The wound was then closed with silk sutures and the edges carefully approximated. Iodoform was dusted over the surface, Lister's gauze tow, and a flannel roller completing the dressing. Considerable retching followed the operation during the afternoon. The urine was passed without difficulty. Some small clots of blood came from vagina during micturition. The sponge over drainage-tube was changed every two or three hours, and the wound kept absolutely dry by means of rubber tissue. Nothing allowed by stomach for 48 hours. The temperature fell as usual to 98.8°, pulse to 106, and then to 94.

May 2. Considerable flatulence; some pain on passing urine; dressings looking very clean, and left unchanged; urine strongly ammoniacal.

May 3. Changed dressings; everything looking well; nose bled a little.

May 4. Catheter used for urine. Temp. 100.2°, pulse 84.

May 5. Washed out sac carefully with solution of bichloride of mercury 1-10000; gave vaginal douche; enema of warm oil, followed by soap and water; bowels moved comfortably; temp. 102.6°, pulse 100; complains much of heat; slight cough developed; moans and sighs; no pain; sponged with alcohol and water; nausea; restlessness.

May 6. Vomiting; temp 103.2°, pulse 106; nothing but ice given by mouth; discharge from tube much brighter; atoms of placental debris coming away when sac is washed out; brandy and soda water; napkin over labia soiled, rather offensive.

May 7. Sac washed out twice a day; odor of discharge very strong; wound healing by first intention; champagne; enema of whiskey and milk; temp. 100.6°, pulse 108; slight chill; temp. 103.4, pulse 108; vomiting continues; nutritive enemata.

May 8. Saw her husband for few moments,

for first time since operation; temp. 102°, pulse 124. Piece of placenta came away when removing sponge, about 4 in. long, dryish, filling up the tube. Perspiration.

May 9. Grumous material, very offensive washed out; temp. 98.4° to 101°, pulse 106. Tube washed every 15 minutes; discharge like coffee grounds.

May 10. Took out superficial stitches, and supported wound with plaster, keeping it still absolutely dry.

May 11. Discharge now oozing around the tube; abdomen flattening.

May 13. Tube still washed every 15 or 20 minutes without awakening patient; put in larger tube, a Fergusson's small size speculum. Temp. 102°, pulse 100; cavity irrigated twice a day, with 3 quarts of 1 in 10,000 sol. bichloride of mercury; larger pieces of placenta washed out.

May 22. Pain in left groin; temp. 102.2°, pulse 90; pain in abdomen.

May 24. Left leg swollen and painful; femoral vein hard and cord-like; phlebitis; wrapped leg in flannel; temp. 101°, pulse 92.

May 26. Another chill.

May 27. Discharge of blood, probably menstrual, per vaginam.

June 2. Another chill; temp. 102°, pulse 124.

June 6. Tube feels hard.

June 7. Rubber tubing substituted for glass. The rubber tubing was gradually diminished in calibre and length until the wound would no longer allow of its introduction. Patient made a splendid recovery, and is now enjoying excellent health.

I attended to all details of washing the sac for at least 10 to 14 days myself. Every manipulation was gentle for fear of disturbing the adhesions of the sac wall to the peritoneum. After these were firm, I several times introduced my forefinger into the sac with impunity. As these cases rarely survive the septic infection of the putrefying placenta that must of necessity be left behind, I thought the after details might interest others, and have therefore, given a perhaps over-full history of the case.

The foundation stone of the polyclinic in Rome was recently laid by the king of Italy.

HEREDITARY SYPHILIS IN ITS RELATION TO THE EYE.

BY G. STERLING RYERSON, M.D., C.M., L.R.C.S. ED.,

Professor of Diseases of the Eye, Ear and Throat, in Trinity Medical School.

(Abstract of Clinical Lecture delivered at Eye and Ear Department, Toronto General Hospital, Feb. 13, 1888.)

GENTLEMEN,—I present two cases to-day of interstitial inflammation of the cornea, probably the result of hereditary syphilis. I say probably, because I have made no enquiries of the mothers as to the primary disease in themselves or husbands, for obvious reasons, it is often impolitic, and in many cases the results of enquiry are negatived. Occasionally proof is forthcoming in a striking way. For instance, some eight years ago, I was consulted by a gentleman with regard to commencing optic atrophy and spinal sclerosis of acknowledged specific origin. In May, 1886, his daughter, aged ten, was sent here to be treated for interstitial keratitis. The other signs of hereditary syphilis were present. A few months ago an Italian woman brought her child, aged eight years, to me with the same form of eye disease. She told me that her two elder children were healthy, but this, the youngest, had always been delicate, and stated that before it was born she took a child to nurse, the child had the "bad disease." She had a sore nipple, and spots on the skin, and was very ill from it for a long time. I might add several similar histories of cases, but will not detain you longer on this point.

The patient is, as a general rule, the eldest child. When not, as in the case just cited, the parent or parents have been infected subsequent to the birth of the elder children. Females are more often attacked than males. The average age is ten years. It never begins after the twenty-sixth year, nor have cases been recorded of keratitis occurring before the second year. It occurs also, no matter what are the circumstances in life of the parents, rich or poor, well fed or ill-nourished, inhabitants of cities or of the country.

The subjects of interstitial keratitis present certain peculiarities of physiognomy which deserve especial mention. The complexion has a peculiar pallor, the skin is coarse, the bridge of

the nose generally flat and sunken, and the forehead square. About the mouth are radiating scars of former ulcerations. The ends of the long bones are often enlarged and thickened, as in one of the patients presented to-day. The teeth present certain well-marked and characteristic peculiarities in the permanent set.* They are usually short and narrow, with a broad *vertical notch* in their edges, and their corners rounded off. *Horizontal* notches are often seen, and have nothing to do with syphilis. *The central upper incisors of the second set are the test teeth.*

It will be inferred from the foregoing that my remarks apply principally to interstitial inflammation of the cornea. It manifests itself generally in both eyes, by a vascularity of the margin of the cornea with interstitial deposits of lymph in the cornea, beginning for the most part at the lower edge, and creeping over and into that structure until it has become quite opaque and of an uniform salmon-red color, on a dirty gray background. It is attended with little or no pain. A certain amount of photophobia and lachrymation is present. The disease runs its course, without treatment, in from three to six months, leaving a permanent defect of sight. Under constitutional and local treatment, six weeks to three months is the usual duration. Sometimes recovery is made without any defect of sight remaining, but oftener a decrease in vision is left. A history can generally be obtained of snuffles, anal nodes and scaly eruptions on the feet and hands in infancy.

Iritis often occurs in young syphilitic infants, as does also retinitis and choroiditis. Choroiditis in young children may be said to be almost invariably the result of hereditary syphilis.

The treatment consists in the administration of mercury in small doses, in a mild form, as chalk mixture, cod liver oil, iron in some of its forms, maltine. The patient should not be shut up in the dark, but sent out every day with the eyes properly shaded. Locally atropine fluid extract of belladonna and cocaine will be found useful. Occasional blisters to the temple are also of use.

These innocent victims of a loathsome dis-

* Jonathan Hutchinson's Syphilitic diseases of the Eye and Ear, London, 1863.

ease present one of the most painful spectacles within the range of a physician's observations. I believe the best preventive to be enlightenment of youth as to the dangers of the path he treads so lightly and thoughtlessly. It rests with the profession to make known the ultimate and far-reaching horrors of the "modern pest."

PITYRIASIS MACULATA ET CIRCINATA.

BY J. ELLIOT GRAHAM, M.D., TORONTO.

(Read before Toronto Medical Society.)

This rare form of skin disease was first described by Gohert in 1860, and named by him Pityriasis Rosea. Bazin and Hardy afterwards described the disease under the name of Pityriasis Muculata et Circinata. On this continent Dr. Duhring has given the affection special study, and an exhaustive description is given in the October number of the *American Journal of Medical Sciences*, 1880.

The disease is of mild character, lasting from one to three months, and passing off without sequela or complications. "It is essentially an inflammatory condition, and consists of an eruption of a discrete or confluent maculæ or slightly raised maculo-papular lesions, usually the former, varying in size from a pin's head to a silver dollar. The surface of the patches is always dry, and more or less scaly, the desquamation being furfuraceous and, as a rule, scanty, similar to that of tinea versicolor or tinea circinata." (Duhring.) The color yellowish or reddish-brown. There is a tendency to heal in the centre of the patches, a circumstance which makes it often extremely difficult at first inspection to differentiate between this condition and ringworm. It occurs most frequently on the front of the chest and on the scapular regions. I have met with two well marked cases of this disease. Their history I will now read you.

CASE I. Mr. S., a medical student, aged 21 years. Family and previous history good. About Nov. 5 he noticed a small red spot over the left inguinal region, of which little notice was taken at the time. Three days later the spot became circular in shape, about the size of a five-cent piece, and other spots were noticed in the neighborhood. In a day or two after-

wards a rash appeared over different parts of the trunk, and presenting characteristics similar to those already described. The original spot enlarged, being somewhat depressed in the centre, and slightly elevated on the margin, presenting an appearance not unlike that of tinea tonsurans. Some scales were scraped off and examined under the microscope. No spores were detected. The spots took the form of circles, and ran into one another. None of the subsequent spots became as large as the first one, which, on the fifteenth day, was a little larger than a twenty-five cent piece, but more oval in shape. About the twentieth day of the disease the spots were covered by furfuraceous scales. After this involution and desquamation occurred, followed by a general fading and disappearance of the disease. There were not more than a half-dozen spots on the arms and none on the legs. The eruption was attended by very little irritation, and no febrile disturbance. The disease lasted altogether about six weeks. No treatment, either of external or internal character was adopted, so that we have in this history a description of the course of the disease quite uninfluenced by medicine.

The second case in a Mrs. W., the wife of a barrister in good circumstances, sent for me in February, 1887. She was about thirty-seven years of age. Married about ten years. No children. She had previously enjoyed good health. Her only ailment was a chronic womb trouble. She had a family history of gout and eczema, but no other hereditary taint. I did not see the patient until about a week or ten days after its onset, so that I did not observe the commencement of the disease. When I first saw her, she presented an eruption over the trunk, more particularly over the lower half of the abdomen. Some spots existed over the upper part of the thighs. They were circular or oval in form, and of a tawny or reddish-yellow color. Some were about the size of a ten cent piece, and a few as large as a twenty-five cent piece.

In a few days they became scaly, the largest spot then reached the size of a fifty cent piece. It presented a circular appearance with normal integument in the centre. After the eruption had been about four weeks in

existence it gradually disappeared. The patient did not at any time complain of any constitutional disturbance, she did, however, complain of itching, which was worst at night. She had not previously suffered from any skin affection, and she has since been in good health. As she had at times complained of rheumatic pains, I gave her bicarbonate of soda internally, and ordered a mild emollient ointment for the skin. The duration of the case did not seem to be influenced by the remedies used. It lasted about seven or eight weeks. We have here the histories of two cases of mild skin eruption running a very similar course, and presenting very similar appearances. It will be noticed how closely the description resembles that given by Dr. Duhring. In both cases the duration was shorter than the average.

The most important point in the subjecting of this ailment is the diagnosis. It may be mistaken for tinea circinata, tinea versicolor, seborrhœa corporis, lichen ruber psoriasis and syphilis.

The resemblance between it and tinea versicolor is often very close. The principal points of difference are the more rapid onset of this disease in pityriasis, and that in the active stage, it presents a redder appearance. A positive diagnosis between the two conditions can be made by the microscope.

Tinea circinata can also be distinguished by the microscopical examination. Seborrhœa corporis, is a rare affection of the trunk, and does not present the round or oval patches, such as we have described.

The very chronic nature of lichen and psoriasis ought to be sufficient to distinguish between them and the disease we are now considering. It might here be mistaken for a recent outbreak of psoriasis. It is more difficult to exclude syphilis. Pityriasis does resemble the macular, and papulo squamous syphilide.

In the cases given there was no history of syphilis, and the subsequent good health of both patients proves its absence.

The lesion is a very striking one, and unless the physician knew the nature of the disease, he would be very much perplexed about it, as it runs a limited course and disappears spontaneously. No particular treatment is required.

THE APOSTOLI-TREATMENT OF UTERINE FIBROIDS AND HYPERTROPHIES.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

(Continued from page 146.)

DR. MARTIN'S MODIFICATIONS.

The modifications of the Apostoli treatment, as introduced and practised by Dr. F. H. Martin, of Chicago, are as follows:—

1. He uses an animal membrane electrode.
2. He uses specially constructed intra-uterine electrodes.
3. He uses intra-uterine electrodes instead of galvano-puncture.
4. He has introduced a definite system of electric dosage.

The animal membrane electrode has already been described. The intra-uterine electrode is described by Dr. Martin (*N. Y. Medical Record*, 17 Dec., 1887,) as follows:—

“The metal that constitutes the active surface of these electrodes is platinum wire in spiral, (Fig. 5, *b*) wound over soft copper wire of the required diameter. This portion of the electrode is connected with the handle of the electrode, where it receives its attachment to the battery by means of an extension of the flexible copper wire or core incased in a soft rubber insulator. This insulated portion with its insulator is of the same diameter as the platinum part of the sound, and is therefore small enough to enter the uterine canal. Upon the distal end of the platinum portion is a screw-attachment, upon which a small, hard rubber tip, about two millimètres in length, is attached. This tip is bulbous, and from its shape and material will follow the canal readily. One may at once see that these electrodes can be made of any required diameter to suit the exigencies of the particular case in hand, this depending, of course, upon the size and permeability of the uterine canal. I have confined myself thus far in my work to two diameters. They are of 3 and 5 millimètres, and are called respectively No. 3 and No. 5. Other sizes can be ordered of the instrument-makers on the same basis of nomenclature—the diameter required stated in millimètres. Of

each of these two diameters, as I have stated, I had constructed two electrodes—one of 4 sq. ctm. metal surface, the other of 2 sq. ctm. metal surface. Of course, the length these active surfaces occupy on the different electrodes depends upon the diameter of the particular electrode. If it is 3 millimètres in diameter the 4 sq. ctm. will occupy about 45 mm. in length of the instrument; if it is 5 mm. diameter the same surface, 4 sq. ctm. will occupy but about 26 mm. in length of the instrument. In ordering, then, an electrode from the instrument-maker, the diameter of the instrument and the strength of current to be used with it should be stated. Thus if an electrode is required of 3 millimètres in diameter, and the current to be used with it is 100 milliampères, simply order a $\frac{100}{30}$ electrode; if a 100 milliampère current is too high, order a $\frac{30}{50}$, which will indicate an electrode 3 mm. in diameter with a surface which will require, to check hemorrhage, a 50-milliampère current.”

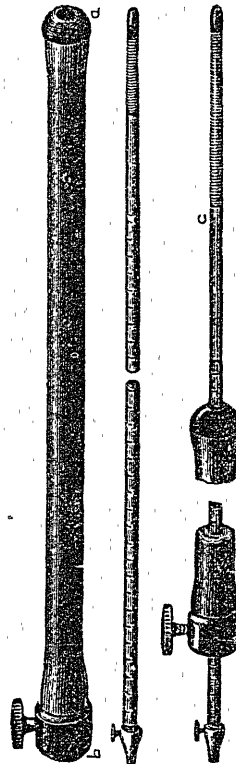


FIG. 5.

Exact Dosage in Uterine Electrolysis.—Dr.

In a private note written in November last, Dr. Martin says:—“I exhibited my electrodes at the Congress at Washington, and Apostoli took a set home with him. determined to try them.” He also says, “unless you have a very peculiar case indeed, I do not think it best to use intra-vaginal puncture. In my experience of a large number of cases, I have never been driven to that alternative but once, and my success has been very gratifying indeed. If it is possible to reach the interior of the uterus with an electrode it is better under all circumstances to do so, and the treatment is just as effective if the proper current is used.”

Martin seems to be the first to attempt a definite system of exact dosage in uterine electrolysis. In this system he claims that all the beneficial effects of electricity can be obtained, in these cases, without using very strong currents, without resorting to galvanic-puncture, and without causing the slightest pain. He describes his system as follows:—

“Experimenting, I have found that a current of 25 milliampères, traversing a positive platinum electrode of one square centimetre surface pressed firmly against the mucous membrane of an hypertrophied cervix, the circuit being completed by a large abdominal electrode, will produce a dry condensed condition of tissues beneath the surface of the plate in five minutes.

“This surface can be penetrated with a lance to the depth of a millimètre and a half without producing the slightest tendency to hemorrhage, and the tissues are denser than normal still some distance farther below the surface. Granting that the condition obtained in this experiment is what is sought in cases of hemorrhagic fibroids throughout the whole surface of the mucous membrane of the uterus, in order to prevent subsequent hemorrhages, we can recognize a basis in the experiment from which we can construct a table of exact dosage, so far as the treatment of the hemorrhagic element is concerned.

“For by carrying our experiment still further it is found that a current of 50 milliampères is required, or just double the strength of the current required in the former experiment, to produce in the same time the same effect when the surface-area is just double, or two square centimètres. If, therefore, for example, we have a uterine canal that is ten centimètres in depth, and the electrode fitting the canal has a surface of one square centimètre to each centimètre in length, we would have 10 square centimètres of active surface in contact with the tissues; this, therefore, figured upon the same basis, would call for a current of 250 milliampères for five minutes in order to get the characteristic effects necessary to check hemorrhage from the whole surface. Or, the uterine canal that would require an Apostoli electrode 20 centimètres in length, and this depth is not infrequently met with, would require a current, if the electrode

was 4 mm. in diameter, and if equal conduction took place from its entire surface, of over 600 milliampère strength. This strength of current would not be tolerated in a large number of cases, and if it were, there is no means of being certain that the sound comes in accurate contact with the mucous membrane in its entire extent. There is some doubt, too, that a surface so large, even if it were in accurate contact, would conduct equally from its entire area; the consequences, therefore, in this case would be excessive cauterization and subsequent supuration of portions of the mucous membrane, and little effect, if any, on other portions. It is this uncertainty of result and painfulness of application that I have succeeded in doing away with. This is accomplished by adopting a means by which the whole mucous membrane of a hemorrhagic uterus can be successfully treated in a number of *séances* by attacking successively different portions of it until the whole area has been covered.

“*Positive intra-uterine galvanism.* The connections have been well examined, in order to insure their security, and the insulating muff (Fig. 5, *a*) has been slid up to the cervix and fastened, the current from the generator is turned on very gradually until a current of 50 milliampères has been reached, if the active surface is 2 sq. ctm., and 100 milliampères if the active surface of the electrode is 4 sq. ctm. The current is then allowed to pass for five minutes, when it is gradually reduced, until it is entirely turned off. The electrodes are then carefully removed, and the application is finished. This first operation produces a coagulation of two or four centimètres, according to whether the active surface of the electrode occupied two or four centimètres of the distal end of the uterine canal. When the internal electrode is withdrawn, the depth of the uterine canal is noted, and this fact, together with the diameter of the electrode, is carefully noted in the records of the case for that day. At the next application, which can usually be as soon as the next day, before introducing the same electrode the intra-uterine portion of the instrument should be shortened by setting the rubber muff or gauge just the number of millimètres nearer the distal end that the active surface of the electrode measures

millimètres in length. Upon introducing the electrode into the uterine canal now, as shortened by the position of the muff, the active portion of the instrument will reach exactly to the point that was acted upon at the previous application. It can readily be seen that in this second operation another portion of the canal has been treated. This same procedure is continued every day, with a change of the gauge every time, until the whole canal has received the action of the metal portion of the electrode. This line of treatment (the galvano-positive) should be thoroughly carried out the four or five days immediately preceding the regular time for menstruation to appear. If the patient exhibits an indifference to the effect of a 50-milliampère current, the work can be done in half the time, and just as well, by substituting the electrode of 4 sq. ctm. in surface with the 100-milliampère current.

"The positive intra-uterine galvanism should be employed the week preceding the regular menstrual flow. If, as in a large number of these cases, the hemorrhage has lost its regular periodicity or the hemorrhage is continuous, the judgment of the operator should guide him in selecting a time when the hemorrhage is not present, or when there is the minimum amount. If, however, the hemorrhage is continuous, the treatment must be given during the flow.

"*Negative intra-uterine galvanism.* The second operation. The negative intra-uterine galvanism, can usually be performed with the 100-milliampère current, unless the patient is particularly susceptible to the effects of electricity. In this operation the intra-uterine electrode is carefully introduced to the bottom of the canal, as in the first operation, but is connected with the negative pole of the battery instead of the positive. The surface-electrode is properly arranged, and, after all connections are rendered secure, a current of 100 milliampères is gradually turned on and allowed to work for five minutes. Of course, if the surface-effects of a 100-milliampère current is at all disagreeable, the electrode requiring the 50-milliampère current should be substituted and the 50-milliampère current employed. The same procedure should be adopted in regard to changing the position of the active surface of

the electrode, in order to accomplish the characteristic action on all portions of the canal.

"The effect of this operation is to produce rapid reduction in the size of the growth, and it should be employed in the early days of the month following a menstrual period, and should always be followed later in the month by the positive intra-uterine galvanism, in order to prevent the excessive hemorrhages that would otherwise occur at the following menstruation. This latter operation can readily be tolerated every second day, and very frequently every day.

"In the two simple procedures here presented we have a safe, painless, accurate, and rational method of treating fibroid tumors of the uterus by Apostoli's method. By this method all the beneficial effects of electricity can be obtained, without in the least exposing our patients to any of the possible evils that we are able to discern in other methods. It has been shown that the maximum current advised, 100 milliampères, by proper condensation will do exactly the same work locally, and with more certainty, than currents of much higher intensity that are employed without taking into accurate account the extent of the active surface of the electrode. The atrophic effect of the current is more liable to be obtained when there is a systematic condensation of the current at successive applications to the whole internal surface of the uterus, and therefore, through all portions of the tumor at different times, than when a much stronger current is employed indifferently diffused through all portions. For the same reason the electrolytic effect of the current becomes more certain and effectual when the current is concentrated than when it is indifferently diffused. The antineuralgic effect of the current is obtained almost invariably with this method, although this particular procedure offers no advantages in this respect over any other.

"In recommending this gradual process of treating these difficulties, I do not do so because of any great advantage that I expect to obtain from lessening the strength on account of the pain, but because of the more accurate application, and the more definite results that are obtained with a smaller surface of concentration. I have had a large experience with Apostoli's method, and have employed much stronger cur-

rents than he has advised, without producing excessive pain, but I found it was not always possible, even when the greatest precautions were taken, to avoid uneven work.

"In conclusion, the principal advantages of this method can be summarized under six headings:

- "1. It is entirely free from danger.
- "2. It is absolutely painless.
- "3. It invariably checks excessive hemorrhages.
- "4. It rapidly reduces the size of the tumors.
- "5. It stops neuralgic pains.
- "6. It is a system of treatment of fibroid tumors by electricity, based upon principles which make exact dosage possible."

In earlier articles, I have described Apostoli's method generally; also Martin's modification (just given.) It is yet necessary to make some points plainer, and more practical, that, before concluding, there should be fuller description of what my experience shows to be the best forms of the apparatus that can be obtained in this country; also the best method of managing details of application:

THE APPARATUS.

THE MILLIAMPERE METER.—I place the milliampère meter first, because this instrument is indispensable in the electrolysis of uterine fibroids. Strong currents are used, and these currents cannot be used with safety unless their strength can be exactly determined and measured. By the deflection of the needle, the presence of the current and its direction is indicated, and its strength definitely measured. These instruments should be constructed so as to measure as high as 200 or 250 milliampères; they should either be compared with a standard instrument, or tested by a practical electrician. They are manufactured by J. A. Barrett, and by Waite and Barrett, of New York; by Gaifé, of Paris; and by Störner, of Dresden.

As the adjustment of these instruments is very delicate, they require to be handled with the greatest care.

THE BATTERY.—*The Stationary Battery.* The battery may be either portable or stationary. For a stationary battery, I would use some form of the sal ammoniac battery, and preferably either the "Law prism," or the "Conglomer-

ate."* The internal resistance is low, (about half an ohm) and as the cells are sealed, evaporation is prevented. I do not consider the "gravity," or ordinary telegraph battery, at all suitable for a stationary battery.

The Portable Battery.—The only available portable battery, where strong currents are required, is some form of the plunge battery. The dry batteries, such as the chloride of silver batteries, are very convenient for ordinary medical cases, but the internal resistance of the cell is altogether too high (8 or 10 ohms) to admit of this form of battery being used for uterine electrolysis. All things considered, I do not know of a better portable battery for generating strong currents than the McIntosh battery. This battery, with late improvements, is very easy to manage, and not at all liable to get out of order. The internal resistance is low (less than $\frac{1}{2}$ an ohm), and the electromotive force is high (about 1.75 volts per cell). By means of a bifurcated rheophore, the number of cells in circuit may be increased or diminished without the use of a commutator.

THE RHEOSTAT.—Whenever galvanic currents are used, either for electrolytic or for electro-therapeutic purposes, some means must be used for gradually increasing and gradually decreasing the strength of the current, so as to prevent a shock to the patient. There are three arrangements for accomplishing this: 1. The Rheostat. 2. The Commutator or Switch. 3. The Bifurcated Rheophore. I prefer the rheostat. It is much simpler, and it reduces to a minimum the danger of breaking the current abruptly. For several months I have used almost constantly the Bailey rheostat, described in the December number of *THE PRACTITIONER*. It works very satisfactorily. In the January number of *THE PRACTITIONER*, a case is reported where a patient in Montreal received a severe shock on account of a fault in one of the cells. Had a rheostat been used, this accident could not have occurred. I have recently tested a dry rheostat manufactured by "The Elektron Co.," of New York, but I find that it does not work as evenly as the Bailey instrument.

* These batteries are used with the telephone transmitter.

In using the rheostat, all the cells of the battery, that is, a number greater than required, are placed in direct circuit with the rheostat and the milliamperè meter, and the strength of the current is regulated by these two instruments.

RESISTANCE COIL.—I use a resistance coil of 200 ohms resistance, for testing the battery before making an electrolytic operation. This is about the maximum resistance of a fibroid tumor when the polar method is used.

DETAILS OF THE OPERATION.

Having described the different methods of operating, and the apparatus required, it will be well, perhaps, before leaving the subject, to dwell a little upon some of the details of the electrolytic treatment. My arrangement is as follows: "A strong and steady table four or five feet in length, is placed near the bed or operating couch. Upon this table is placed the battery, milliamperè meter, rheostat, resistance coil, electrodes and rheophores. The connections are all made, and the strength of the current is tested before the operation commences. In making this test the two free ends of the connecting rheophores are connected with this resistance coil (instead of with the electrodes), and the battery is put in action. The maximum number of cells—say 20—is put in circuit and the strength of the current is tested by means of the rheostat and the milliamperè meter. During this experiment, all the connections of the circuit are examined in detail and each one is made perfectly secure. As the resistance coil takes the place of the tumor, it having approximately the same resistance, this preliminary test gives a very fair indication of the probable behavior of the battery and apparatus when the electrodes are applied to the patient.

The test having proved satisfactory, the current is reduced to zero by means of the rheostat, and the resistance coil is removed.

The vagina having been irrigated with an antiseptic solution, the intra-uterine electrode is introduced, having first been allowed to stand in an antiseptic solution.* The patient is placed

* Dr. Atherton applies an antiseptic solution to the os uteri also, using equal parts of carbolic acid and glycerine.

in the dorsal position and the abdominal electrode is applied. It is covered with a towel and kept in position by an assistant, with gentle but steady pressure. The abdominal electrode should be a little warmer than the temperature of the body. When both electrodes are in place, the connecting cords are attached, and great care is taken to see not only that connections are firm but that they cannot be disarranged by any sudden movement on the part of the patient or the assistant.

Care is taken also to connect the electrodes with the proper rheophores, so that the proper pole is used.* When the electrodes are in position, and all the connections are properly made, the current is gradually increased by means of the rheostat. As the strength of the current is gradually increased, both the milliamperè meter, and the countenance of the patient are closely watched. The strength of current is not to be pushed beyond what can be easily tolerated. When the maximum strength is reached, it is kept at that point for from five to ten minutes, when it is gradually diminished to zero. It should be borne in mind that a sudden reduction in the strength of current causes a greater shock than a sudden increase. It is important that the assistant maintain steady pressure upon the abdominal electrode, otherwise a sudden expiration or a cough on the part of the patient may cause a disagreeable shock by making a partial break in the circuit. Apostoli allows the patient to make the pressure upon the abdominal electrode; but I do not find it as safe as placing it in charge of an assistant. When the application is finished the electrodes are removed, and the battery plates are lifted from the solution. The patient is allowed to rest for about an hour after each application. When strong currents are used with the negative pole, especially when galvano-punctures are made, or electrolytic needles used, it is well to introduce some antiseptic gauze into the vagina after the application, allowing it to remain for a few days.

* I use rheophore with a red cover which I invariably connect with the positive pole. A rheophore with a cover of a different color is connected with the negative pole. This lessens the risk of confounding the poles.

CONCLUSION.

In this series of articles I have endeavored to give a fair picture of the electrolytic treatment of uterine fibroids and hypertrophies. I have neither magnified the difficulties nor concealed them. Difficulties there are, but they are not insurmountable, even to one unfamiliar with the working of electrical apparatus. I must confess that, nevertheless, the treatment is more troublesome than I had supposed. This arises principally from the number of details requiring personal attention. However, probably, very few physicians in general practice will be disposed to undertake a course of treatment requiring so much perseverance, and requiring familiarity with such technical details as are involved in uterine electrolysis. The result undoubtedly will be that in most cases these patients will either be confided to the care of the gynecologist, or the assistance of a medical electrician will be secured.

In bringing this subject to a conclusion, I do not know that I can do so more appropriately than in the language of Dr. J. Russell Reynolds in his *Lectures on the Clinical Uses of Electricity*. In the concluding paragraph of the last lecture he says: "Electricity is one of the most powerful agents that you can employ in the treatment of disease; but it is useful, useless, or mischievous, according to the manner in which it is applied."

Selected Communications.

ABSTRACT OF AN ADDRESS AT THE INAUGURATION OF THE SLOANE MATERNITY HOSPITAL AND OF THE VANDERBILT CLINIC.

BY PROFESSOR T. GAILLARD THOMAS, M.D.

It requires no prophet's power to declare that scientific medicine is in our day in its early, pulsing infancy. What has been done is as nothing to what will be done. What we know falls into insignificance when compared with what we shall, what we must know, within the next century.

And what has accomplished all that has thus far been effected in the way of advancement?

The great, the leading factor has been a change in our methods of study, an improvement in our plans of investigation, a more philosophical style of collating our facts and drawing our deductions. The laboratory work, the clinical study, and the use of instruments of precision, to which special reference has been made, have all been merely means for developing the experimental and demonstrative methods of study which have resulted in the new era which is now fully dawning upon us in all its abundance of results.

If in this great work the monarchical countries of Europe have outstripped our own land, it is because of the endowment of institutions of learning, the aid given to struggling science, the fostering hand stretched out to art by such forms of government on the one hand, and the well-known neglect of these things by republics on the other. Ever since the foundation of our country our medical colleges have struggled onward as private enterprises dependent for existence upon the fees of those to whom their diplomas were granted, unaided by government, unthought of by society, unendowed by men of wealth, whose millions at their deaths went to the support of some distant enterprise, the erection of some monument or statue, or some similar work of great though of far less importance. All honor to the house of Vanderbilt, which has created a new era, set an example which is even now being nobly followed, and engraved its memory upon the heart of every true physician of our country.

We are engaged to-day in inaugurating a clinic and lying-in hospital, both put at the disposal of our art by Vanderbilt's immediate descendants, desirous to emulate his glorious example, and eager to lay medicine under a greater debt than the great one which it already owed to its head.

"The Vanderbilt Clinic!" Did the origin of the word "clinic" ever strike you? It is derived from the Greek "κλινη," a "couch," and its full signification is this: "In these halls the art of medicine is to be studied at the bedside. The mind of the student is not to be filled with the thoughts, the dicta, the suppositions, and the deductions of other men, but here he is to study disease in its ghastly truth for himself, by the aid of sight, touch, hearing, and smell, and

to draw conclusions for himself. Here he is to seek the truth, and to learn from his teachers how to find it; not to accept as truth what those teachers believe to be such, not to strive to learn from their experience, but to collate facts and acquire experience for himself."

This is to be one great outcome of this clinic. But equally important results remain to be told, even without alluding to the self-evident one of the great blessing which will accrue to the poor of New York, who will profit by the immediate effect of the medical service now placed at their disposal.

And now I come to tell you of a singular coincidence in this exhibition of generosity and charity, which is not generally known, and of which I would make history did the power lie within me. Before the thought of the great gift made by Vanderbilt had entered into his charitable mind, one of the members of the Faculty of the College of Physicians and Surgeons, under the authority of a son-in-law of Mr. Vanderbilt, was searching for a location for a maternity hospital to be erected and equipped entirely at his personal expense. To-day the Sloane Maternity Hospital is in full working order, and, with the Vanderbilt Clinic, is put at the disposal of the college so richly endowed by the head of the house.

Even this is not all. The wife of this generous man, a true daughter of her house, apparently unwilling to be outdone in good works, even by her own husband, has assumed in perpetuity the entire expenditure attendant upon the working of this magnificent charity.

What grand rivalry! What princely extravagance! What God-given inspiration!

Yet great as is this munificent offering to humanity and to science, greater, far greater, is the reward which, even in their life-time, must be meted out to these generous donors. This house of refuge and of mercy, built with all the cunning of the architecture of our day, will stand for centuries. What monarch's wealth could purchase a sweeter thought, a more sublime reflection, than that throughout that time the prayers of thousands of weary, sad-faced women, of thousands of grimy sons of toil, will constantly ascend for their benefactors in gentle murmurs to the judgment-seat of God?

"The prayer of the righteous man availeth much," but rather give to me the supplications in my behalf of the suffering, the friendless, and the poor to whom it has been vouchsafed me to have offered aid and comfort.

A favorite dictum of theologians of the olden was this: "The blood of martyrs is the seed of the church." So deeds, such as that of which I have just made grateful mention, are the seed of science. From the seed thus sown will spring up results throughout our broad land, from Maine to Texas, which will multiply an hundred-fold the generous act which we here acknowledge. He is short-sighted indeed who sees in the gift which we receive to-day a benefit to one institution or to one city. A noble example has been set, a fruitful hint been given which will redound to the advantage of science and humanity throughout our wide borders, from the Atlantic to the Pacific shores.

Trustees and Faculty of the College of Physicians and Surgeons who are to-day made custodians of this princely gift, a weighty responsibility rests upon us so to administer it as to develop to its fullest extent the intentions of the givers. It is clear that their desire has been to elevate the standard of medical education in our country, to advance the science of medicine, and thus to benefit society and humanity. Let no narrow policy, no views bounded by local interests, no ambitions less lofty than those to which allusion has just been made, enter our minds. But with a high and firm resolve let us strive, in the general cause of science and humanity, so to acquit ourselves of our stewardship that those who sit in judgment upon us after our mortal frames shall have become dust may pronounce upon each of our memories that verdict, so much to be desired, "Well done, thou good and faithful servant!"

The thought which entered the minds of the creators of this clinic—that in endowing the quiet, unobtrusive, and unobserved science of medicine they could benefit humanity, elevate art, and rear to their names an unostentatious yet pleasant memorial in these halls, "where charity and science so nobly meet"—was an original, a happy, a noble one. Whence came it? Not from a desire for fame. Half the gift elsewhere bestowed would have brought them

more. Not for the advancement of worldly interests. What worldling craves the affectionate admiration of a guild like ours? It had its birth in some nobler, loftier, purer sphere.

History gives abundant evidence of man's desire to live in the memory of those whom he leaves in this life after he has crossed the dark and silent river; of his aversion to the chilling thought of being completely obliterated and fading from the minds of men like the "baseless fabric of a vision, leaving not a rack behind." And history has taught us that it is not the column of brass or the statue of stone which best preserves the name intrusted to it. To live after death our monument must be erected in the grateful hearts of those who succeed us. When the arch of Severus shall have made dust for the streets of Rome, the simple prayer of the good Chrysostom, contained in ten short lines, will cause his memory to live for ages in the minds of men! Lorenzo de Medicis left his memory to the keeping of art—of art honored, elevated, and purified by him; his name shines more brightly to-day than it did even in his own time. *Ars longa; vita brevis.*

In whatsoever garb it may appear, there is a charm, a beauty about the God-like virtue charity which commands for it admiration, sympathy and respect. How various are its manifestations! Here we behold the miser indulging in it as a posthumous duty because he can not carry his riches with him into the hereafter; bequeathing his cherished millions to the poor because "there is no pocket to a shroud;" here the ambitious demagogue, hoarding wealth during a life-time to endow an institution or erect a statue to preserve his name from oblivion; and here the truly pious and virtuous, leaving their goods for the advancement of religion and the spread of the Gospel.

In all these forms charity is ever the most God-like and radiant of the virtues. But how much more noble and more admirable does it appear when, coming as a gift during the life-time of the donor, who then shares his possessions with his needy brother, and watches with tender solicitude the resulting benefit! To give with posthumous generosity to the heathen of distant lands, and beyond far-off seas, is noble indeed; but more noble, more beautiful is it far, to see

wealth shared during a life-time with the beggar at one's door-step.

How beautifully is this idea illustrated in the charming poem of the "Vision of Sir Launfal," a knight of old, who, leaving untended poor at his gate, sought to recover for the love of God and at the point of his lance, the Holy Grail from far-distant Palestine! Returning disappointed and dejected, the Christian soldier sees at the castle gate a leper, miserable, wretched outcast. Suddenly he feels "that one touch of nature which makes all mankind kin," and he is inspired with the impulse to pity and to aid him as he pleads for alms:

"And Sir Launfal said: 'I behold in thee
An image of Him who died on the tree;
Thou also hast had thy crown of thorns,
Thou also hast had the world's buffets and scorns,
And to thy life were not denied
The wounds in the hands, and feet, and side:
Mild Mary's son, acknowledge me;
Behold through him I give to Thee.'

"As Sir Launfal mused with a downcast face,
A light shone round about the place;
The leper no longer crouched at his side,
But stood before him glorified,
Shining and tall and fair and straight
As the pillar that stood by the Beautiful Gate.

"His words were shed softer than leaves from the
pine,
And they fell on Sir Launfal like snows on the
brine,
Which mingle their softness and quiet in one
With the shaggy unrest they float down upon;
And the voice that was calmer than silence said:
'Lo! it is I, be not afraid!
In many climes without avail
Thou hast spent thy life for the Holy Grail;
Behold it is here, this cup which thou
Didst fill at the streamlet for me but now;
This crust is my body broken for thee,
This water his blood that died on the tree;
The Holy supper is kept indeed,
In whatso we share with another's need;
Not what we give, but what we share,
For the gift without the giver is bare;
Who gives himself with his alms feeds three,
Himself, his hungering neighbor, and Me.'"

Generous donors of these most noble charities, sons and daughters of one whose name will never fade from the annals of American medicine, commissioned by my colleagues I come to

you the bearer of three-fold thanks! In the name of Science, for which you have shown so much solicitude; in the name of Medicine, for which you have so nobly pledged your appreciation; in the name of Humanity, which for cycle upon cycle will profit by your liberality, from the deepest depths of our hearts we thank you!

"*Tout lasse, tout casse, tout passe,*" says a quaint old French proverb. The only exception to the truth embodied in its simple alliteration is to be found in this world in the enduring pleasure which is born of good deeds done to our fellow-men. God grant that that enduring pleasure may be yours, and that it may abide with you to the end of life's pilgrimage!

May the wisdom, the resources, and the skill which centuries of labor have bestowed upon medicine be ever in their best and brightest estate when called for by you in the hour of your sorest need. May the bread which you have so lavishly cast upon the waters be returned to you in prosperity in this world, and in life in that which is to come.

Selections.

RECOVERY IN CIRRHOSIS OF THE LIVER.

In the *Medical News* of September 18, 1886, we referred to a discussion which had taken place at one of the Paris societies on the subject of the curability of cirrhosis of the liver, and the case recently reported in the *Medical News* by Dr. Macdonnell in the proceedings of the Montreal Medico-Chirurgical Society, illustrates a point in practice which is too frequently overlooked. It is still customary with many physicians to defer tapping in hydroperitoneum until diuretics and cathartics have been thoroughly tried, and the trocar is resorted to only when the distention has become extreme. The late Dr. Flint was, we believe, the first to advocate early and repeated tapping in this condition, and in his work on clinical medicine he refers to several cases in which in years no reaccumulation of fluid took place. Dr. Macdonnell's patient was tapped sixty times within a year, and after about

9,000 ounces of fluid had been removed no reaccumulation occurred, and the woman apparently got well. Continuous drainage has also been practised with good results.

The factor which determines the onset of dropsy in cirrhosis of the liver is not always clear. The highest possible grade of portal obstruction, even obliteration of the vena portæ, may exist without it, and a rich development of anastomosing vessels may compensate fully the destruction of branches within the liver. At least one-third of all cases of the ordinary atrophic cirrhosis are met with accidentally on the *post-mortem* table in persons dead of other affections. So long as an active collateral circulation is maintained there may be no symptoms. When we consider the extraordinary capacity of the abdominal vessels and the variations in blood supply to which they are liable, we can readily understand that conditions of distention of the portal radicles might arise with which the collateral circulation could not cope; and a sudden hematemesis or the development of ascites would represent a failure in a compensation hitherto effective. It is possible, as some writers have suggested, that owing to changes in the serous layer the capillaries are rendered more permeable and without any increase in the blood pressure permit of the transudation.

The practical point is this, that in certain cases of cirrhosis the effusion results from changes which are not necessarily permanent, and we should not regard the onset of dropsy in every case as the beginning of the end. Clinical records point to early and frequent tapping as the very best measure in ascites, not only as affording immediate relief to unpleasant or urgent symptoms, but as holding out a prospect in some cases of the removal of the conditions on which it depends.—*Med. News.*

THE TREATMENT OF RETAINED PLACENTA AT THE ROTUNDA HOSPITAL, DUBLIN.—In the *Practitioner* for December, 1887, Dr. Lane describes the method pursued at the Rotunda Maternity as follows: When the placenta is adherent I believe the proper treatment is to pass the hand or fingers into the uterus and detach it, although I have been informed that some Continental obstetricians allow the pla-

centa in such cases to remain for even a month after delivery (unless there is hemorrhage or symptoms of septicaemia), especially in the cases where the patients have not come to their full time. I consider, however, that if the operator's hands be not perfectly aseptic, this is the most dangerous of all operations met with in midwifery practice, except the Cæsarean section. It has been recommended by some authorities to keep the fingers inside the membranes during the operation, but there are many cases met with where, owing to the friable nature of the placenta, necessitating the removal of small pieces at a time, this is impossible. Should there be any septic infection about the hand, and especially about the nails, the usual seat of such poison, I fail to see how such a patient can escape becoming infected; for it is analogous to vaccination, except that virulent poison is substituted for healthy lymph, and with unfortunately greater likelihood of its taking effect, owing probably to the prolonged contact. The uterus, except where it has been already douched out with the hope of getting the placenta away, as I have already mentioned, is always douched with antiseptic solution prior to introducing the hand. Although the left hand is recommended by many as being smaller and corresponding more with the pelvic curve, the right hand is the one generally used, for, the patient being in the obstetrical position usual in this country the fundus of the uterus can be better and more easily supported by the left hand (the operator standing at the patient's back). Nor can an assistant, no matter how experienced he may be, support the uterus so satisfactorily as the operator himself, who knows the exact part of the uterus requiring pressure so as to bring that particular part of the uterine wall nearer to the introduced hand, and who is able to remove it to some other part the moment required.

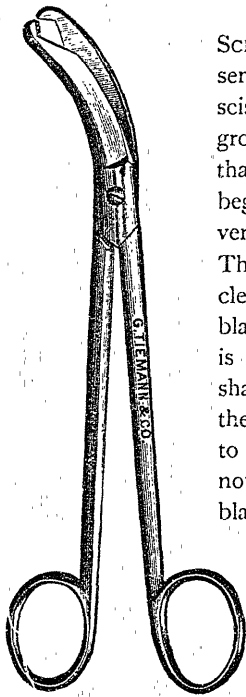
An anæsthetic, usually chloroform, is nearly always administered, in order that, if necessary, the hand may be passed in a second time where doubt exists whether all the placental tissue has been detached; for if the patient be perfectly conscious of what is being done, the operator must be very resolute to be able to withstand her solicitation not to pass the hand a second time, and I consider that, once the hand is in

troduced, the operation should be persevered in to entire completion. When satisfied on this point, the uterus should be again douched out with antiseptic solution.—*Medical News*.

THE DIURETIC INFLUENCE OF STROPHANTHUS.—So much has appeared in the journals during the last few months concerning strophanthus and its effects on the heart, that its action on the rest of the system has been overlooked. In the *Gazette Hebdomadaire* of December 9, 1887, Mariet and Combemale give us the result of their studies on its action on the secretion of urine and the elimination of urea. They found that the quantity of urine was considerably increased, and that the urea, while not always altered in amount, was generally increased. This occurred when the drug was used by the stomach or hypodermatically. As to its action on the kidney they found that it increases the urinary flow both by mechanical pressure, due to greater arterial tension, and also by a direct stimulation of the secreting structure of the kidney. Both of these investigators believe that cumulative effects do not occur after the prolonged use of strophanthus, but until the drug has been more widely used we doubt whether this statement can be received as proven. So little is known as to the renal effects of the drug that it is possible that it may be too irritating to use constantly in case of kidney lesions, particularly of an acute and active type, and all the evidence points to its use in cardiac lesions rather than those of the renal tissues.—*Med. News*.

THE TRUE PLACE OF MILK IN THE TREATMENT OF DIABETES MELLITUS.—In our analysis of the paper recently published by Dr. Austin Flint as to the treatment of diabetes mellitus, Dr. Flint was emphatic as to the harmfulness of milk in this disease. It is only fair that the other side of the question should likewise be introduced, since numerous physicians disagree with the emphatic statements of Dr. Flint. Of course, it can scarcely be claimed that milk is a specific for diabetes, in fact such a remedy is yet to be found, and the dietetic treatment of diabetes is perhaps still the most efficient. In the *Med. News* for November 5th, 1887, Prof. James Tyson publishes an article on the subject

which distinctly favors the use of milk in the treatment of diabetes. Dr. Tyson always commences treatment by the use of skimmed milk, and states that frequently he has found glucose entirely to disappear from the urine and the quantity of the latter become normal within a week after instituting the skimmed-milk treatment, and this too, in a case where the antidiabetic diet had failed to produce any effect. Unfortunately, however, the reduction in the quantity of sugar which follows the use of milk or buttermilk is often not permanent. Skimmed milk is decidedly superior to unskimmed milk in this affection, though it is difficult to say why this should be the fact. It is perhaps possible, as suggested by Dr. Tyson, that Dr. Flint's unfavorable results with milk depended upon his using unskimmed milk, since, as Dr. Tyson says, it is quite inexplicable how any one who has tried the skimmed milk diet at all should come to an unfavorable conclusion as to its value.—*Therapeutic Gazette.*



TRACHELORRHAPHY SCISSORS.—This cut represents a pair of strong, curved scissors with blunt points, ground in such a manner that the blades meet and begin to cut *first* at the very end or distal extremity. The figure shows quite clearly the edges of the blades ground so that there is an elongated diamond-shaped opening between them when they are about to be closed. It will be noticed that, when the blades are approaching, it is quite impossible for the tissue to retract or slide away from the scissors. On using these scissors, it is found that they cut

their way quickly into the most dense and most decidedly cicatricial tissue. [These shown are bent and ground with special reference for use in Dr. Emmet's operation on the cervix,

The instrument here shown cuts with even less effort, does its work more exactly, than the Dawson instrument, and leaves less unevenness after completion, as it is sure of cutting all the tissues between the blades. It is made by the old firm of Tiemann & Co., and is not expensive.—*Journal of Obstetrics.*

MENTAL AFFECTIONS ASSOCIATED WITH CHRONIC BRIGHT'S DISEASE.—At a recent meeting of the Philadelphia Neurological Society, during a discussion on the above topic, Dr. Wm. Osler said: "It is well known that certain mental phenomena occur in connection with chronic renal diseases, besides simple uræmic coma. I have reported one case of violent mania in a man aged forty-two years, the subject of Bright's disease. When brought to the hospital he had been maniacal for three or four days. He subsequently became comatose and died. A very interesting case was recently under my care in the University Hospital. He was admitted on Tuesday. I saw him on Saturday. He was then quiet, in a semi-dozing condition, but could be aroused, and gave a very interesting account of himself. The whole clinical picture was that of chronic interstitial nephritis. There was nothing to attract special attention to his mental state, and I did not regard his condition as critical. That night he got out of bed, in the absence of the attendant, wandered about the ward, and finally jumped out of the window. It was subsequently learned that, before admission to the hospital, he was violent, requiring two or three men to hold him. We were not told this when he was brought in. I was told by one of the physicians who had attended him that the man was full of delusions. He thought that his wife and others were persecuting him. I have no doubt that this was an instance of mental disturbance due to chronic nephritis.—*Polyclinic.*

LARGE DOSES OF OLIVE OIL IN THE TREATMENT OF HEPATIC COLIC.—In reference to the note which was published under this title in our last issue, a well-known Ohio physician, deservedly one of the most esteemed and influential members of the American profession, writes to us that he has never had a long-continued case

of gall-stones in which the treatment with large doses of olive-oil (half a pint, instead of twelve tablespoonfuls) has not been suggested or urged by some officious neighbor. On two occasions, he says, patients have come to him in triumph after taking such a dose, bringing a dozen or twenty round bodies looking very much like gall-stones, but examination has shown them to consist of stearin. "Now is it possible," our correspondent asks, "that a physician, the author of the paragraph alluded to, could have been deceived in this way? It would seem so from the fact that these calculi (?) were of 'soft consistence' and six of them were of 'the size of an olive' and yet 'passed without pain'!"—*N. Y. Med. Jour.*

Therapeutical Notes.

R Antipyrini.
Aq. destill āā 5.0. ð iv.
SIG.—One half to be used as a hypodermic injection in neuralgia.

R Hydrarg oxydat 0.3
Lanolin.
Ungt. emoll āā 15.0
SIG.—Use as an ointment for furunculosis.

R Chinini bisulph 1.0
Glycerini 25.0
Aqu. destill 75
SIG.—Use as an injection in blenorrhœa.

R Ol. oliv 60.0
Saloli 10.0
Aq. calc 60.0
SIG.—In case of burns.

R Tartari stibiati 0.1-0.3
Aqu 200
In pneumonia (genuine) a teaspoonful every second hour (Molter).

R Saloli 4.0
Ætheris 4
Adde
Collodii elast 30
Used in case of warts of the breast.—*Centralblatt für Therapie.*

FOR INTERMITTENT FEVER.—

R Iodine grs. xv
Iodide potash ꝥ iss
Aqua pura (destillat) grs. 150
M SIG.—Five drops every two hours, to be given in water.

A GOOD RESTORATIVE AND TONIC AFTER ILLNESS:

R Sulphuric acid, diluted M xl
Sulphuric ether ꝓ ij
Sacchari albi ꝓ ss
Aqua Mentha ꝓ vj
M Dose, a teaspoonful every three hours.

FOR DIPHTHERIA AND ULCERATED SORE THROAT.

R Brandy ꝓj
Sulphate quinine grs. v
M SIG.—Dose, ꝓj-ij every three hours. Use nitrate silver (grs. iij ad aqua ꝓj) alternated with solution of perchloride of iron, each application being made every six hours. Keep bowels open and feed patient well.

A RELIABLE ANODYNE (FROM PROF. ROBERTS BARTHOLOW).:

R Chloroform ꝓj
Hydrate chloral,
Gum camphor āā ꝓj
Morphia sulph grs xvj
Mix by trituration in a mortar. Dose, 5 to 20 drops as often as necessary.—*Medical Summary.*

ANTIPYRIN.—Not only does antipyrin diminish fever and appease pain, but according to Henocque and others it also checks hemorrhage. For arresting epistaxis and similar bleedings the powder should be insufflated into the nasal chambers, or a solution of antipyrin may be applied by means of a plug of cotton-wool. It is said to be of value also in checking hemorrhage from the ulcerating surfaces of carcinoma of the breast, and, besides, acts as an antiseptic. Strips of lint may be soaked in the solution and applied as a wet dressing.—*Lancet.*

Antipyrine is recommended by Duprey for sea-sickness.

A MODE OF ADMINISTERING COD-LIVER OIL.—M. Dupré ("Progr. méd.") recommends the following formula, the advantages of which are, he says, that the mixture may be prepared at home, that it is cheap, and that, while masking the disagreeable taste of the oil, it promotes its digestion:—

Cod-liver oil	25 parts.
Powdered white sugar	2 parts.
Powdered salt	1 part.
Rum	6 parts.

Shake briskly.—*N. Y. Med. Jour.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited.

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, MARCH, 1888.

THE LIZZIE BRAY INQUEST AND THE TRIAL OF JOHN GAMBLE.

At the time of the issue of our last number of THE PRACTITIONER we omitted to make any comments on this case because it was still *sub judice*. Since that time John Gamble has been tried for the murder of Lizzie Bray, found guilty, and sentenced to death. Certain incidents in connection especially with the inquest are of considerable interest to the profession, as well as the public, and we therefore take the liberty to refer to them.

The girl Lizzie Bray had an abortion, or miscarriage, and in connection therewith a peritonitis, which caused her death. We use the terms abortion and miscarriage as synonymous, although an incorrect distinction between them was used at one of the trials. During the illness the ordinary symptoms of peritonitis were present, and there was a suspicion that such peritonitis had been produced by criminal interference, but there was no actual knowledge of such

a deed. The physician in attendance frankly stated his suspicions to the girl's friends, and asked if they suspected any one of committing such a crime. As he could get no information to confirm his suspicions, and as the relatives earnestly requested him to avoid a public enquiry, he gave a certificate of death from peritonitis, according to the actual knowledge in his possession. It had happened that the physician had attended the girl's father, who met with an accident which resulted in death. He was not paid for his services, and we have every reason to suppose his chances for payment in this case were *nil*, and that he was performing an ordinary act of charity, not uncommon, we are pleased to note, among physicians.

In the report of the inquest we extract the following: "In summing up, Coroner Powell said there was ample evidence to connect Gamble with the abortion and death of Lizzie Bray, and such a crime was murder. We medical men are all liable to make mistakes, and we are all guilty of errors in judgment, but a very grave error has been made in this case. The doctor who signed that certificate made a grave mistake. Had that death certificate been refused properly, then the man guilty of this awful crime would have been secured. Through carelessness and misplaced kindness a culprit has escaped, and is now a fugitive from justice."

The burning eloquence of the Coroner evidently had the desired effect on the jury, and the following verdict was returned:—"On Dec. 19, 1887, at 69 Walton Street, Elizabeth Bray died of peritonitis brought on by abortion, the said abortion being caused by drugs administered, or instruments used, by John Gamble. And we find that the said John Gamble did murder the said Elizabeth Bray. Further, we are of the opinion that Dr. Ferguson, the physician, should be highly censured for granting a burial certificate, knowing and suspecting what he did."

What was the medical evidence which caused the Coroner to deliver such an extraordinary address to the jury? Of course we have to rely on evidence obtained from the *post-mortem* examination. The pathologist who conducted the examination stated that he found the ordinary

signs of peritonitis, and nothing else; but added that the abortion might have been produced mechanically, or combined with the use of drugs, but there were no distinctive signs of what had been used. This simply means that death had been caused by peritonitis, but how produced he could find no distinctive signs to show, although he suggests certain possibilities or probabilities. In other words, the report of the *post-mortem* examination shows that the physician's burial certificate was correct, and nothing more. There was absolutely nothing to prove that abortion had been induced by any interference of any kind.

As far as we can learn, the prisoner was convicted and sentenced to death on the medical evidence, and as a consequence the responsibility resting on the coroner, who showed such an ardent desire to bring a supposed criminal to justice, is a very serious one. We have never seen Gamble, or any of his friends, if he has any, but from a medical point of view, we are anxious to see justice done, and we have to regret exceedingly that the coroner should have used his great ability in such a way as to influence a jury to return a verdict, on insufficient evidence, or practically no evidence at all, which condemned a man without giving him a fair trial. Our ordinary sense of justice, and our inherited love of British fair play, should make us hesitate before we pass sentence on a man and try him afterwards. In the face of the evidence produced we have no hesitation in saying that the verdict of the jury at the Assize Court, was a most extraordinary and unjust one. While expressing this positive opinion we hope we will not be misunderstood. We do not wish to be included in the band of apologists for Gamble, who have been writing so much twaddle to the newspapers. In fact, so far as we know, his conduct with the girl before her illness admits of no defence.

The Coroner's remarkable and severe comments on the actions of Dr. Ferguson bring up a question which in all its aspects is very difficult to settle. The physician is in a position frequently which necessarily gives him possession of important family secrets, and it is a matter of professional honor generally recognized to keep these secrets sacred and inviolable.

While it is not proper to conceal a crime, it is hard to say when the doctor should become a detective, and go out of his way to impart his knowledge, obtained in confidence, to the police or other courts. In a case such as the one under consideration where a mother was compelled to witness that saddest of all misfortunes in this world—the death and everlasting disgrace of her daughter, when that mother in her grief and tears implored the physician to avoid publicity, and when there was no positive evidence of crime, we affirm, without any hesitation, that the majority of reputable physicians would have given just such a certificate as Dr. Ferguson did.

As there may be a difference of opinions on this point in various cases which may arise, we must concede to all the right to hold whatever views they please. It may frequently happen that the views of the coroner differ from those of the physicians giving evidence; but when they do, it is surely not too much to ask him not to take advantage of his position of authority in such a way as to bring disgrace, without sufficient cause, upon a brother practitioner in the eyes of a jury and the public generally. We are pleased to know that the profession of Toronto have, as a rule, always received the most considerate and courteous treatment in the coroners' courts; and we are also glad to add that we impute no unworthy motives to the coroner who conducted the inquest in question, but consider that he simply showed one of these "errors in judgment" to which he made such a touching allusion in his eloquent address to the jury. Such errors, however, are (to put it mildly) decidedly unpleasant, and as the profession will not meekly submit to such treatment, we venture to hope that in this high and honorable Court it will not be repeated.

THE SANITARIUM.

In a recent number of the *North-Western Lancel*, we noticed the advertisement of the Oliver Wendell Holmes Hospital Association, an institution lately established not far from Minneapolis. We were at first surprised that a man of Dr. Holmes' standing, should allow his name to be used as the chief reference

for what appears to be an institution run on strictly business principles. If money-making is not the chief object of the enterprise, it is, at any rate one of the principal reasons for the founding of this institution. The Hospital or Sanitarium has a large staff of consulting physicians, many of whom live in the neighboring city of Minneapolis. There is also a resident physician in charge, who has assistants under him. From the advertisement, as well as the editorial note, we conclude that the institution is similar in character to Sanitariums such as that at Dansville, New York State, or that at Battle Creek, Michigan.

While thinking over this, the whole question of the relationship which the general profession bears to the Sanitarium or private hospital, came up for consideration. We think we are right in saying, that there is among many of our best medical men a strong prejudice against such institutions. They are frequently looked upon as frauds, as catch-pennies, as merely a means by which men of poor abilities and attainments can make money out of an easy gullible public. While these views may be quite correct so far as many such establishments are concerned, we do not think that sufficient ground is afforded for the fierce denunciation which some men of position in our profession hurl at every private enterprise of this kind.

In order to come to a proper conclusion, we might consider (1) Whether a Sanitarium for the cure or relief of chronic diseases can really be run in a thoroughly honest and upright manner? and (2) Whether the treatment of chronic ailments can be more successfully carried out in such an institution, than at home?

To both of these questions we must give an affirmative answer.

We have now in our mind a Sanitarium founded some years ago by a physician of considerable attainments. It began in a very small way. The physician in charge determined that he would not advertise, and he has adhered to that principle up to the present. He depended altogether upon the reputation made outside by the results of treatment. As the number of patients increased, the staff of physicians was added to, until specialists were appointed in the principal departments; of late years the number

of patients treated at one time has reached seven or eight hundred.

These few facts clearly demonstrate two points; first, that a sanitarium can be successfully carried on on upright principles, and secondly, that patients must have been benefitted by such treatment, otherwise they would not have advised their friends to go. This brings us to the second question, is it possible to treat chronic affections more successfully in the Sanitarium than at home? We believe it is possible for many reasons. (1) Much of the apparatus which has of late been found useful, particularly in nervous diseases, is altogether too expensive to be used by the private practitioner. The treatment known as the Swedish Movement Cure, which is of great value in properly selected cases requires expensive apparatus. Electrical and galvanic machines are also expensive and cumbersome. The treatment of lung affections by the pneumatic cabinet is difficult to carry out except in a large institution. If we add to these, Turkish and vapor baths, massage, etc., all of which are of value in certain chronic cases, we find that is possible only in large establishments to conduct successfully such forms of treatment.

In the private hospital or sanitarium the physician has the patient thoroughly under control. He can regulate the diet, exercise and habits of life, in a much more accurate way than he could possibly do outside.

We fully recognize the difficulties of keeping such institutions free of fraud and quackery, and we also admit that in many there is more or less humbug.

At the same time we also recognize the important position they necessarily occupy in the modern treatment of chronic diseases, and we would consider the physician a public benefactor who conducts such an institution in a thoroughly upright and professional manner. We also think that instead of the universal condemnation of the sanitarium, physicians should select those which are honestly conducted and give them their sympathy and patronage.

The *London Medical Record* has ceased to exist.

UNPROFESSIONAL ADVERTISING.

TO MY PATIENTS, PATRONS, AND FRIENDS:—
Desirous of becoming acquainted with the most recent advances in Medicine and Surgery, and of learning thoroughly and practically the best and latest treatment of all diseases, I have decided upon having a short course in the now renowned Medical Schools of New York—in order that I may the better treat all who may honor me with their confidence. During my absence Dr. _____ will take charge of my practice, and I am pleased to be able to recommend him to all my friends, confident that he is ably qualified to give the best attention and treatment to all calling upon him. Dr. _____ has had the advantage of a full course in New York, and is careful, steady and attentive, and will, I doubt not, give the best satisfaction. Hoping to meet all my friends again in a short time, I remain, Yours most sincerely,

“_____”

January 31st, '88.

We notice the above in a country newspaper, where it appeared in the advertising columns. We regret to see many such from time to time, and have frequently had occasion to refer to them. It is only just to add that in the majority of such cases the doctors making use of such methods of advertising err through ignorance of the rules as laid down in the American Codes of Medical Ethics, which is recognized by our Dominion Medical Association; and we take the opportunity of stating that such conduct is considered unprofessional under the rules of this code. If a physician feels bound to advertise at all he should put his card in the paper, with office hours, and nothing more.

We also have to regret that the doctors of Toronto do not set a good example, as far as their signs are concerned, and the custom recently introduced by some of putting their names and degrees on street corners, in drug stores, etc., at some distance from their residences, is entirely wrong. A simple plate on the door, or in the window is all that should appear.

HOSPITAL SUNDAY.

We had occasion to refer recently to Dr. Hodgins' able paper on the subject of establishing a Hospital Sunday in Toronto, the intention being to have the churches of all denominations in the city take up collections on

that day for the benefit of the various hospitals. We are glad to know that a special committee of the Toronto Ministerial Association have taken the subject in hand, and have received very encouraging replies. We notice with some surprise that a few (we are glad to learn that it is only a few) think that the General Hospital is not in need of a special collection. This hospital does its full share of charitable work in a very satisfactory manner, and we hope there will be no effort made by the majority to make a discrimination in the distribution of the funds raised which will be unjust, and will be likely to raise a strong opposition to the whole scheme. A further consideration of the question was fixed for March 12th, and we sincerely hope that the movement will receive the strong support which it so richly deserves.

BILL TO AMEND THE ACT TO INCORPORATE TRINITY MEDICAL SCHOOL.

At the present session of the Ontario Parliament a bill was introduced to amend the Act of incorporation of the Trinity Medical School. The original bill was harmless, and no objections were raised. It asked permission to substitute for the word “school”—“college,” and to be allowed to raise a further sum of money for the use of the school. An additional clause was, however, inserted during its progress through the first and second readings giving to the college, which is purely a teaching body, powers to grant degrees, not only to its own students, but also to students or graduates of other schools or universities.

This simply means granting to this school university powers, and is entirely contrary to the spirit of the times. When the Toronto School of Medicine applied for similar powers last year strong opposition was raised against such a course, and the school, very wisely, we think, withdrew its claim. We were entirely in sympathy with the objections raised at that time, and are surprised at the attempt now made to get such an Act passed. History has certainly taught us that there is grave danger in giving university powers to any purely teaching body,

and we hope that the Legislature will not think of giving its sanction to an Act which might lead to serious abuses in the future.

A CLUB BUILDING AND GYMNASIUM FOR THE UNIVERSITY OF TORONTO.

A meeting of graduates of Toronto University, was held in Missionary Hall, on Wednesday evening, February 22nd, to consider the advisability of erecting a building for the purposes of recreation, physical exercise, etc. The Vice-Chancellor, Mr. Mulock, who occupied the chair, and Professor Ramsay Wright, referred to the facilities afforded in colleges in the United States, for training the bodies as well as the minds. The Senate has offered a site for the proposed gymnasium, and it is hoped the graduates and under-graduates will subscribe liberally towards the scheme. It is thought that if they raise \$15,000, another \$10,000 can be raised without much difficulty; and, if so, the building will be erected at once. Among the medical graduates on the committee to look after the scheme are Drs. Oldright, Ferguson and Bryce, Toronto; Dr. White, of Hamilton; Dr. Kelly, of Brantford; Dr. Eccles, of London, and Dr. Rae, of Oshawa.

It would be superfluous to dilate on the advantages connected with such a building. The opportunities afforded the students for physical exercise would be ample and the benefits accruing necessarily great. Another advantage, which was especially referred to by Professor Ramsay Wright at the meeting, would follow from the fact that it would furnish a common ground where students of all the Faculties could meet and hold daily intercourse. The movement is therefore of great interest to the new Medical Faculty, as its students will have all the privileges of the gymnasium and club rooms. We hope the graduates in medicine and the members of the medical teaching faculty will give the scheme all the assistance in their power. The Vice-Chancellor starts the list with a subscription of five hundred dollars.

The Tokio Medical Library contains nearly 1,500 volumes, mostly in the English language.

NOTES.

C. Gand, of Paris, gives conclusive proof that retinitis Brightii may appear without albuminuria.

The mutual benefit societies of Leipsig (Germany) have cut down the medical fees of their physicians to twelve cents a visit, and six cents for office consultation.

Dr. Vanderveer, of New York, recently removed by abdominal section, a large cystic tumor of the kidney, which had been diagnosed as ovarian.

Dr. Albert Döderlein, of Leipsig, as a result of researches and experiments, concludes that the uterine lochia contains in the normal puerperal condition no germs whatever.

Dr. Bontecon, of Troy, New York (*Journal American Medical Association*), made an abdominal section for ruptured typhoid ulcer. The patient expired before he had recovered from the effects of the anæsthetic.

Dr. Langenbeck, of Berlin, removed by abdominal section the left lobe of the liver, weighing about twelve ounces. The liver had been deformed by tight lacing, and had caused great inconvenience to the patient.

Dr. Allan McLean, Hamilton, in a paper read before the section in neurology, of the New York Academy of Medicine, advised the administration of nitrous-oxide gas and other anæsthetics for the detection of concealed insanity.

It is recorded in *Medical Index* that Dr. McIvey gave four hundred and sixty grains of quinine in twelve hours, to a colored barber, suffering from a congestive chill, and moreover, the barber did not climb the golden stairs, but still severs the epidermal capillaries of his heroic physician.

OUR WORK AND THE FEE.—(*Ruskin*).—If your work is first with you, and your fee second,

work is your master, and the Lord of work who is God. But if your fee is first with you, and your work second, fee is your master, and the lord of fee who is the devil.

GONOCOCCI.—In the *American Journal of the Medical Sciences* we note that the value of Neisser's discovery has been of medico-legal service. Castraux, Professor of Legal Medicine, at Lille, in a case of alleged rape, removed the difficulty of recognizing the micrococci after maceration of a fragment of pus-stained linen, by making cultures in a jar peptonized and sweetened. He and his colleagues testified to the specific character of the spots, and convicted the accused.

The German mind, (Lawson Tait, *British Medical Journal*) at least the German medical mind, is essentially different from the mind of the Briton; it not only evokes from its own consciousness descriptions of things other than the proverbial camel, but it wraps up its grain of wheat in such a bushel of chaff that the labor of getting a meal is intolerable, nothing pleases it so much as metaphysical speculation, while we, on the contrary, are eminently pragmatic. Tait must have climbed the high tower of British prejudice and partaken of an extra *menu* composed largely of British superiority before making that statement.

TORONTO GENERAL HOSPITAL.—There continues to be a steady increase in the number of patients admitted to the wards of this institution. For the month of January 230 were taken in for treatment, while 463 attended the outdoor clinic. The average daily number of patients in the hospital was 235; in the maternity department there were 18 births. The patients attending the gynecological clinic express great satisfaction with the new screen which has recently been introduced. To fully understand and appreciate the many excellencies of this "gynecological screen" it requires to be seen. When using it the patient may be exposed to the surgeon and students without the unpleasantness of seeing or being seen by them. There are at present 535 medical students registered, and attending the various clinics.

CANCER AND ITS CAUSAL AGENT.—Opinions differ, even among the most eminent of pathologists, as to the part which the microbe plays in the production of cancer. Sir James Paget considers that it is now practically demonstrated that each specific disease is due to the influence of a distinct morbid substance. This morbid substance is, in the vast majority of cases, a microbe—a low vegetable organism—and Sir James thinks that some day micro-parasites will be found in essential relation with cancer. Virchow on the other hand (*Lancet*) evidently attaches no importance to the reported discovery of a cancer bacillus; nor does he think that the discovery of a cancer micro-organism is necessary to explain the known facts of the disease. He is strongly in favor of its local origin, and firm in this belief, he entertains the hope that some means will yet be found of eradicating the disease in its early stage, and urges surgeons not to be too sceptical of the possibility of curing cancer by drugs. Paget also asserts his belief that we may reasonably hope for a remedy against cancer—a specific remedy for a specific disease.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, JAN. 28TH.

PATHOLOGICAL SPECIMENS.

Dr. Oldright exhibited a diseased testicle with the tissue attached, and related the following history of the case:

One year since the patient noticed some swelling, or induration in the scrotal sac, which gradually increased in size, and became tender. Several months later a small gathering, about the same spot, burst and left a sinus. Orchitis was present some years previous, and the patient remembered receiving several blows about this region. On examination, Dr. Oldright found a tumor closely attached to the testicle, and a spot of hardness in the sac, connected by a sinus with the perforation in the skin; the glands in the neighborhood were not enlarged. Unknown to the physician, the patient was also suffering from gonorrhoea. It was thought best

to remove the affected structures. The vessels of the cord were not ligatured, but twisted, in order to permit of a subiodide of bismuth dressing. The tumor was found to be filled with pus, while the organ proper was softer than natural, and of a dirty gray hue.

Dr. Atherton preferred ligaturing the vessels of the cord, as in case of a short cord retracting into the pelvis, hemorrhage might occur, and the vessels be out of reach.

INCISED INTESTINE.

Dr. Wilberforce Aikins presented a portion of the small intestines removed from Guard Rutledge stabbed at the Central Prison, and related the following history of the case :

On the morning of January, 13th instant, he was stabbed in the abdomen, the point of the knife (the blade of which was, perhaps, five inches in length) entering at a point about $2\frac{1}{2}$ inches to the left side, and $1\frac{1}{4}$ inches below the umbilicus, penetrating the whole thickness of the abdominal wall, and passing backwards and inwards as far, it is believed, as the front of the vertebral column. Throughout the day he complained of local tenderness in the region of the wound ; his pulse rate rose steadily toward evening, at which time there was also some elevation of temperature, and the abdomen became more markedly tympanitic ; he also suffered from nausea and vomiting.

The Prison Surgeon, Dr. W. T. Aikins, assisted by Drs. Woods, McCullough, and Wilberforce Aikins, that evening made an incision in the abdominal wall, about seven inches in length, extending from a point a little above and to the left of the umbilicus downwards in the middle line to a little above the pubes, with the double object of securing any bleeding points, and sewing up any wounded intestine, if such could be found. When the abdomen was opened, a clot of blood, four inches or more in diameter, and, perhaps, half an inch thick at its centre, was found lying upon the omentum and intestines, and between them and the anterior abdominal wall ; sero-sanguineous fluid was also present in fair quantity, and the intestine for some distance about the knife wound was generally injected. After the removal of the clot and fluid, the small intestine, which was rather flat, was examined in its length from the com-

mencement of the jejunum to the ilio-cæcal valve ; no opening could be found in it, nor was there any trace of any of its contents in the cavity ; there was, however, found a direct cut completely through the mesentery, from which, however, no blood was escaping, and also an opening in the peritoneum lying close above some of the branches of the inferior mesenteric vein, and within a very short distance (perhaps from $\frac{1}{4}$ to $\frac{1}{2}$ inch) of the abdominal aorta ; as blood was oozing from this, it was secured and ligatured with catgut.

The intestines were then returned to the abdominal cavity, and after the introduction of a drainage tube, having its lower end in the recto-vesical pouch, the abdominal incision was stitched up.

During the course of the following day the temperature and pulse rose steadily, until in the evening they were respectively about 103.7° and 160 beats per minute. From the time of the injury he had been kept well under the influence of morphia. Early the following morning he seemed some better, but about the middle of the forenoon he appeared to become suddenly much worse, and, gradually sinking, died the same afternoon.

The autopsy revealed a very tense, tympanitic abdomen which when opened allowed of the escape of fetid gas at once. There was intense diffuse peritonitis, with scattered collections of pus. In the wall of the jejunum about two feet from the duodenum was found a small, unevenly circular opening, of rather less than $\frac{1}{4}$ inch in diameter, with smooth, rounded, indurated edges, and surrounded for a considerable area with a congested zone ; the wound was on the convex surface of the gut about one-third of the distance around from the attached mesentery, and was surrounded on its outer surface, perhaps covered over, with lymph. At a point on the inside of the same gut corresponding with the situation externally of the attachment of the mesentery, and fairly opposite the wound already described, was a distinct abrasion of the mucous membrane, as though it had lain against the portion of the gut subsequently perforated, and the knife in cutting completely through the wall of the latter had at the same time shaved off a portion of the mucous membrane on the

opposite side of the gut, lying in immediate contact with it. No other opening was found, and the remaining organs in this and those in the other cavities of the body, were healthy. It is not unlikely that at the moment when he began to feel suddenly so much worse, flatulent distension of the small intestine, and the disturbance caused by vomiting separated the edges of the opening in the gut, which until then had been folded in and perhaps covered over with lymph, and allowed intestinal gases to pass freely into the general peritoneal sac, rendering much more intense the inflammation already present, and materially hastening his death.

Dr. Machell inquired as to the indications in this case which led to operation.

Dr. Nevitt expressed surprise that the man had been able to walk about for fifteen minutes after the injury and up several flights of stairs.

Dr. Atherton had seen a case of rupture of the duodenum, when the patient, a man, walked half a mile immediately after the accident. Death resulted in thirty-six hours.

Dr. Oldright also remembered a case of rupture of the liver, when the patient walked about for some time.

Dr. Wilberforce Aikins, in answer to Dr. Machell, said that an abdominal incision was determined upon because of

- 1st. The increasing tenderness.
- 2nd. Vomiting having set in.
- 3rd. The rise in the temperature.
- 4th. The probability of there being hemorrhage from some concealed point.

Dr. Atherton gave some notes of a case in his own practice, when a man had fallen from a load of hay, alighting upon the prongs of his pitchfork, which pierced the body, entering the abdominal walls about the level of the umbilicus, and passing out about the left shoulder blade. There was evidence that the lung was pierced. Notwithstanding the severity of the injury recovery ensued.

A short discussion ensued upon the relative antipyretic values of *quinine* and *antipyrine*, in the course of which Dr. R. A. Reeve deprecated the administration of over-large doses of the former as liable to act prejudicially upon the optic and orbital nerves, microscopic vision resulting.

STATED MEETING, Feby. 2nd.

Dr. Rosebrugh read an interesting paper entitled,

ELECTROLYSIS OF UTERINE FIBROIDS,

See page 78.

February 9th.

Dr. McPhedran showed a man with a painful affection of great toe of left foot. It began ten months ago, after a long walk. For some time it was caused by much walking only, but latterly any walking is painful, and much is impossible. The toe is swollen, and of a dark-red color. Nothing abnormal can be felt. Joints are healthy. There is superficial, as well as deep tenderness, most marked on under surface. The second and fourth toes are slightly affected also. The outside of the heel is also painful, and slightly mottled. Sensation reflexes and muscular power are normal. Personal and family history good. The condition is probably due to some neurotic affection causing the vascular changes and swelling.

Dr. Reeve showed a small piece of steel, removed from a patient's eye by means of the electro-magnet. The metal had pierced the iris and lodged in the anterior part of the lens, the free end being upon the plane of the iris. Removal was effected thirteen hours after the accident.

Dr. R. A. Reeve also explained to the Society the *modus operandi* and peculiar advantages of Maloney's conversation otophone. He expressed the opinion that this instrument was likely to prove of great value as an aid in the education of deaf mutes, as by it the very deaf were enabled to hear low tones, and even whispers.

Dr. Machell related the following history of a case presenting peculiar symptoms:

T. A., a teamster, while sitting upon his load proceeding over smooth ground, was suddenly seized with an acute pain in the centre of the breast. He became unconscious, and fell of his waggon—the wheel passing over the left forearm—but not fracturing either of the bones. After regaining consciousness, he found himself unable to use his hands properly, and the pain

was still intense; was removed to his home in a cab. When examined two hours later, the pulse and respiration were normal, the face anxious, the movements natural, and the pain still intense behind the sternum, between the third and fourth ribs; he complained of a tingling sensation in the arms and hands, and exhibited great restlessness—belching wind occasionally. There was some tenderness over the epigastrium. The heart and chest sounds were normal. The previous history was excellent, with the exception of an attack of acute rheumatism, thirteen years ago. He had not been lifting any heavy object, or using any unwonted exertion previous to the onset of the pain. The diagnosis was obscure. Gastric disturbance and aneurism seemed to be excluded, and the symptoms might point to rupture of some vessel into the mediastrium. A sedative mixture was ordered. At midnight the pain was still intense, causing great restlessness. The pulse was 82, the respiration and temperature normal. Consulted with Dr. Spragge.

The next morning the pulse and respirations were slightly quickened, and the pain not much lessened, although the patient was well under the influence of morphia; extremities cold, and face anxious. On the morning of the second day, the pulse, respirations, and temperature were still greater than before. Auscultation revealed a systolic murmur, heard loudest to the right of the sternum, between the third and fourth ribs, loud, also, in same situation close to the left of the sternum. This bruit could be detected beneath the greater part of the sternum and up the right side of the neck.

A slight impulse could be seen and felt in the second and third interspaces to the right of the sternum, being further removed from the border of the sternum in the third than in the second interspace. Purgatives were given to evacuate the bowels.

The day following neither the murmur nor impulse were so marked. The pulse 106-112. Bowels moved very freely, and with pain. Still restless. The restlessness and frequency of evacuation increased steadily, till he died on the morning of the fifth day, two minutes after he had been out of bed and at stool.

No *post-mortem*, unfortunately, could be obtained.

STATED MEETING, Feb. 16th.

Dr. Nevitt presented for examination a case of heart trouble, a peculiar murmur being present in the aortic region. The opinion was expressed that the murmur was aortic regurgitant, and that there might be present a commencing aneurismal dilatation of part of the arch of the aortic.

Dr. Doolittle exhibited several interesting improvements upon the ordinary glass atomizers.

D. G. GIBB WISHART, M.D., *Sec'y.*

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Jas Perrigo, M.D., *President*, in the Chair.

PATHOLOGICAL SPECIMENS.

Development of Bone from Periosteum.—Dr. Bell presented a section of the shaft of the femur illustrating the reproduction of bone from the periosteum. The specimen was secured from a patient whose thigh had been amputated ten days after receiving a compound comminuted fracture of the lower end of the femur and the head of the tibia, opening the knee-joint. Extensive sloughing had occurred, and at the time of the operation the patient was *sapremic* from the absorption of putrid material from the sloughing tissues. Twenty-five days later it was found to be necessary to remove two and a half inches of the end of the bone owing to sloughing of the flaps. At the primary amputation the periosteum had been stripped from the bone to the extent of nearly an inch above the point at which it was removed. The bone removed at the secondary operation showed an undoubted development of bone in the periosteum thus detached.

Purulent Meningitis.—Dr. Johnston reported a case which had been under the care of Dr. Molson, and in which he had performed an autopsy. Patient was a healthy woman, who, whilst in the sixth month of pregnancy, fell and struck her head. She developed soon after brain symptoms, deviation of the eyes, flexion of the neck to one side, and active delirium. She was admitted to the General Hospital, miscarried, and some days after died. At the autopsy, the ovarian veins were distended but

patent, the renal veins free. There was severe paronchymatous nephritis with slight interstitial nephritis. Spleen and liver enlarged and soft. Uterus enlarged, cavity dilated, placental site free from inflammation. On the right side there was purulent meningitis of the inner surface of the pia mater extending to the base in the middle and anterior fossæ of the skull. There was thrombosis of the right lateral sinus and inferior petrosal sinus. No fracture of the base of the skull was found, but there was a purulent otitis media of the right side with pus in the mastoid cells. The tympanic cavity was covered with granulations. In this case there was no history of ear trouble. Dr. Johnston had no doubt that the otitis was the cause of the meningitis, and that the fall a short time previously had very little to do with the fatal result of the case.

Rupture of the Heart.—Dr. H. L. Reddy exhibited a heart showing rupture of the left ventricle:—S., aged 68, day watchman by occupation, enjoyed good health for the thirty years preceding his death. Good family and personal history. Was a tall, well-built man, but not obese. When going down the steps of his house he was seized with a severe pain in his chest; he managed to walk about a quarter of a mile, when he was forced to return and go to bed. On the afternoon of the 8th, or four days after the first attack, whilst reading the newspaper, he threw back his head and died instantly.

At the autopsy Dr. Johnston found the following conditions: Pericardium moderately distended by blood; on opening, blood and clot to amount of 10 oz. found within the sac, the clot forming a complete mould about the heart. A small laceration, half an inch long, situated in anterior wall of left ventricle, one inch to left of septum, surrounded by an area of ecchymosis. On opening ventricles, left nearly empty. Endocardium appears normal, but at spot of rupture, on separating trabeculæ, an area of softening can be seen and bristle readily passed through the laceration. On transverse incision above laceration, a thrombosed vessel seen surrounded by soft yellow area of necrotic muscle. Subpericardial fat in excess, but heart muscle not fatty. On microscopic examination no

extreme atheroma of coronary or systematic arteries.

Sub-diaphragmatic Abscess.—Dr. Shepherd reported a case which had come under his observation some months ago.

Four Cases of Lateral Lithotomy.—Dr. Fenwick presented to the Society four specimens of vesical calculi recently removed by lateral operation.

Cirrhosis of the Liver.—Dr. R. L. Macdonnell related a case of recovery in cirrhosis of the liver, where ascites had been present to a very great extent. The patient, a woman aged 35, married, but childless, was admitted to the Montreal General Hospital in August, 1885, with a large quantity of fluid in the abdomen. She had suffered during the past year from dyspeptic symptoms, with morning vomiting. There was a history of spirit drinking. Prior to admission, was tapped to the extent of 200 ounces. There was tenderness over the hepatic region. The liver was small, measuring three inches in the right mammary line. She remained in the Hospital for ten months, being tapped at first every two or three days, but subsequently at longer intervals, the amount withdrawn being at first about 180 to 200 ounces, but at the time of leaving hospital but 16 or 20 ounces could be obtained. She was tapped sixty times during that year, and taking 150 ounces as an average, altogether 8,500 to 9,000 ounces were removed. The woman has gained health and strength, and is now apparently well, and attending to her household duties. The liver is of the same size, the belly empty, and dyspeptic symptoms have disappeared. The total amount of fluid removed in a year is large, considering the patient's weight (125 pounds) and size. Much larger quantities have been taken, but the case is instructive, as illustrating the benefit to be derived from paracentesis in cirrhosis.

Dermoid Ovarian Cyst in a Pregnant Woman.—Dr. Wm. Gardiner alluded to a case he related to the Society with exhibition of the specimen last winter. The case in question was one of ovariectomy for dermoid cyst, with twisted pedicle and most alarming symptoms of peritonitis. At the operation there was found universal adhesion of the cyst; it was necessary to remove the second ovary for commencing dis-

ease. Washing out of the cavity was freely practised, and a drainage tube was used for five days. It lay against the posterior wall of the uterus for five days. The uterus was somewhat large and vascular, but pregnancy was not seriously thought of, yet in a few weeks the woman was found to be undoubtedly pregnant. He now had to report that a few weeks ago she had been confined at full term by her ordinary medical attendant, Dr. Molson, of a large, healthy, living child, and had made an easy and rapid recovery. This was the second ovariectomy Dr. Gardiner had done during pregnancy. The first case was also confined at full term, both mother and child being alive and well. Considering the dangers of pregnancy with ovarian tumor when uninterfered with, such cases surely furnish a strong argument in favor of prompt performance of ovariectomy, even when at the time of diagnosis there are no alarming symptoms. Both of Dr. Gardiner's cases were, however, done for urgent symptoms.

The Dangers and Accidents of Local Treatment in Puerperal Cases.—Dr. J. C. Cameron then read a paper on this subject, which has since been published.—(*Abstracted from advanced sheets of our valued contemporary the "Canada Medical and Surgical Journal."*)

[Owing to lack of space we are unable to publish the full report.]

Correspondence.

LETTER FROM DR. SWEETNAM.

On arriving at Queenstown, I decided to spend one week upon an Irish jaunting-car with its renowned jarvey, for the purpose of allowing my chylopætic system to recover from the embarrassment, that in some unfortunate individuals is certain to be created by nine stormy days and worse nights at sea.

Arriving at Edinburgh, I presented my letters of introduction and was favored with sufficient invitations to clinics, operations and dinners, to keep me well and pleasantly employed for the twelve days that were to be devoted to this grand old historic town.

Prof. Simpson, who holds the Chair of Gyne-

cology—a nephew of Sir James Young Simpson, who introduced the use of chloroform as an anæsthetic—is a good and thoroughly conscientious teacher, but inasmuch as the room in which his clinics are given, and his operations performed, is very small and poorly lighted, and as his class numbers upwards of sixty, the results of the teaching cannot be altogether satisfactory.

Dr. Berry Harte holds a good obstetrical clinic in the Maternity Hospital; he has also a gynecological dispensary service, both of which might be attended with profit by the recent graduate. Dr. J. Helliary Croom is also doing good gynecological work in connection with the Royal Infirmary; but the greater part of my time was spent with Dr. Keith, or rather his son, Mr. Skene Keith.

Dr. Thomas Keith is now a man of about sixty-three or four, about five feet ten inches in height, and slightly emaciated; his face is oval in outline, with well cut nose, and dark, rather deeply set eyes; his hair and whiskers, brown in color, are worn long, and altogether as we meet him in his long broadcloth coat, with trowsers of the same material, and his broad-rimmed silk hat sitting well down upon the tips of his ears, he strikes one as being, what he is, a cool clear reasoner, with more than ordinary strength of character—a little impetuous, perhaps, but possessed of a warm and thoroughly honest heart.

The following are a few points suggested by the operations which I was privileged to see by Dr. and Mr. Keith.

Exclusive of the nurse who handles the sponges, and a surgeon who administers the chloroform, they have no assistants. The son assisting the father, or the father the son, with very few spectators.

The patient is placed upon a blanket-covered board, eighteen inches wide, supported at either end by two small tables; the knees are secured to the board by a broad belt, and the hands are fixed by a flannel bandage passed around the wrist, and then tied to the knee belt.

The mackintosh sheeting with the elliptical opening was used, and the adhesive material so admirably applied that I give its formula, kindly supplied by Mr. Keith: emp. resinæ, ʒij; emp.

saponis, ℥iv, with a small quantity of olive oil. I certainly have seen nothing used for this purpose which had the same sticking qualities.

The third stroke—in cases where the abdomen is at all distended—commonly carries the knife through the peritoneum, and a pair of blunt-pointed scissors, or a bistoury and flat director rapidly extend the opening; of course in cases where there is no abdominal distension, and no separation of the recti, with therefore no widening of the linea alba—as in operations for pyosalpinx—more care and more time are required; but even here I find that the majority of operators open the peritoneum within three minutes after making the first incision, all bleeding points having been secured by pressure forceps.

(The other day in watching Sir Joseph Lister remove the head of the humerus in an old case of dislocation, I noticed that though the patient was in good condition, and his bones were well covered, the first stroke of the knife exposed the capsular ligament thoroughly, so that no second incision was required during the operation. I have noticed that Dr. Max Schede, of Hamburg, in his operations adopts the same bold style. As we commonly regard a thing as done soon enough when it is well done, this may not appear to be a point of much practical importance, but as it is the style adopted by the best living surgeons the world over, I think that, having properly assimilated our anatomy, we too may follow their example, with profit both to ourselves and our patients.)

The actual cautery was applied to the pedicles over a Baker-Brown clamp. Two cauteries were generally used, one prism shaped, the other thin and sharp. These were heated as hot as possible, and the pedicle cut rapidly through, the clamp being carefully watched that it does no injury to the parts beneath, through the damp towels which have been inserted under the clamp as a precautionary measure; while the directions are to dry the portion of pedicle grasped by the clamp, this must be done carefully, and not too thoroughly; it ought not to be rendered crisp or even stiff; if this be done it will probably adhere to the clamp, crack in the separation, and bleed, whereas, if the heat is withdrawn at the proper time, the pedicle will slip out of the

clamp the moment the clamp screws are loosened, and stand up—between the small forceps which have been applied to each end—like the fin of a fish, soft and pliable, but perfectly white.

Carbolized catgut, which has been thoroughly stretched just previous to the operation, is used to secure bleeding points. This gut should have been in the carbolized oil for at least six months, to enable the water used to render the carbolic acid liquid to separate out. Dr. Keith usually places a few marbles in the bottom of the bottle to keep the gut out of the water as it collects; kept in this way the gut is stronger at the end of one year than it was at the end of six months.

The wound here is closed by a set of silk sutures passed through the peritoneum and abdominal wall, from the under side, between these silk sutures, are placed superficial horse-hair sutures; these latter are not removed for some weeks, the patient often being discharged with these in position.

I have certainly seen no better looking abdominal wounds, as they appear some weeks after the operation, than those of Dr. Keith.

L. M. SWEETNAM.

BERLIN, Feb. 4th, 1888.

TO THE EDITORS OF THE CANADIAN PRACTITIONER.

LETTER FROM NEW YORK.

DEAR SIRS,—Believing that a few jottings regarding medical and surgical practice and teaching in this American metropolis would not be without interest to your readers, as well as to keep good my promise made before leaving Toronto, in August last, I will give you some account of the salient features of our professional work as they have been presented to me.

The large pauper population of this city has caused a great many dispensaries to come into existence, some of which are very numerously attended. Some of the enterprising men in the profession finding so great an abundance of interesting material at hand for clinical work, conceived the happy thought of establishing post-graduate schools. At the present time there are two of these—the New York Polyclinic, and the New York Post-Graduate School and Hospital—doing good work, and full of promise for the future. Men and women from the uttermost

parts of the earth—from Japan, California, Australia, Prince Edward Island—have come here to listen to the words, and learn the methods of the masters of our art. Though six or twelve weeks may seem a short time to spend here, yet from the aggregate practice of the hundreds who spend a few weeks here, much good must result from the greater efficiency in diagnosis, skill in operation, and improved therapeutics.

That the best results had already been obtained in schools established only a few years, would be more than a reasonable expectation. In gynecology the amount of material is large, but the number of physicians present is also large, and as one chief object is to acquire the *tactus eruditus* as thoroughly and as quickly as possible, there is need of a plan by which each may have more frequent opportunities of making examinations, and applying remedies. This, however, is not likely to be the cause of the greatest dissatisfaction. There are several professors of eminence, and instructors of more or less note, each of whom, with a few exceptions, thinks it his duty to pull down the teachings of his colleagues, as well as to promulgate his own. Though it must be at once evident to anyone who has been absent from medical centres for even a few years, that great advances have been made, especially in diagnosis and the technique of operations, yet it is very unsatisfactory and confounding to find the teachings of men whom we have considered good authority, not only differing, but diametrically opposed. Alexander's operation—still upon trial—is received here with pretty general favor. A few weeks ago Dr. Polk reported verbally upon twenty-nine cases performed by him, with highly satisfactory results. Dr. Abbe also, of St. Luke's Hospital, reported eight successful cases. Dr. Hunter reports favorably upon a change in his after-treatment in cases of abdominal section. He gives no opiate after the operation, and has the bowels move much earlier than formerly.

In surgery, antisepticism is, for the most part, carried out with scrupulous care. In this Prof. A. P. Gerster, who has recently issued a careful work covering new ground, leads the van. The results obtained, compared with those of pre-Listerian days, certainly justify taking the greatest care, and establish the germ theory upon

a firm foundation. The most "fashionable" operation just now is that for the radical cure of hernia. As yet there are not sufficient data upon which to base judgment as to the results which may be expected. In selected cases it will probably cure, but it is not probable that the experience of a few years will justify the frequency with which the operation is now performed. Well worthy of mention in this connection is the work done by Dr. W. B. DeGarmo in the practice of Heaton's operation—the injection of a solution of white-oak bark into the canal, as high up as the internal ring—by which inflammatory thickening occurs, and cicatricial plug is formed. He is doing much to rescue this valuable operation from the malodor which attached to it from Heaton having so long practised it as a secret operation.

Orthopædic surgery probably has its brightest lights in this city. Sayre no longer stands alone; Gibney, Schaffer, Phelps and others, are doing good and original work. One of the most extensive and interesting surgical clinics is that at the Hospital for the Ruptured and Crippled, under the direction of Dr. Gibney. For about thirteen years Dr. Gibney was assistant-surgeon in this institution, and his wonderful experience in dealing with crippled children, the educated touch, and acuteness of observation, make him the children's favorite and most successful in dealing with them. In the treatment of joint diseases he is the apostle on this continent of the doctrine of immobilization, so much enforced by Hugh Owen Thomas, of Liverpool. He is also the first to discard the brace in the treatment of lateral curvature of the spine, and to give an extensive and thorough trial to medical gymnastics as taught by Bernard Roth, of London. Though he has not yet made a report of his cases it may be said that the results are decidedly favorable where the interest of the patient can be secured, and the instructions faithfully carried out. Dr. Schaffer is the great advocate of traction, and the application of mechanical appliances for the reduction and cure of all deformities. Dr. Phelps has more recently arrived upon the scene, but is already infusing new blood by the introduction of an original operation for club foot and

of valuable original apparatus for the treatment of certain joint diseases.

One of the most interesting is the children's clinic. Professor Ripley has the rare faculty of compelling his auditors to think for themselves. By the prominence given in this clinic to the subjects of rickets, malaria and syphilis, much light is thrown upon many cases otherwise obscure. Many men who have been inclined to look upon the dwelling so much upon these as a hobby, will have reason to be thankful that they were made so familiar with the salient features of these ailments.

Physical diagnosis is thoroughly taught here. In obstetrics the advantages are not good.

My next, I hope to have the pleasure of sending you from Vienna.

B. E. MCKENZIE.

NEW YORK, FEB. 21ST.

To the Editors of THE PRACTITIONER.

"CACÆTHES SCRIBENDI."

DEAR SIRS,—In the February issue of a new medical journal started in Toronto, bidding for the support of the medical profession of this province, the involuntary recipients are treated to various articles on typhoid fever, which are concluded by a paper on the treatment of this wide-spread scourge from the pen of one of its editorial staff.

Without referring specially to the description of a well-known epidemic prevalent in a city in Eastern Ontario, I think we are quite at liberty to criticise the editorial treatment of the disease, not so much on account of the methods therein described, which in themselves are no doubt safe because not original, but for the reason that we have a right to expect something more from professedly original papers than is contained in all the ordinary text-books upon the subject found on the shelves of every medical man everywhere. We have had a very great deal of "Pepper" in the dish—perhaps the salt will come in the next hearing from the editorial compiler, all of which leads the ordinary every day doctor to reflect upon the multiplicity of periodicals, and by such reflection he will be lead to believe that the "Cacæthes Scribendi" is not altogether unselfish; but, on the contrary,

springs from a desire to specially advertise and form a library as a result of favorably criticising the works of authors. Yours, etc.,

MEDICUS.

[We regret that the "pepper" in the article referred to should have so seriously affected our correspondent "Medicus." It is not generally expected that what are technically known as original papers shall contain nothing that has been referred to before by authors. It is true that occasionally we get a paper that is perfectly new in all particulars, but its contents are generally rubbish. We were rather pleased with the article on typhoid fever which offended our friend; but we would gladly see a better one, and if Medicus can furnish one of this kind, which is *thoroughly new* in all respects, and free from all the dust referred to, we will gladly publish it.—Ed.]

Book Notices.

Annual Report of Morse Dispensary of Cooper Medical College for 1887, San Francisco.

Dangers in Gasoline. By JOHN H. KELLOGG, M.D., Battle Creek.

The First Quarterly Report of the Michigan State Laboratory of Hygiene.

Health Lessons. A Primary Book. By JEROME WALKER, M.D. New York: D. Appleton & Co., 1887. Toronto: W. J. Gage & Co.

Report of the New York Post-Graduate Hospital, including the Babies' Ward, for the past year, ending May 1st, 1887. 226 East 20th Street.

Synopsis of the Second Hundred Cases of Urethral Stricture, treated by Electrolysis, with Cases. By ROBERT NEWMAN, M.D., New York. (Reprint.)

The Galvano-Cautery Sound and its Applications, especially in Hypertrophy of the Prostate, with Reports of Cases. By ROBERT NEWMAN, M.D., of New York. (Reprint.)

The Three Ethical Codes. Cloth, 55 pages, postpaid, 50 cents. Detroit, Mich.: *The Illustrated Medical Journal Co.*, Publishers.

In this little book is reprinted the Code of Ethics of the American Medical Association, with its Constitution, By-Laws and Ordinances, brought down to 1888; The Code of Ethics of the American Institute of Homœopathy and the Code of Ethics of the National Eclectic Medical Society. Of the three Codes, that of the American Medical Association is the longest, and that of the Eclectic Society is the shortest, while much of the Homœopathic is strikingly similar to that of the first named. Altogether, it is a handy little book for reference as occasion may require.

Contributions to the Study of the Heart and Lungs. BY JAMES R. LEAMING, M.D., Emeritus Professor of Diseases of the Chest, in the New York Polyclinic, etc., etc. New York: E. B. Treat, 771 Broadway, 1887. Price, \$2.75.

This volume is made up of papers, and parts of discussions, written at different times, by Dr. Leaming, and now collected into one book. Dr. Leaming has made a special study of the diseases of the heart and lungs; he is a most accomplished diagnostician, and many of his views, original in character, have been adopted by the general profession.

The essays are divided into three parts: 1. Those pertaining to the respiratory organs. 2. Those pertaining to the heart. 3. Those pertaining to miscellaneous subjects, having some relevancy to parts 1 and 2.

Taken altogether, they furnish a very exhaustive treatise on nearly all of the diseases of these organs. Many of Dr. Leaming's original observations have already been incorporated in some of the best works on practice of medicine. The practitioner who is specially interested in these diseases, will find much that is original and instructive in this present work.

Lea Brothers & Co., of Philadelphia, will shortly publish *A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment*, by PROFESSOR ROBERT W. TAYLOR, M.D., formerly President of the American Dermatological Association, and Joint Author of Bumstead and Taylor's *Pathology and Treatment of Venereal Diseases*. The work will be issued in eight parts, aggregating 58

large folio chromo-lithographic plates, measuring 14 x 18 inches, and containing about 200 figures, many of them life-size, executed with the utmost faithfulness and beauty of detail. These plates will delineate typical cases from the practice of the Author, and selections from the entire literature of Europe, including among others the works of Cullerier, Fox, Fournier, Hebra, Hutchinson, Kaposi, Neumann and Ricord. The text will deal chiefly with the practical aspects of the subjects, and will be illustrated with a series of unusually large engravings, executed specially for this work, and drawn principally from original matter in the possession of the Author. Concerning the *Clinical Atlas*, the *New York Medical Journal* says editorially in its issue of February 4th, 1888:

"We were glad to meet with the announcement that the preparation of such a work, to be issued by Messrs. Lea Brothers & Co., of Philadelphia, was in the hands of Dr. Robert W. Taylor, of New York, all of whose writings have been conspicuously marked by vividness and accuracy. We have lately had the opportunity of examining impressions of a great part of the plates and cuts to be given in Dr. Taylor's new *Atlas*, together with the system of its arrangement. Besides the beauty and fidelity of the illustrations, they have the great merit of portraying typical and instructive rather than startling appearances, and especially of representing not only the acme but also the various phases of the disease to which they pertain. Having those objects in view, whoever sets to work to produce an atlas of cutaneous and venereal diseases finds his greatest difficulty to lie in the work of selection, and the greater are his attainments as a clinician the more readily will he surmount it. Dr. Taylor's well-known excellence in this respect might well have been taken as a sufficient guarantee of the quality of his new work, and our inspection of the plates and letter-press has been only confirmatory. The work will be a most valuable guide in diagnosis and treatment, and we have no doubt it will shed new lustre on American Medicine."

The *Clinical Atlas* will be published by subscription. A prospectus may now be obtained from the publishers.

Obituaries.

RICHARD ZIMMERMAN, M.D., L.R.C.P.,
LONDON.

One of the best known and most highly esteemed of our younger Canadian physicians was the late Dr. Richard Zimmerman, of Toronto. He was born at Clifton, at the residence of his father, Mr. Zimmerman, the great banker and railway king, in 1851. The father was killed at the Desjardins Canal accident in 1857; and two bright boys, Jack and Dick, both now gone to the great majority, were left to fight the battles of this cold world. The fortune of the supposed millionaire soon melted away in the expensive litigation which occurred after Mr. Zimmerman's death. Only a few thousands were left for the young orphans; but fortunately for them, kind friends, especially their step-mother and Mrs. Robert Gilmore, of Toronto, cared tenderly for them, and gave them all the educational and social advantages our country could afford.

Dick, the only name his intimate friends had for him, received his preliminary education at the private school of Mr. Franks, and at Upper Canada College. He chose the profession of medicine, and entered the Toronto School of Medicine in the Fall of 1868. He pursued his studies in this school, and took the yearly examinations in the University of Toronto. He was remarkably successful, as shown by the fact that at each of the annual examinations his name appeared at the head of the class lists in every subject, and at the end of his college course, he was awarded the University and Starr gold medals.

After completing his studies in Toronto he went to England, and soon acquired such a reputation in London, that he received the rare honor, for a Canadian, of the appointment as resident assistant physician in St. Thomas' Hospital.

In the summer of 1874, he commenced practice in Toronto, with the brightest of prospects. He was soon made a member of the Corporation of the Toronto School of Medicine, in which he acted as one of the demonstrators of normal and pathological histology, and was

appointed pathologist in the Toronto General Hospital. The public generally prophesied a brilliant career for this promising young physician, but, unfortunately, what everyone expected did not happen. Physical infirmities conquered a brave and noble man, and he was compelled to give up his school and hospital appointments, as well as a great portion of his practice. After a struggle of years with physical weakness he at last succumbed, and died suddenly on the morning of February 4th, 1888, at his residence in Church Street, leaving a young widow and many friends to mourn his untimely end.

Of our friend who has left us, what more can we say—not much. We will ever remember him as one of the noblest specimens of humanity we ever met. One of his oldest and best friends, Professor Osler, of Philadelphia, in writing to Toronto after his death, thus speaks: "So poor Old Dick is dead—'peace to his ashes!' He was a good, kind friend, one of my earliest; for it is close upon twenty years since we entered the Toronto School of Medicine together."

JOHN HENRY McCOLLUM, M.B.

Dr. McCollum was known for years as one of the most successful and highly esteemed of Toronto's physicians. He commenced the study of medicine in the Toronto School of Medicine, in 1865, and graduated with honors in the University of Toronto, in 1869, when he was awarded a silver medal. He practised for a short time in the country, and then came to Toronto, where he acted for some years as Medical Superintendent of the General Hospital. Having resigned his position here, he engaged in general practice in the city. His ability, tact, and courtesy, soon made him popular with the public, and his practice for many years was a laborious and lucrative one. His health for the last two years was poor, but he continued in the harness with a few intermissions until a few days before his death, when he contracted a pneumonia which pursued a rapid course. He died on the morning of February 13th, at the age of 47, and was buried in Toronto, February 15th. He leaves a wife and six children.

He will be sadly missed by the host of friends who were attracted to him by his kind and genial disposition. Although a very busy practitioner he took a warm interest in politics, and was at one time chosen as the standard bearer of the Conservative party in East Toronto. There is scarcely any doubt that he would have been elected, but he preferred to devote all his time to his profession rather than go to Parliament, although he cheerfully used his great influence for his party in all general elections. In private life he was beloved by all who knew him, and the sympathies of a host of friends are extended to those who were nearest and dearest to him in their sad bereavement.

Personal.

Dr. Ball, has removed to Sherbourne Street.

Dr. Elliott, formerly of Orillia, has removed to this city.

Dr. H. Cunningham has left Kingston, to practice in Toronto.

Professor De Bary, the well-known bacteriologist of Strasburg, is dead.

It is stated that Hon. Dr. Wilson will leave Winnipeg to practise in St. Paul.

Dr. Brown, Reeve of Kingston, was unseated owing to a mistake in the assessment roll, and re-elected by acclamation.

Dr. G. W. Clendenan, has been appointed medical health officer for West Toronto Junction.

J. W. Peaker, M.B. (Toronto), was admitted to the membership of the Royal College of Surgeons.

Dr. Hingston has been elected President of the Montreal School of Medicine and Surgery (Victoria College).

Dr. Hooper, of Kingston General Hospital, has accepted a call to the Parkdale Baptist Church.

Mrs. Oliver Wendell Holmes, the wife of the well-known physician and author of the "Autocrat, Poet and Professor at the Breakfast Table," is dead.

Dr. Canniff, Medical Health Officer for Toronto, having resigned, we understand that Dr. T. S. Covernton is an applicant for the position, and likely to receive the appointment.

The Queen has appointed Sir Edward Henry Sieveking, M.D., to the post of physician in ordinary to Her Majesty, and R. Douglas Powell, M.D., to be one of the physicians extraordinary.

The following Canadians have recently passed the qualification examination of the Royal College of Physicians, of London:—Drs. Thos. Ovens, H. Crawford Scadding, Wm. R. Shaw and F. J. White.

Mr. John H. Stratford, one of Brantford's richest and most public-spirited citizens, died February 12th. He generously erected a model hospital for that city (the John H. Stratford Hospital), which was opened with great ceremony over three years ago.

Dr. Cameron, of Toronto, met with rather a serious accident on February 10th, when he was thrown from his sleigh, and received injuries to the head, with concussion of the brain. He was confined to his house about two weeks, and under the influence of rest and quiet no unfavorable symptoms developed. He is still weak, but it is hoped that his recovery will soon be complete.

Miscellaneous.

"He who is jealous of a rival acknowledges his own inferiority." This is a new aphorism from a Detroit doctor, and there is much truth in it.—*American Lancet*.

An Albany student was asked, "How would you treat a fat man?" "Usually with beer," said he. That young man was practical, at all events. He knew of the weakness in this wicked world.—*Medical Summary*.

INCONTINENCE OF URINE.—Dr. R. Moore, on page 25, January *Medical World*, asks for treatment of a case of incontinence of urine. If he will get 100 Parvules cantharides, $\frac{1}{30}$ gr., prepared by W. R. Warner & Co., and give one thrice daily, he can cure his patient, and she can drink all the water she wants. I never withdraw usual diet. Have never seen a failure.—*W. S. Cline, M.D., Medical World*.

THE CONSUMPTION OF BEER IN FRANCE.—The quantity of beer consumed in France varies remarkably in the different cities. Thus in Nantes only 4 litres a year for each inhabitant are drunk; in Paris, 12 litres; in Havre, 22; in Nancy, 48; in Amiens, 100; in Saint Quentin, 234; and in Lille, 301. But France is still far behind its hated rival, Germany, in this respect. In Munich, the amount of beer consumed reaches the very respectable figure of 400 litres a year for every man, woman and child in the city.—*Lancet-Clinic*.

That there are now and then unfortunately (for themselves) born into the world strong masculine women devoid of domestic tastes and maternal longings, all will admit. George Eliots, George Sands, and such as they, are fortunately the exception, and should not society permit them to wrestle with the inconveniences of their surroundings and not overturn the established order of things for their special benefit?

In an address to the women of America DeWitt Talmage forcibly says:

“O woman, stay a woman! You belong to a very respectable sex.”—*Weekly Medical Review*.

Dermatologists may be a little disappointing in their therapeutics, like the rest of the profession, but when it comes to giving diseases names of real, rasping, polysyllabical stridulousness, they leave other specialists, including the author of Volapük, far behind. Dr. Hyde has recently reported three cases in which the patients were affected with symmetrical and recurrent or persistent tylosis of the palmar and plantar surfaces, accompanied by hyperidrosis, alopecia, bromidrosis, and a species of onychiaux, which the author supposed to be due to the same process in the skin which produced the callosities.—*N. Y. Med. Record*.

THE DOCTOR AS A SUBSTITUTE FOR PRISONS.—Prince Krapotkine recently delivered a lecture in Paris on “The Moral Influence of Prisons.” He argued that prisons were of no use as safeguards to society; that criminals were persons who were suffering from some disease of the brain, heart, or stomach. The only way to deal

with such classes was to put them under medical care in order to cure their physical disease. Krapotkine's views contain a germ of truth. A considerable proportion of criminals have congenital brain-defects, and many more have bodily deformities, phthisis, syphilis, and other diseases.—*Lancet-Clinic*.

A BLIND TAILOR.—No medical or philanthropic visitor to Florence should omit to see a wonderful specimen of what education can do for the blind, in the case of Gaetano Baldelli, now exhibiting his powers at the Museo Internazionale dei Ciechi (International Museum of the Blind). We are familiar with those similarly afflicted who can read printed letters with their fingers; who, introduced into a room, can, by clapping their hands, tell us how large it is, and whether it contains furniture; who can cultivate flowers and distinguish them from weeds. But what must we say to a blind youth who can measure for clothes, cut them out, and make them up in the latest fashion? Baldelli does this before admiring crowds.—*Florence Correspondent, Lancet*.

STROPHANTHUS.—Haas, of Prague, concludes, from his clinical study of strophanthus, that the apex beat of the heart is much less distinct under the influence of strophanthus than under the influence of digitalis: the latter drug produces a sharply defined pulsation, while strophanthus does not so clearly mark the boundaries of the cardiac area, which becomes diffuse. In cases where an exaggerated second pulmonary sound is present, the accentuated quality disappears under the use of strophanthus. The frequency of the pulse is, in the cases described, regularly lessened. In three cases of stenosis of the cardiac apertures of high degree, the patients became cyanotic after taking strophanthus, complained of great dyspnoea, and went into collapse. Haas found that patients suffering from fever bore much larger doses than those who had no fever; fifty drops of the tincture and more were given to fever patients without ill effect, while thirty drops, in twenty-four hours, was the usual dosage for patients not suffering from fever.—*Therapeutische Monatshefte—Medical News*.

WHAT AILS THE MODERN GIRL?—A writer in *Harper's Bazaar* makes a pretty close diagnosis for a layman, as to what ails the modern girl, at least a good many of her. It is well deserving of record as an *indicatio causalis* in the disease which is so often the despair of the doctor. "The modern girl hardly knows what she wants, whether it is the higher education, an æsthetic wardrobe, love or fame. She plays tennis and progressive euchre, and flirts and does Kensington work, and reads Herbert Spencer, and very often writes; she dabbles in music and talks theosophy, and if there are more things in heaven and earth than are dreamed of in her philosophy, one questions, what they can be. Withal, she is as restless as the wind. She does not love the quiet of home; she lives on excitement; she goes to Europe, to the springs, the mountains, the theatres, the receptions, if she can get there, or to the modiste; she can always fall back upon clothes as a diversion, and, when everything else fails, she has nervous prostration and a trained nurse. In fact, the chief trouble with the modern girl, be she rich or poor, is that she does either too much, keeps her nerves on the strain, and by and by goes to the other extreme, and does literally nothing but consume drugs, talk of her ills, and consult the Christian scientists; or she has no real interests, fritters away her time in shallow pursuits, becomes pessimistic and dyspeptic, dissatisfied with herself and all the world; cries and questions if life is worth living, and feels especially blue on holidays. The remedy for all this is, perhaps, an object in life; those who are well and unselfishly occupied do not question if life is worth living; they know it is; and whether they are busy in the shoe factory, behind a counter, at the fireside, in the kitchen or the dining-room, so long as they are busy and not shirking or reaching forward for something more congenial, and neglecting present duty, their minds are at rest and uninvaded by despondency. One of the best remedies for depression of spirits is the effort to bestow happiness; it has been known to prove effectual when all other methods have failed; when novels and new gowns, and cod-liver oil, and bovine, and bromide; when admiration and flattery are no more serviceable than an abracadabra or any

heathen spell. Melancholy or other ills of this nature are the direct result of a too strong egotism, and an absorbing interest in others is a safe and agreeable medicine, and is usually the last thing a modern girl tries."—*Boston Medical and Surgical Journal*.

Births, Marriages, and Deaths.

BIRTHS.

CLEMENS.—On Feb. 3rd, at "Blairholme," Port Perry, Ont., the wife of G. H. Clemens of a daughter.

MARRIAGES.

MORDEN-CLARK.—On Feb. 1st, at Adolphustown, J. B. Morden, M.D., Picton, to Miriam A. Clark, Adolphustown.

CAMPBELL-DALE.—On Wednesday, 25th of January, by the Rev. Wesley Casson, at the residence of the bride's mother, Alexander A. Campbell, M.B., Warton, to Elizabeth, daughter of the late John Dale, Esq., Mitchell.

BELFRY-SUTHERLAND.—On the 16th of February, at the Methodist Parsonage, Windsor, by the Rev. Geo. W. Henderson, assisted by the Rev. J. M. Hodson, B.A., Oran Merton Belfry, M.D., of Saginaw City, to Clara Sutherland, of London, Ont.

WOODGATE-COVERNTON.—Dec. 29th, at the parish church of Rosario de Santa Fe, Henry Hammond, second son of Frederic Woodgate, Esq., of Buenos Ayres, to Fanny, eldest daughter of Dr. W. Covernton, of Rosario, and granddaughter of Dr. Covernton, of this city.

DEATHS.

MCCOLLUM.—On Monday, Feb. 13th, at 154 Jarvis Street, John H. McCollum, M.D., aged 47 years.

MURRAY.—On Feb. 12th, at New Glasgow, N.S., George Murray, M.D., ex-M.P.P. for Pictou.

MCGUIRE.—On Saturday, February 11th, at Guelph, Marianna, wife of E. W. McGuire, M.D., of that city.

ZIMMERMAN.—On Saturday, Feb. 4th, at 283 Church Street, Richard Zimmerman, M.D., L.R.C.P. London, aged 37 years.

JACKES.—On Feb. 8th, at Winnipeg, Albert G. Jackes, M.D., son of the late Franklin Jackes, of Eglinton, Ont., aged 44 years.

CASSELS.—On Feb. 3rd, at Bedford, P.Q., of inflammation of lungs, James McNab Cassels, M.D., eldest son of the late Robert Cassels, aged 48 years and 6 months.