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Original Communications.

INTUBATION OF THE LARYNX IN DIPHTHERITIC LARYNGITIS.

BY DR. L. L. PALMER, SURGEON, EYE, EAR, THROAT, AND NOSE.

YOUR late invitation, Mr. President, to give a paper to-night on some surgical subject and the short time at my disposal, led me to choose Intubation of the Larynx as easy for myself, and, I trust, of interest to this association. Easy, because I shall give only the result of my own experience and the detail of such cases as present symptoms of importance; and interesting, inasmuch as it opens up the much-vexed question of surgical interference in stenosis of the larynx in membranous croup—a question that has had, and still continues to have arrayed on either side, those who oppose and those who ardently support surgical interference.

I may say that my experience in *tracheotomy* and my additional experience in *intubation* confirm the soundness of judgment in advocating surgical interference—either tracheotomy or intubation—in wisely chosen cases of croup, where all other means have failed and a fatal result is anticipated unless relieved.

To be brief and confine my remarks to clinical experience, I will avoid all bibliography of the subject, even what *Hippocrates*, *Galen*, *Paracelsus* and O'Dwyre have said about intubation. Nor will I dwell on the technique of the operation, which is by no means unimportant, as all this is matter to be found in literature.

I will premise by saying that every case that I report to-night is one of true diphtheria, manifested first in the pharynx and extending to the larynx.

My first four cases, aged five, two, five and eleven years, terminated fatally in from two to five days after the tube was inserted, and all of them died from extension of the disease into the bronchi. This was diagnosed by auscultation and verified in three of the four cases by a post mortem.

In *every case* the tube gave relief to the dyspnœa and death was easy.

My fifth case recovered. A little girl, aged five years, had been ill with sore throat for three days, with small diphtheritic patches on the tonsils. Dyspnœa had continued for twenty-fours, gradually increasing. When I was called I found her struggling for breath; cyanosed; marked recession of chest walls; respiratory murmur inappreciable. As this condition was not a spasm, but the culmination of a gradually increasing dyspnœa, there was every indication of an early and fatal issue if not relieved. This was the opinion of Drs. Lowe and Archibald; it was my opinion. I introduced the tube suitable for her size with immediate relief. Auscultation now reveals a full, free, soft respiratory murmur, interrupted, however, with coarse rales which soon disappeared. This tube was retained five days, when I removed it, after which it was not required. She made a slow but steady recovery.

My eighth case, a patient of Dr. Britton's, a young woman aged twenty-three. I was called in the third day of illness. She was suffering from extreme dyspnœa; breathing very labored; general appearance cyanotic. On baring the chest and abdomen, there was very labored abdominal breathing; *chest walls stationary; no retraction; no movement of the larynx.*

The stethoscope revealed nothing more than a few coarse bronchial rales. *No respiratory murmur*, but little air entered the lungs. As the disease in the pharynx was of a malignant type, we had no hope of recovery under any circumstances; but as her dyspnœa was so painful and distressing I thought it wise to intubate, which I did, with immediate relief to the distressing dyspnœa. The stethoscope now reveals both coarse and fine rales throughout the lungs and bronchi, and a generally emphysematous condition. I think in those cases where the disease extends to the bronchi, the large plugs of mucous formed, and portions of exudation that become more easily detached in the bronchi, prove factors in developing rapidly an acute emphysema. This combination of conditions made the lungs too large for the space they had to occupy, and thus prevented the recession of the chest walls. This condition being also a cause of part of the dyspnœa, the extensive excursions of the larynx, so manifest where the dyspnœa is due to stenosis of the larynx alone, were consequently very much reduced.

I would emphasize these symptoms, as I have not seen them mentioned elsewhere in this connection, and I consider them diagonostic at a time when the stethoscope reveals nothing. When extreme dyspnœa is due to stenosis of the larynx, we find *movement* and *retraction* of chest walls and *extensive excursions of the larynx* up and down in the effort to get air.

If, therefore, in extreme dyspnœa the chest walls are more or less motionless and not retracted, and the larynx quiet, we may be sure of extensive exudation into, and engorgement of, the lungs, with possibly acute emphysema. If this symptom is of value, it is of the more value because the stethoscope in this extreme dyspnœa simply reveals nothing, as I have shown was exemplified in my fifth case.

Tracheotomy here would be worse than useless. Intubation would merely afford temporary relief.

My seventeenth case recovered. A boy, nine years old, had been ill four days with pharyngeal diphtheria, accompanied during this time with hoarseness and croupy cough. During the last thirty hours the croup gradually increased till it became alarming. I was called in for the purpose of intubating. The dyspnœa was extreme with all the accompanying symptoms of danger: marked recession of chest walls; extensive excursions of the larynx; pulling at the mouth to remove the offending matter for some time before, but now quiet, dull, semi-comatose and cyanotic. The stethoscope reveals no respiratory murmur, coarse rales only being detected. Drs. Spence and Hunter and myself retired for a moment to discuss the propriety of intubating; we decided in favor of it and returned to do so, but were surprised to find our patient to all appearance in *articulo mortis*. The mother said it was too late—"let him die in peace." And we all thought it was too late, but still urged the intubation, and against the wish of the mother I introduced the tube and obtained immediate relief; respiration became full, free, easy, and the child fell into a quiet sleep, from which, when he awoke, he had no knowledge whatever of anything having been done to his throat (which serves to show the degeee of coma). Auscultation now reveals a respiratory murmur full, free, soft, breezy and vesicular, accompanied, however, with coarse bronchial rales which gradually diminished and cleared up entirely during the next eight hours of easy and full respiration.

In about three-quarters of an hour after the tube was inserted the child awoke and coughed violently, bringing out a large quantity of mucous and false membrane; and to my amazement the silk thread attached to the tube, which I had not as yet removed, but had tied to the ear, had loosed from its moorings and vanished from sight. On examining with the laryngoscope I found the tube also was not, but had gone the way, if not of all flesh, at least of much flesh; it was coughed up and swallowed in my presence.

Because of the removal of the large amount of membrane with the expulsion of the tube, the respiration continued comparatively free, and we decided to leave him without double

intubation until urgently demanded. This, however, occurred on the following day, about twenty-four hours after, when the dyspnœa was almost as distressing as the day before. I introduced another tube with the same satisfactory relief. After intubating again we auscultated, finding full and soft respiratory murmur, marked somewhat with coarse rales as before, which again disappeared after three or four hours of free respiration. After twenty hours the tube was again coughed out and required again to be introduced in a few hours with similar results. On the fifth day it was again coughed out and was not further demanded. The child recovered and the tube swallowed appeared *per vias naturales*.

The points in this case to be noted, in addition to the relief of the dyspnœa and the recovery, are :—

1. The prolonged relief obtained after the tube had been expelled, together with a membranous cast of the larynx. This shows the importance of adopting some mechanical means to remove the exudation from the larynx and not allow the patient to die without such effort. Either a squirrel-tail brush, as recommended by McKenzie, or the O'Dwyre tube, which I have found in a number of other cases, as in this, to be the means of bringing away a cast of the larynx, and in one case, which I now show you, an entire cast of trachea and bifurcation.

2. The impossibility of diagnosing by the aid of the stethoscope, in a case of extreme dyspnœa, the condition of the lungs, as contrasted with the readiness and clearness with which it is done as soon as the tube is introduced—a fact which stands against tracheotomy, for if the lungs were known to be already involved, so serious an operation as tracheotomy would not be performed; whereas the simpler bloodless operation of intubation would still be advisable in view of the relief it would afford.

3. The engorgement of, and exudation from, the bronchial mucous membrane, due doubtless to the general venous engorgement from long continued asphyxia, proven by its speedy and complete removal in the course of a few hours after air has freely entered.

4. This was a case in which it was not to be said, "We feared it would not get well," but one that any skilled physician would say "was dying." The power for expulsive effort was gone; such effort had for some time ceased; coma was rapidly supervening. I believe the tube saved his life.

Without being wearisome in detailing other cases, I wish to make mention of a symptom which I have discovered in a number of my fatal cases and which I consider of prognostic value.

After introducing the tube in these cases referred to, the dyspnœa was at once relieved, and the patient looked bright and with a good promise of recovery.

On examination, the stethoscope reveals a free respiratory murmur, apparently full and easy, but has a metallic character, has lost the soft breezy quality. I at first thought it was due to the sound of *the air* passing through the tube and communicated downwards, but in my cases that recovered this quality was not appreciable. In all the cases where I was able to recognize this metallic murmur death followed in from two to four days, from extension of the disease to the bronchi.

I look upon it as diagnostic of the incipient stage of the exudative process throughout the mucous membrane of the larger and smaller bronchi, not yet having thrown out the exudate, but swollen and thus lessening the lumen of the tubes and changing the quality of the sounds. With this symptom present the prognosis is bad, even though the patient looks bright and otherwise hopeful.

In all I have had nineteen cases of intubation in diphtheritic croup. Fourteen died and five recovered.

The ages of those that recovered were respectively, three, five, seven, six, and nine. Of those that died, seven were between the ages of twelve months and three years; four between three years and seven years; one at eleven years; one at twenty-one years; and one at twenty-three years.

Nine died of extension of the exudative disease into the bronchi. Of these nine, five gave good promise of recovery for two days after the tube was introduced; the other four were of such malignancy that hope was not entertained.

Two died of heart failure; and three died of sepsis.

In presenting such a record of deaths and so small a saving of life, I am prepared to agree with you that the results in numbers generally are not brilliant; but I must ask you to accept my statement, corroborated as it will be by every medical gentleman present at the operations, that the results in the individual cases that recovered were most brilliant; and in every case that proved fatal most satisfactory in accomplishing the purpose for which it was adopted, viz., in preventing *death by strangulation.*

In favor of this showing, I must ask you to mark—

1. Not being ambitious merely to show a good record, but solely to save life, I have been conservative in every instance, and operated only in those cases where I thought life would be sacrificed without it, supported in this view by the attending physician.

2. I operated in three of these cases to relieve the distressing dyspnœa, where the malignancy and sepsis were so manifest as to forbid hope.

3. I have been called to seven other cases where I thought the urgency did not demand immediate interference, and the hope that they might recover without the tube was realized.

A discussion of the subject under consideration would be incomplete if the matter of tracheotomy were omitted.

Some time ago I read a paper before this association which proved myself an ardent advocate of tracheotomy in certain cases of laryngeal diphtheria. I support the same argument still. And so long as I believe it possible for a patient to die from obstructive exudation in the *larynx alone*, without its extension, and before it has had time to extend, to the bronchi, just so long will I feel that even so important and dangerous an operation as tracheotomy is not only advisable but imperatively demanded, unless a simpler, quicker, safer, and equally effective measure can be substituted. Such measure I think we have reason to hope we shall find in intubation.

The sources of danger which I have heard ascribed to intubation are—

1. Apnœa and laceration of tissue by prolonged efforts at introduction.

2. Forcing down the tube in efforts at removal and injury to the parts. [All of which, I say, should *never* happen in the hands of an expert.]

3. Interference with deglutition and nourishment. [This may be overcome with jellied foods, soft eggs, custards, etc., or stomach tube.]

4. Occlusion of the tube and trachea by pushing down the membrane before it.

[Four times I have had this occur, but by immediately withdrawing the tube the false membrane followed it; and once an entire cast of trachea and bronchi and quiet breathing, resulted. I have, therefore, no reason to fear such a complication.]

5. Ulceration of trachea by pressure of the tube, and consequent sepsis or necrosis. [Such a result must be very rare, and may be avoided with due care. One of my cases that recovered wore the tube ten days without any such complication.]

6. Inflammation of lungs from passage of food into the respiratory tract. [This may be avioded by using food in semi-solid form, as suggested above.]

7. Coughing up the tube and swallowing it. [The only objection to this is the loss of the tube temporarily, and it only costs about $3.]

The sources of danger of tracheotomy are—

1. Hemorrhage. [Which an adynamic disease is intolerant of.]

2. Erysipelas. [Which I have seen in one case.]

3. Gangrene. 4. Necrosis of cartilage.

5. Sepsis through the wounds.

6. Ulceration of trachea and sepsis therefrom.

7. Plugging of desiccated mucous about the lower inner end of the outer canula, and sudden asphyxia and death.

All of these are grave conditions, possible, and liable to occur at any time, and quite beyond the control of the surgeon in charge.

Their gravity, the frequency of their occurrence, and the dread the friends of a patient always have of a cutting operation, compared with the sources of danger in intubation, so few and insignificant, with results not inferior, lead me with our present experience to advise intubation in diphtheritic croup as generally preferable to tracheotomy.

46 GERRARD STREET E.

REVIEW OF THE YEAR'S THERAPEUTIC PROGRESS.

BY PROF. DR. DUJARDIN BEAUMETZ.

Translated
for the CANADIAN PRACTITIONER by Dr. W. Beattie Nesbitt, B.A.

THE following review, of the year's therapeutic progress by Dr. Dujardin Beaumetz, is an introduction to the *Annuaire de Thérapeutique.* He says 1888 has not allowed a day to pass without adding something to the continued progress of therapeutics, and we have to acknowledge several valuable acquisitions. Therapeutics marches at the head of all branches of medicine, wishing, as it were, thus to show how unjust was the disdain in which it was so long held.

It is particularly the analgesics, antiseptics, the heart tonics and the organic drugs, that have given us these new acquisitions, which I here propose rapidly to examine. The aromatic series of organic compounds which has already furnished the healing art with powerful antiseptics has given it the antithermic, and lastly the analgesic medicines. The number of the latter daily tends to increase, and one can almost establish this law, that all antithermics which lower the temperature by acting on the medulla and the thermic centres contained therein, are also analgesics.

Therapeutics has a great interest in the multiplication of this group of analgesics, which, until now were represented by the vegetable alkaloids, of which the two most perfect examples are morphine and aconite. Thanks to these new agents, we can, I believe, diminish more and more the use of morphine, which, notwithstanding all its advantages, has the serious inconvenience of causing morphomania.

Salicylic acid has been joined by antipyrin, then acetanilide, and last of all, phenacetin. This analgesic is the last to come into use, and the therapeutic researches on this subject only commenced in 1888. It has been studied in France chiefly by Lepine and myself. One of my pupils, Dr. Gaiffe, has given in his "Thesis" the greater part of the researches made upon this subject in my laboratory. The phenacetines or acetphenatidines, are three in number: the ortho, meta and para. It is the paraphenacetin which is most generally used under the name of phenacetin. It is an insoluble body usually administered in capsules, the dose being one to two grammes in 24 hours. Since my experiments, other bodies of the same series have been experimented with, particularly phenacetol. What we ought to endeavor to do now is to trace definitely the indications for the different analgesics, and we have upon this subject some indications which will be completed by subsequent researches. Salicylic acid remains still one of the best medicines to relieve the suffering in rheumatic fever, and in the dose of four to six grammes, it appears to surpass the other analgesics. Antipyrin, on the contrary, is useful chiefly in congestive neuralgias, and in particular in migraine. It is a remarkable medicine in having also the property of diminishing the quantity of urine and the functional activity of the liver in such a manner that it is applicable in the treatment of polyuria, diabetic or non-diabetic. Huchard has given us, in this connection, some interesting facts on simple polyuria, and for my part I have observed some cases of very quick amelioration in diabetics. Also, it is an energetic depressant of the medullary functions and in chorea, as Lègroux has shown, it causes the disappearance of the choreic symptoms (on condition always of giving four to five grammes per day). A harmless medicine in doses of two grammes a day, it cannot be doubted that in larger doses, as five to six grammes in the 24 hours, it often produces, and particularly in young girls, a scarlatiniform eruption. Acetanilide or antifebrin, which I had studied in 1887, is also a powerful analgesic, but it often produces cyanosis, cyanosis without any other dangers. This drug appears to act above all upon the lightning pains of tabes, or against those which result from the destruction or compression of the nerves. We have noticed some sciaticas from compression disappear after the administration of this medicine. It acts in the same manner in neuralgia from dental caries. Employed in epilepsy, I have now three cases cured by acetanilide, which have remained so for two years. Since experience with it has become more general, it has been shown that its influence on epilepsy is almost constant.

This medicine has, however, been abandoned in the treatment of choreic epilepsy. Acetanilide is insoluble and ought to be given in capsules

containing fifty centigrammes each, to the amount of one and a half to two grammes in 24 hours. It is above all in the vague and erratic pains accompanying changes in the nervous system that phenacetin finds its application. It will here eventually take the place of potassium bromide. I have always insisted upon these these two medicines, phenacetin and acetanilide, because they are not the subject of a manufacturing monopoly as is antipyrin. We have been reproached with thus successively changing our analgesics. I must say that the reproach is a strange one. We ought, on the contrary, to be encouraged in this pursuit, for the more analgesics we find the more will we be able to fulfil the beautiful saying of Hippocrates: "To relieve pain is a work divine." I add that the discovery of each of these analgesics has marked a great progress in therapeutics. Who is able to state that salicylic acid is not useful in the treatment of rheumatism? Who is able to say that antipyrin is not rendering us great service every moment? It is the same of acetanilide and phenacetin, and one awaits, perhaps, the still more brilliant analgesics which the aromatic series ought yet to furnish to therapeutics. It is a strange thing that all those bodies which were introduced as antithermics have been considered, after examination, by the majority of therapeutists, to be principally analgesics, their antithermic properties playing only a secondary role in their therapeutic application.

In fact, all those substances which have little of toxic action in the apyretic state, become sometimes dangerous when they are given even in small doses during fever.

What is more, to lower the temperature in an artificial manner is not to cure the fever, nor to drive out the infection which causes this fever. Also, one abandons more and more the medicines, as antithermic, in order to utilize only their analgesic properties. Before being antithermics these same medicines were antiseptics, but their antiseptic qualities had been little used, except in the case of salicylic acid; and since I am on this question, I ought to point out some valuable acquisitions to this group in the year which is now closing. These are: first, saccharine; second, cresylic acid. Supposing the alimentary value of saccharine is still under discussion, all the world recognizes that it is most useful in the treatment of certain affections. This coal-sugar (as it has been improperly called by some, since it is not a sugar, only giving a sensation of that substance) we have allowed in diabetics to satisfy the taste, without having any unpleasant accompaniments. Constantine Paul has shown us the very important antifermentative action of saccharine, and this action has been made use of in the treatment of gingivitis, of putrid cystitis, and more recently of certain ocular affections. Cresylic acid has been well studied in my laboratory by Dr. Del Panque. This acid, which is found as the phenic acid of coal-tar creasote, is a powerful microbicide, more active and less toxic than phenic acid. In combination with the caustic alkalies, this body furnishes a powerful and cheap antiseptic, which is to-day known commercially under the name of cresylor creolin. What therapeutists ought to do with the daily increasing number of these antiseptics is to find for each pathogenic microbe the most active microbicide. To-day we are able, thanks to Pasteur's methods, to isolate and cultivate each of these microbes, and we ought to be able to show for each of them the most active antiseptic opponent. Dr. Villeman, jr.'s, Thesis from my laboratory serves as an example. He studied the action of different antiseptics on the Baccillus tuberculosis, and has made a list of these substances according to their activity, in which the fluosilicates stand first. We ought to recognize here, the efforts to introduce into medicine the data gained from surgical antisepsis. In spite of the difficulties of solving this problem, medical antisepsis has made some progress thanks to the efforts of Bouchard and his pupils, but it is very far from attaining the certainty and precision of surgical antisepsis, and this is easily understood when the vast differences between surgical and medical infection are considered. In the first, it suffices to oppose the introduction of pathogenic microbes; in the second, the work of the microbes has already been done and there exists a general infection of the economy before we are asked to intervene. However it be, we well know that the alimentary canal is one of the points where the introduction of microbes most readily takes place and it is to this point, above all, that all our efforts have been directed.

Bouchard, after having employed successively carbon, iodoform and napthalin, has praised napthol. The latter is prescribed to the amount of 2½ grammes a day, in doses of 10 to 20 centigrammes. The following mixture may also be used :—

Carbon,	50 grammes.
Napthol,	2.5 "
Salicylate of bismuth,	2.5 "

Sugar sufficient to granulate.

This quantity is administered in 24 hours, in tablespoonful doses.

Napthol is also administered in capsules, according to the following formula :—

Bismuth salicylate,
Napthol,
Magnesia āā 10 grammes.
Div. in capsules xxx.

Maximowitch has proposed to substitute alpha for beta napthol, as it is as antiseptic and more soluble.

(*To be continued.*)

A SHORT NOTE ON FŒCAL FISTULA.

JAMES F. W. ROSS.
Surgeon, Woman's Hospital, Toronto.

WITHIN the last three months I have seen some curious occurrences in connection with operations inside the abdomen. Were these cases not well authenticated by those engaged in this work all over the world, some would regard the report as fabricatious.

The idea of the terrible consequences of injuring the bowel during an operation now belongs to a bygone age. This accident was regarded as a very untoward one, but to my mind it has been proved that it is less dangerous to injure the bowel than leave the source of the illness behind. Unfinished operations in experienced hands have shown a large mortality. Operations a few years ago left unfinished from want of pluck, are to-day completed and the patient cured. I have seen during the short space of three weeks three cases of fœcal fistula following abdominal section. In one case ovaries and tubes were matted down after fourteen years of the old fashioned expectant treatment.

It was hoped to relieve symptoms due to diseased ovaries riddled with abscesses by other means than those of operation. At last when the patient could not endure life longer in such a miserable condition, an operation was performed, before the difficulties of which hysterectomy pales into insignificance. A drainage tube was inserted, as there was much hemorrhage, and it was feared that during the separation of adhesions some damage might have been done to the bowel. The operation was brilliantly performed, and there are few men who could have carried it through to completion. When one sees a stalwart operator with powerful hands rest his cramped fingers during the process of the separation of adhesions, he feels a thrill of admiration for the courage that returns to the assault of almost insurmountable difficulties. In this case, in twenty-four hours the patient was passing her fœces through the drainage tube, without the slightest inconvenience. In a few days the tube was taken out and the fistula began to contract. Enemata that were given washed out through the abdominal opening.

In the second case the patient was operated on for a pyosalpinx following a severe labor. The enucleation of the large adherent suppurating mass was very difficult and accompanied by what I then regarded as terrible hemorrhage—not so terrible, however, when one learns how to deal with it. This case also passed her fœces through the drainage tube, and made an excellent though rather tedious recovery. Her enemata also washed through the fistula.

The third case was one of supposed malignant disease, matting the small intestine and colon together in the left lower half of the abdomen. Nothing was done except to explore the mass. It was soft, felt as if malignant, and certainly could not be removed. The finger tore into it during examination. In this case a drainage tube was not used, but a fœcal fistula resulted. Death was regarded as only a matter of time. The patient made a good recovery from the operation and the fœcal fistula soon healed. The sequel shows the danger of giving an absolute opinion in such cases. The thickening disappeared and the operator concluded that the growth was not malignant. The youth of the patient was rather against a diagnosis of malignancy. It was marvellous how some of

these cases, with what appears to be malignant growth, recover after simple exploratory incision. The very irritation produced by the operation seems to set up a process of absorption. The moral from these cases is that fœcal matter is not poisonous to the peritoneum if it can readily escape. The old idea of the poisonous microbes in intestinal contents can hardly be worth consideration in the face of such clinical facts. The flatus passed through the fistula in large quantities. I remember standing over the bed of one of these cases while the nurse was uncovering the wound for the operation, when a large discharge of flatus with a little moist fœcal matter took place, much to the patient's mortification, as she asked to be excused. No carbolic acid or any other disinfectant was used in any of these cases. Only cotton wool was used for a dressing. A glass tube taken out of a cardboard box inserted for a drainage tube. No turpentine and corrosive sublimate scrubbing of the abdominal walls was performed. Yet the instruments were clean, cleansed with soap and water; hands were clean, cleansed with soap and water; towels were clean, fresh from the laundry. The awful microbes did no harm. No "hæmaturic" carbolic spray threw his finely divided particles around.

Any one who has passed his finger down the twenty-four hour old track of a glass drainage tube will have recognized its tube-like character. It is just like putting one's finger into a rubber tube. It is wonderful how nature effects such a channeling down to the pouch of Douglas, or any spot on which the drainage tube has rested. It is easy to understand how fœcal matter can readily be discharged into such a channel, while the rest of the peritoneum remains shut off by inflammatory, or at any rate by an adhesive, process.

IODOL IN INTERNAL MEDICINE.

BY DR. DANTE CERVISATO, PADUA UNIVERSITY.

Translated for the CANADIAN PRACTITIONER by Dr. W. Lehmann.

THE discovery of iodol would in consequence of its chemical and physical qualities, almost lead one to suppose that as a substitute for iodoform, the former remedy, after a fair trial, would in surgical practice be able to supplant the latter. In the short space of its existence, scarcely three years, iodol has experienced a very extensive application in surgical diseases, and on the whole, as the literature of the subject goes to show, the criticisms have been very favorable. Still iodol has, in my opionion, not yet experienced that application which, being the most rational, will open up a great future for it. In fact, its almost absolute innoxiousness, tastelessness and odorlessness, the ease with which the iodine passes into the urine—also its easy decomposition after simple external application and its high percentage of iodine, all argue in favor of its use in internal medicine in those cases where the administration of iodine preparations is indicated. The cases in which treatment by iodol has been observed will be divided into groups.

I.—SCROFULOUS.

The first experiments were made in scrofula, because the usefulness of iodine preparations in this disease is proven beyond doubt.

Both in simple, middling well-marked lymphatismus, where there was a tendency to scrofulous diseases, and also in completely developed scrofulous symptoms, I have had to note strikingly rapid success. The effectiveness of iodol was especially to be noted in the different manifestations of the torpid form of scrofula, chiefly in the torpid swelling of lymph glands not yet suppurating, not only in swelling of the cervical and inguinal, but also in some cases where the bronchial and mesenteric glands were implicated.

It was in a somewhat less degree effective in scrofulous affections of the mucous membrane, especially of the nose and pharynx, and in scrofulous pustular otitis. It was the least successful in scrofulous dermatitis, as in impetigo and some forms of eczema.

There have not yet been sufficient statistics collected to enable one to give an opinion as to its usefulness in scrofulous bone diseases.

In all the above cases the iodol was given internally in doses of from ½ to 1½ grammes daily, according to the age of the child, and the treatment could be continued without interruption for two or three months. The internal treatment was supported in cases of enlarged glands by rubbing with ointment, iodol 1 to

vaseline 15. Constitutional catarrh by insufflations, and scrofulous skin affections by application of iodol powder. The iodol was always splendidly borne. Disturbances of digestion never occurred, but on the contrary increase of appetite and restoration of intestinal activity, when previously impaired, was observed. Generally at the commencement of the treatment and sometimes during its whole course, a certain emaciation, that is to say, a thinning of the subcutaneous fat-layer, which is, as it were, compensated by greater muscular development, goes hand in hand with the improvement in appearance, and disappearance of the scrofulous manifestations.

II.—DISEASES OF THE RESPIRATORY ORGANS.

Although the utility of iodine preparations in these diseases is from different sides disputed because it is to be feared that by their direct influence on the air passages, their bad influence on the digestive system, and their quality of accelerating tissue change, instead of preventing the advance of the disease and promoting a cure, they may only accelerate the course of the disease; still in consideration of the many resently published successes in the treatment of diseases of the bronchi and lungs, particularly tuberculosis, by iodoform, I have, owing to the similarity of iodol to iodoform, used the former in the treatment of similar cases. The iodol was given internally in doses of 1 to 3 grammes daily, and besides applied locally in the form of inhalation, or insufflation to the larynx.

For inhalation a watery alcoholic glycerine solution was used in which the iodol very finely divided was suspended.

In far advanced tuberculosis of the lung, with extensive cavities, no perceptible influence on the fever, cough, expectoration and general condition, could be observed. Cases of primary laryngeal tuberculosis were much improved both as to local condition and general symptoms. Sometimes apparently complete arrest of the process, and in many cases the transplanting of the disease in the lung so long as the patient was under observation, prevented. Still I am not yet in the happy position of being able to publish cases of complete cure.

Great success attended the treatment of acute and chronic catarrh of the larynx by means of insufflation; especially in the acute and subacute forms rapid improvement was immediately noticeable. The iodol was very well borne even in cases where other kinds of treatment could not be carried on. In a case of extensive catarrh of the small bronchi (dry catarrh) with recurring fits of asthma, which occurred every ten to fifteen days, treated by iodol, internally and by inhalation, the catarrhal condition was much improved, cough much more seldom and easier, and the asthma did not recur during the two months the patient was under observation.

In two cases of dry bronchitis in children, one three, the other five, the internal administration of iodol caused increase of bronchial secretion and general improvement.

In three case of stationary pleuritic exudation in children, pretty rapid resorption and final disappearance of the exudation was the result.

In some cases of chronic bronchial catarrh in children in which the bronchial glands were supposed to be implicated, the general result was good, and particularly in two of the cases there was positive improvement of the general condition and bronchial symptoms, and disappearance of those symptoms supposed to be caused by the diseased glands.

III.—TERTIARY SYPHILIS.

Syphilitic affections have for a long time been divided into two great groups, the first of which is treated altogether by mercury, while the second is treated almost only by iodide of potash. To the first group belongs simple primary and secondary syphilis. The second includes the whole lot of tertiary symptoms, and especially the nodular affections and the different forms of syphilis of the viscera. I have therefore used the iodol in some cases belonging to the second group and have had extraordinarily favorable results. In two cases in which deep syphilitic ulcers had formed from gummata of pharynx and hard and soft palates, in one case there was perforation of the hard palate; treatment by iodol internally in doses of two to three grammes per day, and locally by brushing with a lotion of iodol 1, alcohol 16 and glycerine 34, produced a rapid and complete cure in about two months. In another case of tertiary syphilis with leisons of the liver and larynx, the internal

treatment was attended with such direct and surprising success as to leave no doubt about the utility of iodol in tertiary syphilitic affections.

The general effect of iodol on the organism is very similar to that of the other iodine preparations. It accelerates metabilism, which produces on the one hand improvement of the general condition, and on the other increased secretion of urea. The latter is the more worthy of note because it is always accompanied by increased secretion of urine. The urine during the internal use of iodol always contains a high percentage of iodine. The color of recently voided urine is normal or sometimes even lighter, and becomes of a more or less dark brown after standing exposed to the air. Unchanged iodol was never found in the urine. It had no influence on body temperature, circulation or respiration, never caused nervous symptoms nor disturbance of the digestive system. Almost none of the phenomena of iodism were observed. In the large number of cases under my own observation, in only one was there slight acne of the face, and there was a doubt about its being caused by the iodol, because it was not accompanied by any of the other symptoms of iodism. —*Berliner Klinische Wochenschrift.*

152 SPADINA AVENUE.

INSET advertisements will be discontinued after this issue.

THE Dean of the Medical College of the Western University, London (Dr. H. Arnott), is delivering a course of lectures in the Medical College of Los Angeles during the illness of Professor Utley. It is expected that Dr. Arnott will shortly return from California and resume practice in London.

NEWSPAPER PUFFS.—Several marked copies of newspapers have been sent to us lately from the county of Huron, from which we glean some interesting news regarding the skill of a young Huronite. These efforts to win fame through local newspaper puffs always fail in their purpose and invariably subject the offender to the contempt of his medical confreres. In a county possessing a live medical society like Huron, there should be little trouble in discountenancing such proceedings.

THE
Canadian Practitioner.

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. When a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & CO., 64 *Bay Street.*

TORONTO, MARCH 1, 1889.

BICHLORIDE OF MERCURY AND THE SURGEON'S HANDS.

FOR general purposes there is probably no antiseptic so efficient as the bichloride of mercury, and it is unfortunate that there should be any drawbacks connected with its use. The most serious of such drawbacks is the danger to life from absorption under certain circumstances. Among the less serious is its effect on the hands of those who use it much. It sometimes produces a very severe and painful eczema. In the case of two of the resident assistants of the Toronto General Hospital, recently, the hands were so badly affected that they were in a most deplorable condition and were rendered useless for some time.

Many plans have been tried to prevent such ill effects. Among the best is that of Prof. Liebreich, as reported in the *Medical News*:— Wash the hands with soap and thoroughly dry them, then rub over them a small amount of lanolin, removing any surplus present with a dry towel. The addition of a little perfume may improve it, as for instance, one part of vanilla and two of oil of roses to five hundred parts of lanolin.

THE LATE CROWN PRINCE RUDOLPH.

ACCORDING to the information received by the *British Medical Journal* from its Vienna correspondent, there appears to be no doubt that the Prince died by his own hand. The results of the post mortem examination by eminent pathologists prove this conclusively. It is well

known that the Prince had frequent fits of mental depression, and often alluded to the prospect of his early death. The same correspondent says Crown Prince Rudolph really played a great part as a scientific man. He was especially known as a very learned naturalist. During his whole life he was a diligent and eager patron of scientific enterprises.

He not only acted as Protector of several scientific societies, but he did much original work himself. He gained considerable distinction as an author. Among his books published was one with the title of "Fifteen Days on the Danube," which attracted considerable attention; and another on "Travels in the East," which possessed such merits that it induced the University of Vienna to bestow on him the degree of Doctor, "*honoris causa.*" All the scientific societies held special meetings to express their condolences to the Imperial Court and the widow, Crown Princess Stephanie.

ELECTROLYSIS FOR UTERINE MYOMATA.

IN a very interesting letter from one of our correspondents in Great Britain, giving an account of a "visit to Edinburgh," which we publish in this issue, there is a report of a discussion on the important subject of the use of electricity for uterine myomata. As the conference was an informal and private one, we are unable to give any names, but can assure our readers that the debaters in the "three-sided" discussion were highly distinguished and reliable men, whose opinions command respect in all parts of the civilized world.

As we have had occasion to remark before, the treatment is by no means new, although the experiments of Apistoli, and his able advocacy of his peculiar methods, have recently created much interest in the subject. Many distinguished men in Great Britain have adopted his plans with a certain measure of success. The results on the whole are, however, disappointing, as we learn from week to week. It unfortunately happens that even in the hands of skilled electricians there are grave dangers associated with their procedures. This is a discouraging feature as far as general practitioners are concerned, in the treatment of tumors, which, as a general rule, are not dangerous to life.

Upon the whole, we are inclined to agree with the conclusions of our correspondent that electrolysis as a cure for uterine myomata, is a dead letter, being only a palliative, and a dangerous palliative at best.

NOTES.

THE opening of the Johns Hopkins Hospital will take place on Tuesday, May 7th, 1889.

PROF. LEWIS STIMSON has been appointed Professor of Surgery in the University of New York.

THE examinations of the College of Physicians and Surgeons of Ontario commence on Tuesday, April the 9th.

THE German Congress of Internal Medicine will be held this year in Wiesbaden, April 15th to 18th.

BRIEF NOTES OF CASES.—Short articles descriptive of interesting cases in practices will be welcomed for publication.

THE King of Greece has conferred on M. Pasteur the Grand Cross of the Saviour, the highest Greek order.

BY the will of the late Alexander Murray, of Montreal, the General Hospital of that city will come into the princely sum of $750,000.

OWING to the poor health of Dr. Meniere, of Paris, the publication of the *Gazette de Gyneco logie*, of which he is editor, has been suspended.

FRONTISPIECES representing the Deans of the Toronto Medical Colleges (Drs. W. T. Aikins and W. B. Geikie), will shortly appear with the PRACTITIONER.

THE *Medical Press of Western New York* says of the PRACTITIONER, "It is certainly a thoroughly wide-awake journal and deserves all the success it may attain."

THE mortality for the past two years and a-half among the European laborers engaged in digging the Panama Canal has been at the rate of 98 per 1,000.

DR. A. SEIBERT, of New York, is the editor of the new German-American medical periodical known as the *Medicinische Monatschrift.* The price is placed at $2.50 yearly.

ACCURACY OF DIAGNOSIS.—Mr. Lawson Tait says: Absolute accuracy of diagnosis in the abdomen is far from possible; only the ignorant assert that it is, and only fools wait for it.

THE third Russian Medical Congress was opened in St. Petersburg on the fifteenth of January; 1,500 members were present. Dr. Erissmann, Professor of Hygiene at Moscow, was elected President of the Congress.

A FUND has been started for the purpose of erecting a monument to the memory of Duchenne (Duchenne's disease, Locomotor ataxy; Duchenne's palsy, pseudo-hypertrophic palsy), the illustrious Neurologist.

PROFESSOR KRAFFT-EBING, of Gratz, has been nominated as successor to Professor Leidersdorf in the chair of Anatomy at Vienna. This will raise the number of Professors belonging to the German Empire at Vienna to five.

WE are pleased to welcome to our exchange list *The North American Practitioner*, the journal of the post-graduate medical school of Chicago. It is ably edited by Drs. Bayard Holms and Junius C. Hoag. It is intended that reports of autopsies shall take a leading place in this publication.

THE first triennial prize of two hundred and fifty dollars under the deed of trust of Mrs. Wm. F. Jenks, has been awarded by the Prize Committee of the College of Physicians of Philadelphia, to John Strahan, M.D., M.Ch., M.A.O. (Royal University, Ireland), 247 North Queen street, Belfast, Ireland, for the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy."

WE have been favored by the Burlington (Vermont) papers with descriptions of the new building which Dr. A. J. Willard has erected there for his Nervine Establishment and Rest Cure. As far as we may judge from the descriptions, we should say that no pains or expense had been spared by Dr. Willard for affording his patients every convenience and comfort that could possibly be obtained in the most luxurious home. Heating, ventilation, and requisites for bathing seem especially to have been well attended to.

AMONG the pleasant things received lately at our business office from our subscribers is the following—pleasing, let us say, to both editors and publishers:

Angus, February 28, 1889.

MESSRS. J. E. BRYANT & CO.,
Publishers of CANADIAN PRACTITIONER:

GENTLEMEN,—Enclosed please find ten dollars ($10), the amount of my indebtedness to THE CANADIAN PRACTITIONER to January 1st, 1890. Please acknowledge receipt.

I am pleased to congratulate both editors and publishers on the improvement of THE PRACTITIONER. Each number brings much new and interesting matter. I should not be willing to be without it. Yours truly, S. WEST, M.D.

THERE IS NOTHING HOLIER THAN TRUTH. It is a pleasing fact to note that there is in the medical profession a sense of honor too high to be bribed; and all honor be given to Professors Wiederhoffer and Hofmann, who, notwithstanding Court pressure, declined to falsely certify as to the cause of death of the late Crown Prince of Austria. One result, says the *Medical Press and Circular*, of the recent Mackenzie controversy has been to establish a high standard of professional morality. The falsehoods certified to by the doctors who attended the late M. Gambetta in the end only reflected discredit on those who were impolitic enough to lend themselves to the propagation of inaccurate and mendacious statements. Unfortunately there are a few men in the medical profession void of honor and even common honesty; mean men,

whose obligations are often forgotten in selfishness or grasping cupidity. Truly, *Es giebt nichts Heiliges als die Wahrheit.*

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.—The following books, reports, etc., have been received at the Library during the past month. Presented:—*Health Reports* complete, from the States of Maine, Ohio, Michigan, New York, and Illinois; and incomplete from California and Connecticut. *The Canada Medical and Surgical Journal*, Vols. 1–8, from Dr. Burritt, Toronto; *The New York Medical Journal*, Vols. 1–20, from Dr. James B. Hunter, New York; *Senn on Intestinal Surgery*, and *Jacobson on Surgical Operations*, from Dr. Osler, Philadelphia; *Heister's Surgery*, 1757, from Dr. McKay, Woodstock; *Index Catalogue of the Surgeon General's Library*, and *The Medical and Surgical History of the War of the Rebellion*, from the estate of the late Dr. Fulton; *Transactions of the Obstetrical Society of London*, England, Vols. 1–28, from Dr. James M. Ross; *The American Practitioner*, Vols. 6–10, from Dr. Burns, Toronto. Bought:—*Diseases of the Nervous System*, Gowers; *Mann's American System of Gynecology; Reynolds' System of Medicine; Holmes' System of Surgery.*

THE SCIATICA ATTITUDE.—Professor Charcot, of Paris, in a recent clinical lecture, the translation of which appeared last week in the *Journal of the American Medical Association*, pointed out the well marked attitude of a neurasthenic patient suffering from sciatica. Two years and a half ago Charcot noted for the first time this appearance, which is of some diagnostic value: "The trunk is inclined to the right; the vertebral column describes a curve with the convexity to the left; the right hand descends much lower than the left; the left lower extremity is semi-flexed; the buttock of this side presents a flattening, the gluteal fold being elevated; finally note that the heel of the left foot does not touch the ground. This attitude, so characteristic, has never been pointed out, and yet it is a feature of a very frequent disorder, for this patient is suffering with sciatica. This shows you how the most apparent points in clinical medicine may remain for a long time unperceived. We carry with us, indeed, from our medical education a certain number of impressions from which it is extremely difficult to free ourselves. We have the habit of seeking only those things already described, and it requires long practice to acquire that independence of thought that enables one to see beyond his pre-conceived ideas. Often in this manner one finds traits so plain that it is difficult to explain how they have remained so long unrecognized, and usually they are at first received, even by progressive minds, only with scepticism. When I described for the first time the gross articular lesions of ataxics, those arthropathies that nevertheless must have always existed, it was objected, particularly in Germany and England, that they were only to be seen at the Saltpêtrière. This scepticism has since disappeared, and to-day no one longer doubts the existence of these joint lesions. This special, characteristic attitude of a patient suffering with sciatica, I have known scarcely two years."

Meeting of Medical Societies

TORONTO MEDICAL SOCIETY.

STATED MEETING, FEB. 5TH.

DR. L. L. PALMER read an interesting and instructive paper upon

INTUBATION OF THE LARYNX (See page 85).

The discussion was opened by Dr. Price Brown, who gave notes of one case of tracheotomy and another of intubation which he had seen in the practice of Dr. Jennings, of Detroit. Both were successful. Dr. J. had performed both operations many times, with a percentage of recovery of 50 per cent. in tracheotomy and only 20 per cent. in intubation. In many cases where he had intubated, tracheotomy afterwards became necessary, and these were uniformly fatal. Dr. Jennings would only now perform intubation where he was not allowed to perform tracheotomy. In the case above referred to, the epiglottis attachment had been used, but when the time came for removal, this attachment was found buried in the epiglottis, from which it was removed with difficulty, and some hemorrhage.

Dr. Davidson thought there might be difficulty sometimes in securing the retention of the tube within the larynx.

Dr. Primrose thought that the operation of tracheotomy permitted local treatment of the disease in the trachea, which intubation would not do. He had seen, in Mr. Watson Cheyne's Clinic, the trachea opened and the membranes stripped off, and applications made to the underlying surface.

Dr. Sweetnam reported four cases of intubation with two recoveries. He had found little difficulty in feeding after the irritation caused by the insertion of the tube had subsided. Dr. O'Dwyer deemed the entrance of a little fluid an advantage, as it aided in clearing the trachea.

Dr. Palmer, in reply, commented upon the percentage obtained by Dr. Jennings. The best he had heard of previously were 30 per cent. of recoveries in tracheotomy and 23 per cent. in intubation. In his opinion the results were about equal so far. With all due deference to Mr. Watson Cheyne, he considered the stripping off of the membrane meddlesome surgery.

Whatever intubation secured to the patient, it certainly could not be said to do any harm. The involvment of the trachea and bronchi in fatal cases was a part of the disease and not due to the presence of the tube.

In regard to the admission of fluids into the trachea, he considered this unpermissible, as liable to produce traumatic pneumonia. He had considered the artificial epiglottis attachment as apt to do harm on account of the œdema and secretion present in the passages, which would favor sudden death from asphyxia. After Dr. Brown's remarks, he was confirmed in his opposition to the so-called improvement.

Dr. A. R. Robertson, of New York, was unanimously elected an honorary member of the Society. D. J. G. W.

REGULAR MEETING, FEBRUARY 12TH.

Dr. Atherton in the chair.

DIPHTHERITIC MEMBRANE.

Dr. Davidson exhibited a larynx removed from a child, aged three years, who had died of diphtheria. The membrane was first observed in the pharynx and from there spread into the larynx. Four days from the onset of the disease, intubation was attempted, but the tube was not retained in the larynx any length of time, it being repeatedly coughed up. The child died three hours after the operation. The post mortem specimen showed that the membrane covered the vocal cords, blocked up the rima glottidis, and extended for a short distance into the trachea.

Dr. Davidson also exhibited a small

RENAL CALCULUS,

with the following clinical history. Was called about ten o'clock in the morning to see patient evidently suffering from an attack of renal colic; ordered morphine and hot local applications. Next morning the calculus was passed into the chamber without any disturbance. Dr. McPhedran explained the quick passage of the calculus by its small size.

Dr. Davidson showed a third specimen, a calcareous deposit removed from the arm. The seat of it was about the insertion of the deltoid muscle. He took it to be a sebaceous cyst which had undergone calcareous degeneration.

Dr. Pepler presented a

BICEPHALOUS MONSTER.

Two heads on one neck. Labor was not very difficult; the presentation was footling. It was a male child; the mother had had two normal children previously. When Dr. Pepler has completed the dissection of this monster, we hope to be able to give a full report of the anatomical conditions found.

Dr. Peters showed

THREE SMALL CALCULI,

which had been removed by Dr. Cameron by perineal section, from a patient suffering from cystitis and prostatitis. On two previous occasions this patient had been successfully cut for stone.

Dr. McPhedran read notes of a case of

SUDDEN DEATH IN TYPHOID FEVER.

The patient was a male, aged thirty-two years; was admitted to Toronto General Hospital early in December, 1888, having been ill one week previous to his admission. After removal to the hospital the patient's temperature was 105° F.; it also reached this point on the second day after admittance; from this time it

gradually fell to 102° F. Delirium at first was marked, but passed off with the fall in temperature. The patient progressed very favorably for ten days, the temperature having fallen to about 100° F., the pulse being strong and incompressible. At midnight on the eleventh day, when seen by house physician, was as usual; no complaints, and doing as well as could be desired. About an hour after this the patient asked the nurse for a drink, which she gave him, at the same time guarding against his making any effort, such as sitting up. The nurse now noticed that there was something wrong, some difficulty in breathing, and the patient died a few minutes later.

Post mortem.—No cause for death found. Right heart was distended with post mortem clot, left empty. Anterior and upper part of right lung slightly œdematous: hypostatic congestion of lungs slight. Bowels: Ulcers in various stages; healing going on in some; no evidence of hemorrhage or perforation.

Dr. McPhedran considered that death was due to syncope, and that the cause of syncope was evidently cardio-respiratory.

A certain French authority gives as the causes of sudden death in typhoid: Hemorrhage, embolism; uræmic poisoning and concentration and localization of poison on the pneumogastric centre. None of the former conditions were present, and Dr. McPhedran does not consider the latter rational; but thought that death in these cases was due to the condition termed delirium cordis. W. P. C.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

Feb. 20, 1889.

Present: Dr. J. G. Cranston, of Arnprior, President; Dr. R. W. Powell, 1st Vice-President; Dr. Small, Secretary; Dr. Allan, Almonte; Dr. Baird, Pakenham. From Ottawa: Sir James Grant, Dr. Robillard, Dr. Prevost, Dr. H. P. Wright, Dr. Honey, Dr. Chipman, Dr. Playter, Dr. Dewar, Dr. Baptie, Dr. Klock, Dr. Hardman, Dr. Rogers, Dr. Hill (Treasurer), Dr. F. A. Graham, Dr. Shillington.

After minutes, Dr. Powell read a short paper on Phantom Tumor, which was well received and discussed.

The Treasurer's report was read, showing a balance of between $11 and $12.

Dr. Prevost then read a paper on Bacelli's sign of *Pectoriloque aphone* as a diagnostic sign in pleural effusions

Dr. Powell moved a vote of thanks to Dr. Prevost for his very able paper, which was carried. Dr. Powell also moved that Dr. Prevost be requested to publish his paper in one of our Canadian medical journals.

Dr. H. P. Wright then related a case of pleural effusion, and remarked that in diseases of the chest in children a good point to assist in diagnosis was to press on the epigastrum, and thereby prohibit the abdominal breathing so marked in children, and throw the breathing on to the lungs, which would increase the respiratory sounds and make them audible, which before could not be heard.

Dr. Horsey then read notes of a case of scrotal tumor which proved to be an acute double hydrocele, brought on by a severe strain and accompanied by severe hemorrhage from the bowel.

An interesting discussion arose on the surgical treatment of hematocele, Dr. Rogers advocating the immediate surgical removal of the extravasated blood, and Dr. Powell arguing that the hematocele ought to be left for absorption by nature.

Dr. H. P. Wright read notes of a case of imperforate anus. A case of the same was also recited by Dr. Powell.

It was decided that the annual meeting taking place in June should be held in Arnprior, the President, Dr. Cranston, promising the members a cordial welcome. COM.

Correspondence.

A VISIT TO EDINBURGH.

To the Editors of THE CANADIAN PRACTITIONER,

DEAR SIRS,

HAVING received an invitation to the meeting of the Edinburgh Obstetrical Society to commemorate the 50th anniversary of its foundation, I started away from home. The dinner took place in the Waterloo Rooms, on Friday evening, February 1st, 1889. The T-shaped table was filled. The men who had risen to fame

sat close to those who were only beginning to ascend the ladder. Such men as Underhill, Tait, Simpson, Croom, Hart, Barbour, Bramwell, Frazer, Keiller, Stevenson, Murray, Littlejohn, etc., were present. The president of the Medico-Chirurgical Society regaled the meeting with several songs; the one especially to be mentioned was "The Accoucheur." They were all humorous and of his own composition. The tables looked very beautiful. A string band dispensed the music. The dinner was announced for six o'clock; at this hour the reception took place in a side room by the president. As soon as dinner was ready the secretary stood at the door and read out the names in the order they were to be seated. Speeches were made to the toasts, "The Army, Navy and Reserve Forces," "The Edinburgh Obstetrical Society," "The Lord Provost," "The Universities of Scotland," "The Medical Corporations of Scotland," and "Kindred Societies."

The president, in referring to the past fifty years of the life of the society, said that only six of the original founders of the society were still alive, three of whom we had at the festive board. He paid a glowing tribute to one of the former presidents of the society, the late Sir J. Y. Simpson. He said that from a small gathering of men interested in the branch of obstetrics, gathered together for conversational evenings, the society had now grown to have a place of importance among such similar societies. To this society many of the able and classical papers of Sir J. Y. Simpson had been read. Many very able papers now taking their places among the classical literature of the day had first pleaded to the attentive ears of this society.

Professor Simpson, in proposing the toast, "The Lord Provost," referred in terms of praise to the manner in which the interests of the medical profession had been looked after by the Lord Provost and Town Council.

Professor Lawson Tait, of Queens College, Birmingham, an old Edinburgh student, and former pupil of the late Sir J. Y. Simpson, proposed "The Universities of Scotland" in a speech of great fervor. He was very warmly received. Two of his old preceptors sat near him at the table. Dr. Croom followed with a neat speech with the next toast.

On the following day I visited the Royal Infirmary. It is a magnificent building. On the following morning I was present at the most interesting discussion on electrolysis that I have yet heard. It was a three-sided discussion. On the one hand was a decided non-believer in the virtues of electrolysis in the treatment of uterine myomata. He expressed his views clearly and in moderate tones, still open to conviction. On the other hand was one of the most skilled electricians in the profession to day—a marvel, a perfect genius who not only uses electricity, but invents all his own instruments for using it. His researches with the myograph are well known. He was an ardent believer in electrolysis. He used it faithfully. There could be no question as to the correctness of his methods. Apostoli himself would be lost in his laboratory. He has even invented a more accurate galvanometer than any yet in use. Cases have been put under his care, especially by the third party to the discussion, who was an unbiassed onlooker, at times believing in the virtues claimed for electricity, at times having his belief shaken. Cases were referred to in which a cure seemed assured, but in each case the growth began to increase again in size and the patient became as bad as ever. Cases of endometritis had undoubtedly been cured by it. Spasms of the bladder accompanying enlarged prostrate had been relieved, and the prostrate so diminished in size that the patient could manage without the use of the catheter. But beyond this small showing they had not obtained satisfactory results.

The discussion was carried on without the heat usual in society discussions. It was a quiet chat between three personal friends, each anxious to hear the best word of the other regarding the use of electricity for uterine myomata. When the discussion was over I felt convinced that electrolysis as a cure for myomata was a dead letter. It is only a palliative and a dangerous palliative at best.

Teaching here has been brought down to a science. The old-time hand drawings on the blackboards have given way to magnificent large plates hung pinned to sheets of canvas that work up and down on numerous rollers like window blinds. There are 3,000 students in Edinburgh,

half of whom are students of medicine. They are now so crowded in the infirmary that they have six students to every bed. I visited the room in which Sir J. Y. Simpson first tried chloroform by taking it himself before two of his *confreres*. An amusing account of it is given by Miller. The apparatus with which it was given was very formidable, and if the accoucheurs of the present day had to carry it around I am afraid many ladies would be confined without it. I had an afternoon with the only man living who had any intimate and close relationship with Simpson during his residence in Edinburgh. It is to be hoped that though nearly eighty years of age, he may find time to finish the life of Simpson.

The preliminary and primary training in Edinburgh is, I believe, the best to be obtained anywhere, but they require more hospital accommodation to give the requisite clinical advantages. With Heriot, Fetish and Donaldson's hospitals or schools for boys, the youth of Edinburgh have advantages in education ahead of all the world. R.

Book Notices.

Hand-Book of Materia Medica, Pharmacy and Therapeutics. By CUTHBERT BOWEN, M.D., B.A., editor of "Notes on Practice." F. A. Davis, publisher, 1888.

This little work is intended to be of value chiefly to students preparing for examination. It is well written and contains much information in concise form—the question and answer system being adopted. It will be a good companion to larger works for students.

Clinical Lectures on Certain Diseases of the Nervous System, by Prof. Charcot, translated by Dr. E. P. Hurd, for the Physicians' Leisure Library. Published by Geo. S. Davis, of Detroit, 25 cents a number. The translator prefaces a short sketch of the author's medical career, enumerating in an interesting manner his chief contributions to medical science. The lectures are mainly taken up with the discussion of hysteria, considerable prominence being given to it, as it occurs in the male sex. The fact that it is Charcot's work stamps it with authority.

A Treatise on Hysteria and Epilepsy, with some concluding observations on Epileptic Insomnia, by I. LEONARD CORNING, M.A., M.D., is not nearly so strong a number of this series as the foregoing one.

A Treatise on Headache and Neuralgia, including Spinal Irritation; and a Disquisition on Normal and Morbid Sleep. By J. LEONARD CORNING, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital, New York, etc. Publisher: E. B. Treat, 771 Broadway, New York.

This is a most excellent treatise on a subject of vast importance, from a general practitioner's point of view. The directions for treatment are plain and practical, especially in neuralgia and insomnia; and many of the methods recommended are such as will not be found in our ordinary text-books.

Favorite Prescriptions of Distinguished Practitioners; with Notes on Treatment. By B. W. PALMER, A.M., M.D. Publisher: E. B. Treat, New York.

This is simply a compilation, intended to suit the convenience of practitioners who are too busy or too lazy to read voluminous text-books. It makes no pretence of originality; in fact, its chief virtue is probably the absence of anything like originality. The prescriptions and notes on treatment are well chosen, chiefly from the writings of the best American physicians. A smaller number come from Great Britain and the Continent.

Exploration of the Chest in Health and Disease. By STEPHEN SMITH BURT M.D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post Graduate Medical School Hospital. New York: D. Appleton & Co., 1889. Toronto: W. J. Gage. Price, $1.50.

This manual is the outcome of requests by members of Dr. Burt's class for a work which would embody the methods pursued by him in his teaching of physical diagnosis. He has utilized the results of his experience, as well as the usual sources of medical knowledge in the construction of his book, and the outcome is quite

satisfactory. The path of the student in his exploration of the chest is made clear by various charts and illustrations, which are indispensable in a manual of this kind.

MESSRS. J. B. Lippincott Company announce to the profession the publication of a "Cyclopædia of the Diseases of Children," medical and surgical, by American, British and Canadian authors, edited by John M. Keating, M.D., in four imperial octavo volumes, to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, and judging from the list of eminent names which appear as contributors, it will be invaluable as a text-book and work of reference for the busy practitioner.

International Pocket Medical Formulary; with an Appendix containing posological table, formulæ for inhalations, suppositories, nasal douches, eye washes, gargles, hypodermic formulæ, poisons and their antidotes, post mortem and medico-legal examinations, ligation of arteries, obstetrical table, urinalysis, differential diagnosis of the eruptive fevers, motor points, etc., etc. By C. SUMNER WITHERSTINE, M.S., M.D., Associate Editor of Annual of the Universal Medical Sciences, etc., etc. Philadelphia: F. A. Davis, 1888.

Price $2.00. J. E. Bryant & Co., 64 Bay street, Toronto.

This is decidedly superior to the many works placed on the market of recent years, made up of formulæ both puerile and decrepit, and yet advanced as useful and active where their inefficiency have long since been demonstrated. The compiler presents in this volume the newer remedies in combination with a large number of the older "time-tried" formulæ of the best known practitioners. He has drawn freely on the standard therapeutic works, and from the pages of the "Annual of the Medical Sciences." 1,658 formulæ are given. A number of them will appear in the issue of the 15th.

Miscellaneous.

AT the hospital. Surgeon—"What brought you to this dreadful condition? Were you run over by a street car?" Patient—"No, sir; I fainted and was brought to by a member of the 'Society of First Aid to the Injured.'"—*Life.*

HYPNOTISM.—In the *Progres Medical*, Journee reports the interesting case of a young man, twenty years of age, who, while using the foils, received a blow and was seized with hystero-traumatic monoplegia of the right arm. He was cured in one *seance* by simple suggestion during hypnotic sleep.—*Exchange.*

A DERMATOLOGIST, being seated by a lady unknown to him, at dinner, when conversation lagged, remarked interestedly, "Have you noticed the spots on that man's face across the table?" To which she indignantly replied, "Excuse me, sir; that is my husband!" The skin man, being a Briton, and so never to be crushed by circumstances, most enthusiastically said: "Ah! that *is* fortunate; then *you* can tell me whether he is spotted like that all over, *cawn't* you?"—*Exchange.*

LONDON maintains its position as the most healthful of the large capitals of the world. The health-rate of that city in 1888 was 18.5 per thousand, the lowest that it has yet recorded. The *Lancet* of January 5th points out, at the same time, a possibility that the official estimate of the city's population may be too high, since it is now eight years ago that the last census was taken; the estimate for the middle of 1888 being placed at 4,282,921. The birth-rate, 30.7 per thousand, is also the lowest hitherto registered. Zymotic deaths were, as a rule, lower than in recent years; the only exception being those by diphtheria, which were never higher than in 1888. Diarrhœal cases had an unprecedentedly low rate, owing to the cold and wet summer season of last year.

THE PRAYER-BOOK ON QUACK MEDICINE.—A Yorkshire man was very ill, but doggedly opposed to spending a penny upon the doctor.

He had found, he thought, a more excellent way, and was accordingly conducting, with very alarming results, some experiments upon his constitution. "My dear Mrs. Blank," said the Vicar to the obstinate parishioner's wife, "your husband is really killing himself with those pills. It is a case of suicide—a downright sin." "Yes, sir," replied she, "and many's the time I've prayed against it in the Church service." "In the Church service?" said the Vicar doubtfully. "You mean when we pray for the sick?" "Oh, no, sir," was the reply; "I mean when we always say—in the Litany, isn't it?—'from all false doctoring, good Lord deliver us!'"—*Cornhill Magazine.*

ACCORDING to the *Progrès Médical*, Metzger, the famous *Massenr* of Holland, puts himself out for no one. The Empress of Austria, the princes and princesses who have undergone his treatment, have been obliged to come to him. The Pope is the only person in whom he has made an exception by visiting at Rome. His charges are the same to all. He sees no one at his house, but his patients who come from all corners of the world meet twice a day at the hotel Amstel, which owes its success to Metzger, and in turn spend several minutes with the doctor, who submits them to partial massage as they need it. This specialist as a boy was a butcher, and his observations on the lower animals and their muscles led him to this specialty. He studied medicine and received the degree of M.D.—*Maryland Medical Journal.*

RECENTLY in England the following episode took place at the first meeting of the newly elected councillors for Warwickshire. One of the councillors elected was a man of very inferior education, although possessing a certain amount of ability. English composition was not his *forte*. One of his fellow councillors said to him: "Well, Mr. Jacobs, it is something quite incomprehensible by my intellect the cause of the selection of a man of your inferior abilities by the people of Warwickshire to occupy a chair in this august assembly." "Vell, sair," said Mr. Solomon Jacobs, "I tinks I haf ability. My hedification is not wery great, but, sair, of hi peent able to pe von wery gut councillor hi will vaccinate my seat!"

COMPRESSED TABLET TRITURATES.—During the past decade the improvement in our methods of the administration of drugs has been great indeed. The most recent, and we believe the most important, improvement of all is the use of the tablet triturates, introduced by John Wyeth and Brother. In this form we have for some time prescribed a number of the more powerful alkaloids and such agents as aconite, arsenic, etc., and with the most satisfactory results. Our experience has been such as to warrant a complete faith in the reliability of these preparations. The certainty of the physiological effects following the use of the more powerful agents when given by the stomach in this form closely approaches that of the same agents when given hypodermically. This is to be attributed to their rapid disintegration and absorption. It may be said that in tablet triturates we have a mode of administering drugs by the stomach, possessing nearly all the advantages, with none of the disadvantages, of hypodermic medication. The recent list of triturates issued by John Wyeth and Brother includes all the leading medicinal agents at present employed.—*Montreal Medical Journal.*

THE LADY DOCTOR.

OH, she comes in silk and satin,
She is versed in roots of Latin,
As well as every root that grows below the mother earth;
She reads Sanskrit, she reads Coptic,
She's the apple of my optic.
Of degrees she has a lengthy list, and Girton saw her birth.

Yet it sets my blood a-shiver
When she asks about my liver,
And I stutter and am speechless when my tongue she wants to see;
For I'm fearful to expose it
In négligé—she knows it—
When her lovely eyes, with tender light, are riveted on me.

With my pulses at a hundred,
'Tis not strange that she has blundered,
And doctored me for fevers when I didn't have a sign.
'Tis her presence that is heating,
And which sets my heart a-beating,
For I'm only a poor mortal man and she is so divine.

Still it's pleasant to be ailing,
Just to have an angel sailing
Into your humble room, and fill it full of life and light,
But as for diagnosis,
Why what anybody knows is
Impossible at such a time to formulate aright.

And then when joined in marriage,
Both her baby and its carriage
Are left in darling papa's charge outside my big hall door,
While its mamma comes up flying
To the room where I am lying,
And to my chest she puts her ear, looks wise and full of lore.

—*Exchange.*

Personal.

DR. J. J. MULHERON has retired from the editorship of the *Medical Age.*

PROF. OSLER, of Philadelphia, was in town for a few days this week.

DR. LEVI HOYT SWAN, of Woodstock, was killed at the St. George railway accident February 27th.

DR. J. C. DALTON, President of the New York College of Physicians and Surgeons, died February 12th, of disease of the kidneys.

DR. J. W. WHITE has been elected Professor of Clinical Surgery, and Dr. J. Guiteras Professor of Pathology, in the University of Pennsylvania.

DR. GOWERS has resigned his position as physician to the University College Hospital, London. He retains, however, his position at the hospital for epilepsy and paralysis.

THE members of the Toronto University Medical Society elected Dr. John Ferguson president, and Dr. George Peters treasurer for the ensuing term.

DR. F. W. WINNETT, who has lately returned from England, having obtained the diploma of membership of the Royal College of Surgeons, has started practice at No. 7 Wilton ave.

THE TORONTO WESTERN MEDICAL ASSOCIATION. — The following officers were elected: President, Dr. John Hunter; first Vice-President, Dr. Spence; second Vice-President, Dr. Lane; Treasurer, Dr. Burt; Secretary, Dr. Turver.

B. ALEXANDER RANDALL has been elected Professor of Diseases of the Ear; and Dr. Edw. P. Davis has been chosen Professor of Obstetrics and Diseases of Children, in the Philadelphia Polyclinic and College for Graduates in Medicine.

Births, Marriages & Deaths

BIRTHS.

DAVIDSON.—At 280 King street west, on February 2nd, the wife of Dr. Alexander Davidson, of a daughter.

MARRIAGES.

LAVELL–SHEPHERD.—On January 30th, by Rev. H. J. Hamilton, B.A., William A. Lavell, M.D., of Smith's Falls, Ont., and son of M. Lavell, M.D., of Kingston, to Maggie, eldest daughter of William Shepherd.