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TREATMENT OF ALCOHOLIC
CIRRHOSIS.*

BY DR. J. J. CASSIDY.

I shall proceed to illustrate my views on the treatment of alcoholic cirrhosis by reference to a very marked case of that disease which I treated three years ago.

1886.

November 9.—T. B., male, aged 45 years. Had up to last summer been a healthy man. Had lost appetite, and felt weak, though he continued to work at carting. In the latter end of September he noticed that his feet were swelled, so that he could not put on his boots easily. In October the abdomen began to swell. He looked anæmic. The ascites was enormous, the scrotum and legs were œdematous; no œdema of the face or upper part of the body. The sounds of the heart were normal, and the lungs were healthy. The urine was scanty, and loaded with urates, but contained neither albumen nor casts. No history of syphilis or phthisis. He acknowledged that for years, particularly when working at the rolling mill, he had drunk strong liquor freely. During the past summer and since he began to be ill he had taken soda water and ginger ale, but no strong liquor. Dr. Wallace, who saw the case with me, agreed that it would be well to try purgatives and diuretics.

The medicinal treatment was thoroughly carried out, but did not relieve the patient.

November 27.—The late Dr. J. H. McCollum, of this city, tapped the patient, one and one-half pailfuls of fluid being removed.

December 2.—I was again asked to see the patient. His condition had been improved by the operation, but the fluid was rapidly accumulating.

December 11.—Assisted by Dr. Wallace I tapped the patient, one and one-half pailfuls of fluid being removed. I began a mercurial treatment, using mercurial inunction and one grain of calomel three times a day.

1887.

January 12.—The fluid having accumulated I tapped the patient again. Two pailfuls were removed. He was mercurialised, the gums being tender, and the breath slightly fetid. I stopped the mercury and ordered a lotion of chlorate of potash for the mouth, and the following mixture:

R—Acid Nitro Mur. dil. m. 160.
Inf. Quassia ad., ʒviii. M.
Sig.—ʒi, t.i.d.

January 26.—The effusion is collecting, but slowly.

February 22.—He takes the acid mixture, is able to leave his bed, and sits up in his room; looks pale. No œdema of feet or legs; abdomen very slightly enlarged.

March 12.—No œdema; a small quantity of fluid in the abdomen; tongue clean, bowels

*Read before the Toronto Medical Society.

regular. The patient continues to take the acid mixture. He sits up every day.

1888.

January 12.—He is in good condition; works at hard manual work. He has become temperate and rarely drinks any liquor.

1889.

October 26.—I examined T. B., no longer a patient, but a strong, hardy looking man. The area of liver dulness was normal, four inches in the right mamillary line; a portion of the left lobe seemed firmer to the touch than it ought to be. The abdomen was quite natural. Pulse 75, tongue clean, colour of face pretty good, appetite said to be good, except in the morning. He takes a nutritious diet of bread, meat, vegetables, and milk. Takes one glass of beer at dinner, and one when he quits his daily work. He does not drink strong liquor at all. He has taken no medicine since I discharged him in the summer of 1887.

I now propose to discuss the various steps in the treatment of this case. In the first place I think that the preliminary exhibition of diuretics in such a case was quite useless. This might naturally be expected, owing to the scanty secretion of urine, and the slowness with which diuretics would enter the circulation of a patient who was suffering from an obstructed condition of the portal system. The purgatives, viz., elaterium, jalap, etc. caused catharsis with prostration, but did no good.

The first tapping done by Dr. McCollum, November 27, 1886, certainly did good, allowing the patient to breathe freely, and causing the œdema of the genitals and legs to lessen considerably.

The fluid certainly collected rapidly as he required a second operation in fourteen days.

I then decided to use mercury along with surgical treatment. There was no history of syphilis, and I used it for two reasons: (1) as a diuretic and intestinal evacuant, and (2) to promote the resolution of chronic engorgement of the liver, and favor the removal of plastic exudation.

The dilute nitro-muriatic acid seemed to be an appropriate tonic, particularly as it keeps the bowels open.

Assuming that the disease had been caused by the excessive use of alcohol, I prescribed

total abstinence from all alcoholic drinks, and I am inclined to think that apart from the surgical procedures, that was by far the most important part of the treatment.

In a discussion on the cure of alcoholic cirrhosis, which took place at a meeting of the "Société Médicale des Hospiteaux," of Paris last December, different opinions were expressed as to the advisability of prescribing total abstinence from alcohol to patients affected with the disease in question, and also as to the medicinal treatment.

M. Hallopeau spoke of a patient affected with alcoholic cirrhosis, with ascites, from whom he had removed by tapping 15, 20, and 22 litres of liquid (15 litres=4 gallons and 1 pint wine measure), and who was then perfectly well. The liver had assumed its normal size, and the individual drinks from two to three litres of wine a day, with 4 or 5 small glasses of brandy.

M. Joffroy stated that he "recalled four cases of the cure of alcoholic cirrhosis, with ascites, and in all of them the only therapeutic agent used was an exclusively milk diet."

I have not said anything about the treatment of such cases prior to the occurrence of ascites. Flint says that "hæmorrhage from the stomach sometimes precedes the occurrence of dropsy, and in a spirit drinker renders the existence of cirrhosis probable." In such cases in addition to the medicinal treatment, total abstinence should be prescribed. I have known persons who had suffered from profuse hæmatemesis without dropsy to recover their health on giving up the use of alcohol.

To sum up (1) In cases where ascites is present, tapping should be practiced and the operation repeated as often as may be necessary. (2) Alcohol in all forms should be interdicted. (3) Tonics should be used, and I am inclined to recommend the use of dilute nitro-muriatic acid. (4) Nutritious food is of great importance, as the patients are usually anæmic. I am not prepared to defend the use of mercury in such cases, more particularly as good evidence has been given of cure in cases in which it had not been used. In the case now reported I was induced to use it after two tappings on account of the rapid accumulation of the liquid. The fact that after the patient had been mercurialised and tapped a third time the liquid

accumulated slowly and finally disappeared, seemed to me to show that the mercury had been of service. In this opinion I may have been wrong, and the improvement in the patient's condition may have been due, after repeated tappings, to the disuse of alcohol, together with tonic medicine and a nutritious diet. Whatever view may be taken of the use of mercury in alcoholic cirrhosis, the cure in this case must be considered as eminently satisfactory, inasmuch as three years have now elapsed since the treatment began, and there seems no prospect of a relapse.

SKIN ERUPTION PRODUCED BY THE BROMIDE OF POTASSIUM.*

BY J. E. GRAHAM, M.D.

The bromides are very commonly used drugs, and, on account of their efficacy in the treatment of some chronic nervous affections, are often administered for months together. It is therefore reasonable to suppose that the ordinary skin lesions produced by the medicine should be well known to the profession.

There occur, however, at times, some rare forms of eruption, which are often very puzzling to the physician, and, if not recognized, are exceedingly trying to the patient.

A short sketch of some cases illustrating the latter will form the main part of this paper.

Bromide skin lesions have been divided by Dr. Morrow in his work on drug eruptions, into the following classes: Erythematous, urticarial papular, papulo pustular, confluent acne-feruncular, and anthracoid forms, ulcerative, vesicular and bullous forms. Almost every variety of primary skin lesion may be produced by the drug.

The erythematous and urticarial forms are exceedingly rare.

The papular form is usually found in the first stage of ordinary bromide acne.

Dr. Dubring has described a case of maculo papular eruption the result of the administration of small doses of the drug.

The papulo pustular, or bromide acne, appears most frequently on the face, scalp, and on the anterior and posterior surface of the chest. It

may, however, occur on any portion of the body, differing in this respect from ordinary acne. It may also occur at any age. Like ordinary acne, it presents pustules situated on a red papular base. Sometimes the papules enlarge so as to form tubercular swellings, and the pustules formed on these latter may present an ecthymatous appearance. This eruption is so often observed that a further description is unnecessary.

Voisin describes a form of tumor produced by bromide closely related to acne. These tumors are oblong or roundish, of cherry red color, and appear on the lower extremities. Small yellow pustular points, resembling acne, appear on the surface of the tumors. They present a hard base, with an umbilicated surface. They are painful on movement, but have an anæsthetic centre. The pustules run together, forming large ulcers, which heal up, leaving cicatrices.

Cholinly described an eruption, first varicelliform, in which the vesicles, instead of drying up, became confluent, and the pustules thus formed enlarging and presenting suppurating points.

I have seen two cases of this varicelliform eruption, in one of which there was a tendency to confluence.

The first, a boy about nine years of age suffered from pneumonia. He was ordered potassium bromide as a sedative. An eruption appeared, principally on the trunk, which was at first papular, then pustular. It was preceded by febrile symptoms, which subsided after the outbreak. Many of the pustules became umbilicated, so that it was exceedingly difficult to exclude variola. In some places they ran together, but they were as a rule discrete in character. The evolution was much longer than either in variola or varicella. Scabs formed, which afterwards dried up, and fell off. Dr. Fox, of New York, saw the patient, and agreed with Dr. Sheard and myself that the case was one of bromide rash.

A second case of a nearly similar kind was sent to the Hospital last winter. There were at the time some cases of small-pox in the city, and this case was therefore one about which there existed some doubt. The pustular eruption in this case was very similar to that already described, except that it was not preceded by any febrile condition. Evolution took place in the

*Read before the Medical Society, Toronto.

same way, and lasted about the same time, viz., from two to four weeks.

Within the past year I have had under observation two cases, which cannot well be placed under any of the classes given, but rather present the peculiarities of two or three of the described forms of eruption.

The first was an unmarried lady of about 40 years of age, of a blonde complexion, and of rather nervous temperament. She had for some years suffered from mild epileptic attacks, which were much controlled by bromide of potassium. She had taken the drug almost constantly for a year or more.

About six months before I saw her, she noticed a red spot on her leg, which gave her much pain when she walked. Suppuration took place, and an ulcer formed. Other patches of the same kind formed, which ran together, thus affecting a large surface.

When I saw her, she presented some spots of bromide acne on the forehead and scalp. A few raised red patches had appeared on the body and thighs. The anterior surface of one leg presented a large partly ulcerated and partly verrucous patch. The ulcer exhibited a peculiar indolent look. Papilliform growths existed around, and especially to one side of the ulcer. When these warty excrescences were pressed, a purulent fluid would exude. Part of the verrucous surface was covered by a scab, which could be removed by a knife. The ulcer itself was sensitive, but the papilliform growths were less sensitive than normal. The patient experienced so much pain in walking that she preferred to remain in bed. There was no history of syphilis. Thinking the eruption might be due to the bromides, I recommended her to cease taking them. She did so, and the lesions slowly but surely disappeared. In about four months she was quite well. During her convalescence she commenced taking the bromides, and soon noticed that the patches were becoming worse, and desisted from the drug.

Seguin has narrated three cases in which a peculiar cutaneous lesion, termed by him *ulcus elevatum*, was produced by the bromide of potassium. The lesions were described as large, irregular, ulcerated patches, and from two to four M.M. above the surface, symmetrically situated on both legs. The elevated surface of the

ulcer was greyish red in color, with here and there an adherent crust. It secreted a sanious, fetid, puriform liquid, and bled on being touched. It did not look like ordinary granulation tissue. It was much firmer, and composed of hard matter. At several points it presented a slightly bullous or papillomatous appearance.

From this description it will be seen that the case just described by me is almost identical with Seguin's cases.

A second case, and one which puzzled me very much, I shall describe in detail. The patient, a female infant about nine months old, with an otherwise healthy appearance, presented a peculiar rash, which its parent stated had been about ten days in existence. The child's mother suffered from eczema. The father was quite healthy. There was no syphilitic history. A peculiar pustular eruption was found on the face, legs, and thighs. Some of the pustules about the size of a hen's egg were discrete, and resembled those of varicella, while others became confluent, forming red, elevated patches, with pustular surfaces. Besides the patches, in some places patches of darkly discolored elevated verrucous appearance presented themselves, which at once reminded me of the case already described. Enquiries were made as to whether the child had taken any medicine previous to the appearance of the eruption. At first the parents stated that no medicine had been given, and I treated the case as one of pustular eczema. The child was taking a mixture prescribed by the physician who handed the case over to me. This medicine I ordered to be continued. The child was seen daily for four or five days, during which time the eruption became gradually worse. Fresh pustules appeared on different parts of the body, especially upon the scalp. The child did not sleep, and, notwithstanding sedative applications, the irritation seemed increasing. The warty patches increased in size on the legs, and one or two appeared on the face. More particular enquiries were then made as to the previous administration of drugs. The mother then told me that two or three weeks before the child was suffering from a cold, and was prescribed for by a physician, who was at the time attending another patient in the house. The child had taken a bottle and a half when the pustular eruption made its appearance. The

physician who prescribed the medicine ordered it to be stopped, an order which I do not think the mother carried out. The pustular eruption did not disappear, so the mother called in the physician who usually attended the family. He prescribed for the child, and then recommended my being called in. The father procured the prescriptions, when I found that the child had been taking four grains of bromide of potassium in the cough mixture, and found, moreover, that the mixture prescribed by the previous physician, and which the child continued to take some days after my attendance commenced, also contained bromide of potassium in four grain doses. This, of course, accounted for the presence of the eruption, and for its spread, notwithstanding the use of ordinary remedies. This case was remarkable on account of the persistence of the skin lesions. The bromide of potassium was at once discontinued. The warty excrescences did not increase in size, but they did not show much sign of improvement for about two weeks. Fresh pustules appeared a week after the discontinuance of the drug. They, however, did not present the same angry appearance, nor did they produce so much irritation as formerly. The treatment was for the most part expectant and palliative. Arsenic was given in small doses. The pustules dried up. Scabs formed, which fell off after a time. The warty patches were the last to pass away. The whole attack lasted about ten weeks. When at their height, they presented a peculiar dark brown appearance. Filiform growths existed on an elevated base somewhat similar to that of ordinary warts. They were, however, finer, and when pressed a fluid appeared on the surface. The development of the eruption was as follows: Reddish papules first appeared, which rapidly became pustules. These in many cases were confluent, forming patches, each of about the size of a 25c. piece, and each presenting a suppurating surface. In the earlier part of the attack, when the child was taking the bromide freely, a number of these patches on the legs and also on the face, ran together, forming the verrucous surface already described. The child is still marked by discoloured patches. This case is interesting on account of the chronicity of the eruption, and on account of the multifarious lesions pre-

sent. It is not generally supposed that skin lesions produced by this drug will continue after its administration ceases. In this case fresh pustules appeared for about ten days after its cessation.

I have not seen any cases of vesicular lesions. Cases of the former have been described by Vaisin, and of the latter by Wigglesworth.

Neumann and Seguin have made microscopic sections of diseased skin. They discovered that the results of simple inflammatory action appeared to the greatest extent around the sebaceous glands and hair follicles.

It is a disputed point as to the manner in which this inflammation is excited. Guttmann is of opinion that it arises from the excretion of bromine through the glands of the skin, whereas Neil, Clark, and Amy regard it as a trophoneurosis.

It is sometimes difficult to diagnose these extraordinary bromide eruptions from syphilis. A careful enquiry into the history, and the subsidence of the eruption when the drug is discontinued, will usually serve to distinguish the other diseased forms.

According to McCall Anderson, the bromide of ammonia is more likely to produce eruption than the other salts of bromine.

According to Eilenmeyer, the acne produced by one salt will sometimes disappear if another is substituted. This has not been my experience.

When arsenic is administered with the bromides, the acne is in some cases prevented. I do not think, however, that such severe eruptions as we have described would be prevented in this way.

PARAFFINE METHOD, AS USED BY PROF. GAULE, ZURICH.

BY DR. J. F. W. ROSS,

Lecturer on Gynæcology, Women's Medical College, Toronto.

Solutions to be used:

Hæmatoxylin—Merck's best.

Solution No. 1.—10 grains pulv. hæmatox, 100 c.c. abs. alcohol.

Solution No. 2.—½ gram alum, 100 c.c. aq. destil.

When required, take of No. 1, 10 c.c.; of No. 2, 100 c.c., or the whole. Mix. Then have

some of No. 1 left for future ; it will keep. No. 2 will not keep, but must be made fresh when required.

Eosine.—1 gramme to 60 c.c. abs. alcohol ; then add 140 c.c. aq. distil. Can be kept.

Nigrosin.—1 gramme 400 c.c. water. Can be kept.

Saffranin.—1 gramme 60 c.c. absol. alcohol ; then add 140 c.c. water.

Corrosive Sublimate Sol.—62.5 grammes to 1 litre aq. distil.

Paraffine.—Melting at 38. (soft) ; melting at 58. (hard).

Preparing.—Take the tissue when quite warm from the body ; cut the pieces about $\frac{1}{8}$ in. thick, noting carefully the position from which they are taken, and label the little bottle into which each is placed. These bottles are to contain some of the sublimate solution warmed to 38° cent. The albumen is at once coagulated, and the specimen appears white. The process can then be enumerated as follows :

1. Corr. sub. sol. (kept at 38° in 38° oven) 2 hours.

2. Distilled water (kept at 38°) 1 hour.

3. Alcohol 50% (made from absolute, with distilled water) cold, 2 hours.

4. Absolute alcohol, cold, 24 hours (for very delicate tissues use only proof spirit), which is about 75% alcohol.

5. Then change the alcohol and leave in $\frac{1}{2}$ hour, to get rid of all water.

6. Oil of cloves, kept at 38°, 24 hours.

7. Rinse in turpentine (ol. terebinth rectific.) to get rid of most of oil of cloves, and then leave in (kept at 38°) 2 to 3 hours. For delicate structures, such as stomach of frog, use xylol instead of turpentine, in each stage where turpentine is used.

8. Turpentine and paraffine 38° ; equal parts, kept at 38° 24 hours.

9. Paraffine ($\frac{1}{3}$ of 38°) for 2 hours. ($\frac{2}{3}$ of 58°) kept at 58°.

10. Change paraffine by pouring it away, and using fresh, so as to thoroughly remove every trace of turpentine. Kept at 58° 1 hour.

11. *Embedding*.—This must be done with care, and requires practice. All air-bubbles must be disturbed, so that they rise to the surface before the liquid paraffine is poured out to cool. This can be easily accomplished by

means of a handled needle. The dish into which it is to be poured should be set in the position desired, so that it does not require disturbance until fairly cool. If disturbed, the paraffine may wrinkle and draw up from the bottom just where the specimen is placed, and thus spoil the specimen for cutting. This can easily be remedied by repeating the melting of the paraffine and re-embedding. Care must be taken not to add any paraffine to the specimens until cooled at least to 58°. It is the custom, to save delay, to heat the paraffine in a water bath, but if added without the precaution mentioned, it may spoil the specimen. If in cutting the paraffine when ready for the microtome, it seems brittle, with a large form of crystallization, it must be re-embedded in fresh paraffine to get rid of the turpentine still present. The specimen is now ready for the microtome any time from a day to several years after. It can be cut from, then carefully re-labelled, and put away for subsequent use.

For specimens containing much connective tissue, I have found them best prepared as follows :

1. Corros. sub. sol, 38°, 2 hours.

2. Distilled water, 38°, 1 hour.

3. 50% alcohol, cold, 2 hours.

4. Absol. alcohol, cold, 24 hours.

5. Absol. alcohol, cold, 24 hours. (This is to rinse out thoroughly the sublimate sol.)

6. Absol. alcohol, cold, 12 hours.

7. Xylol at 38°, 12 hours.

8. Xylol and paraffine, 38° D., equal parts, at 38°, 24 hours.

9. Paraffine ($\frac{1}{3}$ of 38°) at 58°, for 2 hours. ($\frac{2}{3}$ of 58°)

10. Change paraffine at 58°, 1 hour, and then imbed.

In such tissues as ovarian and uterine, this last process gives the best results. The turpentine and oil of cloves make the tissues too brittle.

Fixing on Slides.—This is done with distilled water and a camel's hair brush. Under the glass slide a piece of card ruled off into two large squares to correspond to the two cover glasses to be used, and with each of these squares ruled off in smaller ones, is placed so that the sections may be fixed in their proper positions.

Each section is touched with the wet camel's hair pencil, the water runs around them, they flatten out, and when dried by a few hours in the 38° oven, will remain adherent through all the subsequent processes.

Staining.—1. Pour xylol on the slide, and change it as often as necessary, until the paraffine is completely dissolved. This can be ascertained by slipping the slide under the microscope when any paraffine appears as a crystalline substance. Some crystals may also be seen due to the use of corrosive sublimate, and are probably composed some of corrosive sublimate, some of calomel, and the others of some unknown composition. To clear a specimen of these, a solution of 1% iodine in alcohol (1 drop tinct. iodine [which is 1-10] to 10 c.c. alcohol) may be used. About half an hour is usually required, and the slide must be immersed in the solution.

2. Remove the xylol with oil of cloves.

3. Remove oil of cloves by running a little alcohol over the specimen from a pipette.

4. Then place in alcohol until quite clear. If the oil of cloves has not been thoroughly removed, the specimen will appear milky or clouded, and the process must be repeated. Alcohol must be in two dishes.

5. Distilled water dish for five minutes.

6. Then add hæmatoxylin to the slide, and watch carefully under the microscope until the nuclei are brought out. Tissues vary very much in the rapidity of the staining with hæmatoxylin. If this be much delayed, the specimen may be very carefully heated. If heated much the specimen will be spoiled.

7. Then wash in the water dish.

8. Run quickly over the slide a few drops of the nigrosin solution. This must be almost instantaneous with some specimens.

9. Then drop instantly into the water dish.

10. Pour on some eosine solution. This should be allowed to remain until the red blood corpuscles are stained. A little gentle heat will facilitate the process, but, being an alcoholic solution, it boils at 55°, and great care must be exercised or bubbles of gas will loosen the sections.

11. Wash in water. This must be thorough, and the water changed, if necessary. Most of the excess of the coloring fluids may be ab-

sorbed on to a towel before placing the slide in the different dishes, and the necessity of changing their contents be thus avoided.

12. Pour on saffranin, and leave on until specimen D becomes well reddened. Both eosine and saffranin must penetrate well, as they are washed out in the subsequent alcohol bath.

13. Absolute alcohol run over the slide to remove the excess of coloring fluid, and then put in dish No. 1 of absolute alcohol.

14. Then put into dish No. 2 absolute alcohol, and left in for 5 minutes.

15. Then pour on to the slide oil of cloves. Warm with great care until it looks clear under the microscope.

16. Then pour on xylol to displace oil of cloves.

17. Then let one drop of the Canada balsam sol. (thinned to drop with xylol) fall on spot to be covered by each cover glass. Carefully place on the cover to expel air, and then gently heat to allow balsam to penetrate the tissue, and harden as the xylol evaporates. This heat must be very carefully applied, and many specimens may be spoiled until the hand becomes skilled to the work. One must not be discouraged by failures, and may always attribute them to some improper treatment of the specimen. Too long or too short a stay in the sublimate solution, in the oil of cloves or turpentine are very harmful. Xylol and alcohol are least harmful. Too long a stay in the 58° cupboard is very injurious. Solutions must be accurately made and carefully kept. Every dish and all the surroundings must be kept clean and free from dust. But diligence will be rewarded by the beautiful microscopic appearances of the preparations. Four dishes should be set in front of the worker:

No. 1—small one for waste.

No. 2—larger one for distilled water.

No. 3—About same size for absolute alcohol.

No. 4—Same as 3, with absolute alcohol, but to give the final cleansing immersion.

Parts stained by the solutions:

1. *Hæmatoxylin.*—Chromatin, D, substance of nucleus, hyaline substance of cartilage, some mucous secretions.

2. *Nigrosin.*—Connective tissue, contractile protoplasm in activity, fibrin, cylinder axis of nerves.

3. *Eosine.*—Protoplasm of red blood corpus-

cles, contractile protoplasm in rest, zymotic granules, or granules of gland ferments, protoplasm of cartilage cells, eosmophilous white blood corpuscles.

3. *Saffranin*.—Plasmasoma in small cells, part of myeline sheath of nerves, all nuclei in a state of formation, therefore all young cells, nuclei of red blood corpuscles of frog.

Selections.

A CASE OF EXTREME STRICTURE OF THE ŒSOPHAGUS OF LONG DURATION.

BY ALFRED HARVEY, M.D.

On Dec. 1st, 1886, I was consulted by T. P., aged 46, for some dyspeptic symptoms, and he incidentally informed me that he had a stricture of the œsophagus of 40 years' duration, which had proved impassable to instruments, and practically prevented his swallowing anything but liquid foods.

On further inquiry he gave the following history: At the age of five years he swallowed some strong sulphuric acid. For the resulting injury he was under the care of Dr. Wilcox, of Bath Row, for upwards of a year. Ever since then the throat had been almost closed. He had lived chiefly on milk, beef tea, eggs, and corn flour; could not swallow sago. When a boy he remembered getting something in his throat "not so large as a grain of pearl barley," which necessitated treatment at the General Hospital. He had been a patient at various institutions. About ten years before he had been an in-patient at the General Hospital, where many attempts were made to pass bougies, but without success, and where a consultation was held to consider the possibility of other operative interference.

When I first saw him he was a pallid, gaunt man of 5 ft., 9½ in. in height, and weighing 8 st. 12 lbs. He was then living upon fluid food, which he always strained through a sieve, not daring, as he told me, to drink even a glass of beer without that precaution; he could eat potatoes and bread and butter, but did not care to do so, as the process of swallowing was extremely tedious; could not eat meat. On ex-

amination, a stricture was found at the level of the cricoid cartilage so tight that it would not admit a No. 2 urethral bougie.

On Dec. 3rd, after a sitting of 30 minutes, a No. 1 bougie was passed, and was kept in about an hour. Three days afterwards a No. 2 passed pretty easily, and the stricture was slowly dilated by the passage of a bougie every three or four days, till on March 30th, 1887, a No. 16 was passed. The patient was then 9 st. 10 lbs. in weight; could eat ordinary diet, and enjoyed his meals, keeping almost free from dyspepsia. He looked much better, and felt for the first time in his life equal to his work. As the œsophagus then answered every useful purpose, I did not dilate farther, but gave him a No. 15, which he learned to pass easily. The bougies used were the ordinary black gum elastic flexible ones, of French make.

I have recently (June, 1889) seen T. P. again. His health has remained good during the past two years, and he has gained a little more in weight. After a few months he neglected the use of the bougie, and some contraction of the œsophagus has taken place, as it only admits with difficulty a No. 11. He will probably continue to neglect it until progressing contraction causes a perceptible difficulty in the power of swallowing.

The points of interest in this case are (1) the recovery of the patient as a child after such extensive injury, and the prolongation of his life with so small an œsophagus; and (2) the completely anæsthetic condition of the cicatricial tissue about the throat, which permitted the necessary manipulations without pain, and almost without discomfort to the patient.—*Birm. Med. Review*.

TREATMENT OF CHLOASMA.—Besnier affirms (*Jour de méd.*) that chloasma can be made to disappear by the following treatment: The part is to be scrubbed with green soap until it is somewhat reddened. Then equal parts of mercurial ointment and vaseline are to be worn all night spread on muslin and covered with rubber cloth. This is to be washed off with warm water in the morning, and during the day an ointment composed of carbonate of bismuth and kaolin, each ʒ ij, and vaseline ʒ j, is to be worn.—*N. Y. Med. Jour.*

A CASE OF PHTHISIS PULMONALIS,
WITH UNCONTROLLABLE NASAL
HÆMORRHAGES. DEATH
FROM EXHAUSTION.

BY J. A. ROBISON, M.D.

Attending Physician, Presbyterian Hospital; Instructor in Physical Diagnosis, Rush Medical College, etc.

March 29, 1889, I was summoned to attend Louis L. Humboldt Park, aged 16, a Norwegian by descent, an engraver by occupation. He had had pulmonary tuberculosis for three months. On examination, found a large cavity in the left infra-clavicular region. Was a tall, thin boy, who had spent the greater portion of his life indoors. No hereditary tendency to phthisis or hæmophilia in family, so far as could be learned. He had no pulmonary hæmorrhages.

Under treatment he improved until April 17th when he was attacked by severe nasal hæmorrhage. The anterior and posterior nares were plugged and hæmorrhage controlled for two days. An interval of one week passed, when hæmorrhage recurred. Same treatment and result. Ergot and the customary astringents did no good. April 27 to 29, no hæmorrhage. Then hæmorrhage for two days. Patient losing appetite, strength, and flesh, but expressed hopes of recovery and remained up all of each day. No hæmorrhage until May 8th, when the most severe of all commenced, and lasted for three days. Patient almost completely exsanguinated. From this time until June 2nd, there were slight daily hæmorrhages. At no time had there been evidence of a pulmonary hæmorrhage. Cavity in lung constantly increased in size.

June 2nd an alarming hæmorrhage set in and continued until June 7th, when the patient died from exhaustion, literally drowned in his own blood. He was so exhausted that he could not endure being handled, and his breath became so short that he would tear the plugs from his nose, and if restrained would become perfectly frantic. Seldom has it been my lot to witness a more harassing death scene. Death by pulmonary hæmorrhage would have been preferable.

A cursory examination of the literature on phthisis pulmonalis and its complications does

not reveal that epistaxis occurs frequently enough in consumption to justify classing it as one of the symptoms. Dr. William A. Edwards has lately reported a case of phthisis and hæmophilia, the patient giving the history of a hereditary bleeder.

I desire, therefore, to request physicians to send me reports of all cases having come under their observation when epistaxis was an embarrassing complication.—*N. Amer. Practitioner.*

LEMON JUICE IN EPISTAXIS.—Dr. Fanchon, in the *Revue Général de Clin. et de Thérap.*, speaks most highly of the value of lemon-juice for the local treatment of stubborn nose-bleed. In one case in which the hæmorrhage was most severe, and in which plugging of the anterior nares had been resorted to without avail, a single injection of lemon juice made, with the aid of a glass syringe, into the nostril that was bleeding, immediately arrested the hæmorrhage.—*Med. News.*

CALOMEL AS A DIURETIC IN HEPATIC CIRRHOSIS.—Heinrich Kohn (*Centralbl. f. d. ges. Therap.*, May, 1889) reports a case of this affection, which is of interest as an aid in determining the exact value of calomel as a diuretic. The patient had been treated with various diuretics without notable effect, and eventually needed aspiration, but was unwilling to undergo it. The administration of 0.2 gramme of calomel three times a day was then commenced, guarded by opium, and with a simultaneous employment of a mouth-wash of chlorate of potash. Under this treatment, continued for three days, there developed great weakness and exhaustion which necessitated its discontinuance. In the meantime, however, there had been a very marked diuresis, and the ascites was almost entirely removed.—*The Amer. Jour. of Med. Sciences.*

THE REDUCTION OF HERNIA DURING COUGHING.—It is an undoubted fact that coughing will produce or bring down a hernia; it is therefore somewhat surprising to hear that coughing may be useful in the reduction of herniæ. M. Vandenabeele, however, has frequently found that herniæ which had resisted attempts at reduction by taxis alone yielded

when the patient was directed to cough during the manual efforts to compress the sac. M. Vandenaabee's observations included both inguinal and femoral herniæ, and were not confined to either sex. He believes that during the act of coughing the hernial ring dilates somewhat, and that if well-directed taxis is employed just at the right moment most cases will yield.—*Lancet*.

OLIVE OIL TREATMENT FOR GALL-STONES.—Dr. Kishkin has published a paper in the *Méditsinskoe Obozrénie* on the employment of olive oil in large doses in cases of gall-stones, a form of treatment which has been especially recommended by certain American physicians. His observations were made on three patients suffering from gall-stones in Professor Chérinoff's wards in Moscow. In one case only were calculi brought away. These were greenish and somewhat soft. The patient did not improve at all in health after their removal. It was found that similar stones could be obtained by giving olive oil to any person suffering from a scanty secretion of bile; and the stones on examination proved not to be biliary calculi at all, and contained no cholestearin, but consisted of oleic, palmitic, and margaric acids with lime soap. They were evidently produced in the bowel by the olive oil, therefore Dr. Kishkin thinks it is a mistake to attribute to the American method any effect upon biliary calculi.—*Lancet*.

THE ÆTIOLGY OF DIABETES MELLITUS.—Dr. Joan Michael reports a curious case in the *Dtsch. Arch. f. Kl. Med.*, 44 Bd., bearing on the ætiology of this obscure malady. A strong man æt 20, sickened without apparent cause, of moderate diabetes. After the disease had existed three months, he became very weak and sought admission into hospital. Whilst here he had inflammation of the left middle ear. His condition improved so much subsequently that he was discharged at his own request, after three months' residence in hospital, but only a few days later, however, the ear affliction returned, along with extreme weakness and exhaustion. The patient died comatose two days after re-admission, about six months after the first onset of the disease. The urine contained

2.5 per cent. of sugar, and a distinct reaction of acetone. At the post-mortem examination as the cause of the disease was found a free *cysticercus racemosus* in the fourth ventricle, extensive granulations, and polypoid growths of the same part. With the exception of occasional headaches there were no symptoms of head affections. According to Professor Steinbrügger, inflammations of the middle ear are not very frequent in diabetes. Several cases of cysticerci in the fourth ventricle are recorded but without melituria, but in one case diabetes insipidus was present. It is also known that middle ear inflammations are not rare in diabetes, as also furuncles of the external auditory meatus and caries of the petrous bone.—*Berlin Correspondent Medical Press and Circular*.

CHRONIC CONSTIPATION A CAUSE OF PERNICIOUS VOMITING OF PREGNANCY.—Dr. Wiesel describes a case of pernicious vomiting of pregnancy in which the usual treatment not only failed to relieve, but actually aggravated the patient's sufferings to such a degree that she begged her attendant to procure a miscarriage. It was finally decided to employ rectal injections of milk. Two decilitres of warm cow's milk were injected per anum, and after ten minutes the patient was ordered to drink a half-cupful of hot milk. The enema was expelled after an interval, but without any admixture of feces. The quantity of milk injected was therefore increased to eight decilitres, with eight grammes of salt added thereto. After eight hours a fluid stool of most foul odor was expelled. Another such injection brought out hard scybalæ, and these were followed by a copious natural stool. For the first time in a long while she enjoyed a natural sleep without nausea or vomiting, and in the morning she enjoyed her warm drink of milk with the yolk of eggs. Her bowels remained regular for three weeks, when the constipation recurred, and the nausea and vomiting returned. The same treatment was adopted as in the first instance, and again was successful. This case should lead physicians to give more attention to the state of the bowels in their pregnant patients.—*Wein Med. Presse*.

TUBERCULOSIS OF THE GENITALS.—Werth's paper on this subject, read at a recent meeting

of the German Gynæcological Society (*Centralblatt für Gynakologie*), considers only those cases in which surgical treatment is indicated—that is, those in which the tubes are affected. Two forms of tuberculous disease of the tubes should be distinguished, an acute and a chronic; in the former both the muscular and serous coats undergo cheesy degeneration, numerous bacilli being found in the interior of the tube, while in the latter the tubal wall undergoes hypertrophy and cell-infiltration, while its contents contain only a few bacilli. The increase in size of the tube, which may be considerable, is due to the collection of pus in its interior, as well as to the hypertrophy of the wall.

With regard to the treatment of this condition the writer does not agree with Hegar, who advises extirpation of the tuberculous tubes even when the peritoneum is affected; under these circumstances he simply evacuates the contents of the tube, which does not refill. In the discussion following the reading of the paper Elischer agreed with the reader that it was inadvisable to extirpate the tubes in cases of general tuberculosis. Hegar explained that he had been misunderstood as to two points. The reader had quoted him incorrectly as having stated that a tuberculous tube was thickened at its uterine end more frequently than was the case in any other form of salpingitis. He would, of course, not remove the tubes in cases of general tuberculosis, though he would not hesitate to do so when the disease was limited and the tubes were evidently the original foci; if the latter contained pus he would certainly remove them.—*The American Journal of the Medical Sciences.*

THE URINE IN PERNICIOUS ANÆMIA.—Dr. William Hunter, of Cambridge University, England, who last year published some interesting and important observations regarding the symptomatology and pathology of pernicious anæmia, has now supplemented these in the *Practitioner* for September, by other observations on the urine in a case of this disease—observations which he thinks show that the urine in pernicious anæmia presents specially characteristic features, and such as serve to establish the diagnosis of the disease.

A relatively high hæmoglobin percentage to

the number of red blood corpuscles Dr. Hunter considers to be the only characteristic feature presented by the blood in pernicious anæmia, but he is of those who regard pernicious anæmia as a distinct and separate disease, not merely as an extreme form of anæmia or chlorosis or the terminal stage of other diseases.

In the case under observation, the color of the urine was the most striking feature throughout. It was exceedingly high, varying slightly from time to time, but always remaining very much higher than ever observed in conditions of health. At no time were any bile pigments to be detected. As regards its spectrum and its chemical behavior, the coloring matter present in such large quantities had all the characteristics of pathological urobilin; and there is no doubt that in all cases such urobilin is a product derived from the disintegration of hæmoglobin. The richness of the patient's urine in coloring matters could have had absolutely no relation to the absorption of matters derived from the food, as this was as little nitrogenous as possible, and consisted mainly of milk. The excretion of such large quantities of coloring matter, entirely independent of the occurrence of fever or of any diminution in the quantity of urine or rise in the specific gravity, was regarded by the observer as of the greatest interest and importance in its bearing on the diagnosis of the disease; Dr. Hunter is disposed to maintain that the excretion of such large quantities of pathological urobilin appears extremely valuable evidence as to the essential nature of the disease, that it depends on an excessive destruction of blood, that it is hæmolytic in its nature.

In his former observations, his conclusions regarding the hæmolytic nature of his disease were based solely on (1) a consideration of anatomical changes to be found after death, and (2) on the possibility of inducing experimentally similar changes in animals by the action of blood-destroying agents.—*Boston Med. and Surg. Jour.*

TREPHINING IN HEAD INJURIES.—To systematize, to some extent, the indications for trephining in case of head injury, Zeidler (*Wein med. Presse*,) draws a sharp distinction between the local injury to the skull, and the secondary

effect upon the brain. Since it is clearly proven that a depressed fragment of bone is in itself never sufficient to cause pressure symptoms, and since the cerebral effect produced by such depression is uncertain and transitory, trephining with the object of correcting such depression is never indicated. So far as the brain is concerned, the single indication for primary trephining is where we have pressure symptoms which are clearly due to internal bleeding.

As for the indications given us by the local bone injury, the single question for deliberation is that of infection; replacement is not for a moment to be considered. Hence it primarily follows that subcutaneous fractures, with or without depression, should never be trephined. In compound fractures, however, septic matters have ready access. Here trephining may serve a valuable purpose in enabling us to secure asepsis. It is to be regarded rather as a débridement, is accomplished by the chisel and saw where possible, and has precisely the same object that similar methods would have in compound fractures of other bones; namely, the placing of the wound in the most favorable condition for thorough purification and primary healing. Thus in a compound comminuted fracture of moderate extent all loose splinters are removed, the depressed bone is raised, the sharp edges are rounded, the opening in the skull enlarged, and the whole wound is carefully disinfected; or, in other words, the surgeon makes a careful débridement.

In more extensive fractures, a less active intervention is required. Bergmann's rule is, the more extensive the break, the less imperative is the indication for chiselling, elevation, or extraction of fragments. Fissures, even though accompanied by depression, require only disinfection and antiseptic dressing.

As the result of a careful study of the subject, Zeidler draws the following conclusions:

1. Symptoms of cerebral pressure following head injury indicate trephining only when these symptoms point clearly to bleeding from the arteries of the dura.
2. Simple fractures of the skull, unaccompanied by symptoms of intracranial hemorrhage, never indicate trephining.
3. Depression of the bone in itself should not be considered as an indication for trephining.

4. The object of primary trephining is asepsis, or the checking of hemorrhage.

5. Secondary trephining is indicated in cases of beginning meningo-encephalitis.

6. Epileptoid attacks, due to the pressure of splinters of bone pressing upon the brain, should be relieved by removing these splinters.

7. In treating fractures which involve a sinus, the bleeding from the latter should be checked by tamponade, and not by suture.

8. The term débridement should be applied to the operative procedures necessitated by a complicated fracture of the skull, trephining being reserved for the formal operation upon the uninjured bone.—*The Amer. Jour. of the Med. Sciences.*

A SIMPLE METHOD OF TREATING UMBILICAL HERNIA IN INFANTS.—If the treatment of umbilical hernia in the earlier weeks of infant life has proved as troublesome and annoying to others as to the writer, this description of a simple and effective method of treatment will not be out of place.

Agnew and others use a button of cork covered with chamois skin, and held in place by a broad strap of porous or rubber adhesive plaster encircling the trunk. Elastic bands, pads fastened to the binder, hard rubber spring trusses and various more complicated devices are also recommended. Most of these methods I have used, all with discomfort to the child, and unsatisfactory results. Porous plaster invariably irritates the skin, as does rubber adhesive plaster, and their removal causes a paroxysm of crying when the consequent straining is most undesirable. All absorbent pads become malodorous from retained perspiration, and are constantly moist from the daily bath. Bands extending around the waist interfere with respiration, peristalsis, and the development of the abdominal and lumbar muscles. Elastic bands are by far the worst in this respect. Pads fastened to the binder are constantly slipping out of place. The same may be said of trusses which have the additional disadvantage of hurting a child that is not handled carefully.

An apparatus for successful treatment should be non-absorbent, non-irritating, and of such material that it will remain in place for at least a week, notwithstanding daily bathing. It

should not interfere with peristalsis, respiration, or development, and must be free from the possibility of hurting a carelessly handled child. Such requisites are combined in the following device, which differs slightly, but in important particulars, from others. It consists of a hard rubber, slightly oval, plano-convex lens, with a greater diameter of 3 cm., and thickness of 6 or 7 mm.; on the plane surface are two small wire loops facing each other at a distance of 2 cm. This is attached to the centre of an adhesive plaster strap, 2 cm. wide, and long enough to embrace three-fourths of the child's body, by thrusting the wire loop through the plaster and a small safety-pin through the loop. No plaster other than a reliable emplastr. resin. of the Pharmacopœia should be used. In using, the hernia is reduced by the pressure of the button, and the warm plaster quickly applied while the child is quiet. This will retain its position for from one to three weeks, unless considerable soap is used in the bath. When removal is desired, a few moments' soaking with soap and water will loosen it unnoticed by the child. If redness of the skin is produced, the cause will be found in the adulteration of the plaster with turpentine or Burgundy pitch.—*Walter Chrystie, M.D. in Med. News.*

Therapeutic Notes.

HEMORRHAGE from internal piles will be checked by the injection of a solution of hamamelis more promptly, perhaps, than by anything else. For this purpose the glycerine enema syringe answers exceedingly well.—*Medical Summary.*

POWDER STAINS ON THE SKIN.—The bluish-black spots produced by gunpowder may be removed by painting with the following solution:

Binioidide of ammonium,
Distilled water, equal parts.

Then with dilute hydrochloric acid to reach the tissues more deeply affected.—*Medical Bulletin.*

VOMITING IN PREGNANCY.—A writer in the *London Lancet* says: I have not failed once for many years, by a single vesication over the

fourth and fifth dorsal vertebræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily, and to one application.

AN EXCIPIENT FOR LOCAL APPLICATIONS IN DERMATOLOGY.—M. Vergely has recommended a modification of the local applications of Unna. The preparations of the latter are sometimes difficult to make, and have a granular consistency. M. Vergely avoids this difficulty, and obtains a more perfect homogeneity in the following formula:

R Gelatin,	5.0.
Glycerinæ,	
Aquæ,	aa 45.0.

This mixture is flexible, adheres to the skin, and is useful as a vehicle for powders, as calomel, oxide of zinc, red precipitate, etc.—*four. of Cutaneous and Genito-Urinary Diseases.*

IODOFORM IN CHRONIC BLADDER CATARRH.—Mosetig-Moorhof (*Wiener Med. Presse*) recommends the following emulsion for use as an injection in chronic catarrh of the bladder:

Iodoform,	50 parts.
Glycerine,	40 parts.
Water,	10 parts.
Tragacanth,	25 parts.

A teaspoonful to be dissolved in seventeen ounces of warm water, and injected into the bladder, which has been previously washed out. The injection should be repeated every third day, after three or four applications the catarrh will be cured.—*Deutsche med. Woch.—Med. Chron.*

CHRYSAROBIN IN HÆMORRHOIDS.—Dr. Kossobudskii speaks of this drug in high terms, but he differs from Unna in the quantity. Dr. Kossobudskii uses a two and a-half per cent. instead of a five per cent. as Unna prescribes. After washing the swelling with a two per cent. lotion of carbolic, or a one per cent. of creolin, he recommends the following ointment to be applied twice or three times a day:

Chrysarobini,	0.8,
Iodoform,	0.3,

Ext. belladonna, o6,
Vaselin, 150. M.

or a suppository may be made with cocoa butter. If bleeding be present tannin may be combined. Dr. Kossobudskii affirms that pain, smarting and bleeding will disappear in three or four days.—*Vienna Correspondent Medical Press and Circular.*

TAPE-WORM IN CHILDREN.—The following prescriptions will, according to the *Lyon Medical*, be found most effectual in cases of tape-worm occurring in children. Both are very agreeable to the taste, and are, therefore, easily administered :

I.

℞ Oleoresin of aspidium, 3j to ʒijss.
Peppermint water, f ʒ ss.
Essence of anise, gtt. x.
Chamomile water, f ʒ j.
Syrup of sugar, f ʒ v.
Syrup of bitter orange-rind f ʒ v.

II.

℞ Oleoresin of aspidium, ʒ j.
Calomel, 6 gr.
Sugar, ʒ ij.
Gelatin, q.s.

Make into the consistency of jelly, and administer as a confection.—*Archives of Pediatrics.*

CARCINOMA UTERI.—For carcinoma uteri Brown uses the curette freely, and applies on a tampon a saturated solution of zinc chloride. Mundé uses a weak solution of sesquichloride of iron. Schramm injects half to one grain in an ounce solution of corrosive sublimate into the diseased mass, two or three times a week, causing cessation of fetor and purulent discharges, and lessening the frequency of hæmorrhages. The feeble absorptive power of the degenerated tissue offers immunity from mercurial poisoning. The following is an antiseptic and sedative suppository extensively used in Paris :

℞.—Iodoformi gr. xv.
Camphoræ gr. iv.
Ext. belladonnæ gr. j.
Ol. theobromæ q. s.

M.—Make one suppository.

S.—Put high up in vagina at night.

—*Dr. Martin in New York Medical Record.*

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.

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TORONTO, NOVEMBER 1, 1889.

TORONTO PATHOLOGICAL SOCIETY.

Such is the name of a comparatively new society which was organized in Toronto last year. The first meeting for this year was held on Saturday evening, October 26th, in the new building of the Biological Department of the University of Toronto. After the regular programme of the meeting was concluded, those present, including the members and a few invited guests, were handsomely entertained by the President, Dr. R. A. Reeve, at a supper served in one of the spacious rooms of the institute. Short speeches were delivered by the President; Dr. Atherton, representing the Toronto Medical Society; Dr. O'Reilly, Superintendent of the Toronto General Hospital; Dr. Burns, representing the Ontario Medical Council; Dr. Smith, of the Ontario Veterinary College; Dr. Graham, Vice-President; Dr. Oldright, and others. We are pleased to see that Toronto is ambitious enough to organize a purely scientific medical society, and we are delighted to hear that the prospects are of the brightest character. The regular meetings will be monthly, and will be held in the Biological Institute of the University.

A CHOICE OF ANÆSTHETICS.

The choice of an anæsthetic is always important, and frequently anything but simple. Dr. Hewitt, of Charing Cross Hospital, London, recently delivered a very interesting lecture on this subject (*Brit. Med. Jour.*), in which he gave certain definite rules, as far as such rules can be definite, which we may summarize as follows :

1. Nitrous oxide gas should be administered in operations occupying 30 seconds or less, such as tooth extraction, opening an abscess, incising a whitlow, etc.

2. Nitrous oxide gas, followed by a small quantity of ether, should be used in operations occupying from 30 to 60 seconds, such as certain rectal, vaginal or urethral operations, breaking down adhesions of joints, certain dental operations, removing post-nasal adenoids, etc.

3. Ether usually preceded by a small quantity of nitrous oxide, is the best and safest anæsthetic in ordinary surgical cases.

4. The A. C. E. mixture (alcohol 1 part, chloroform 2 parts, ether 3 parts) best for children under three years, old people, extremely fat subjects, persons suffering from affections of the air passages or pleuræ with but slight embarrassment to respiration, persons with feeble or irregular cardiac action including fatty degeneration of the heart, cases of extreme abdominal distension.

5. Chloroform alone, or diluted with alcohol, in all conditions causing such narrowing of the upper air passages as to produce temporary or abiding difficulty in breathing, for example, tumours of the soft palate, aneurysm pressing on the trachea, laryngeal diseases, etc.; affections of the lungs or pleura attended by dyspnoea or cyanosis, for example, advanced phthisis, empyema, pulmonary œdema in the case of heart disease; marked atheroma; all operations within the upper air passages with actual cautery; operations in mouth or nose of too long duration to be performed after a full dose of ether, for example, cleft palate, epithelioma of tongue or floor of mouth; operations in which venous engorgement would constitute a serious difficulty or danger, for example, removal of glands at root of neck, tracheotomy, operations upon the brain or its membranes, etc.; advanced renal disease.

UNIVERSITY APPOINTMENTS.

After the death of the late Professor Young, of the University of Toronto, much interest was manifested by graduates, under-graduates, and other friends of the University, respecting the appointment of a successor. The "Canadian cry," with which we are in hearty sympathy when

it is kept within reasonable limits, was heard. Mr. Hume, a distinguished graduate of the University of two years' standing, who has been engaged in post-graduate studies at Johns Hopkins and Harvard Universities since he left his *alma mater*, was an applicant with very strong support. Among many other applicants was Professor Baldwin, who, we are told, is an author of repute, and has proved an able lecturer and teacher at Princeton, and Lake Forest, Illinois.

Although there were several candidates for the position it finally appeared that the choice lay between these two. Both appeared to be excellent men; the one having the advantage of being a graduate of the University and well versed in Professor Young's doctrines and methods, the other having the advantage of a certain amount of experience. Under the circumstances, perhaps, the Government did the best thing possible, and we certainly consider it a very graceful act on their part to give Mr. Hume, one of the ablest of our young graduates, further opportunities of making himself thoroughly proficient in his department.

While we are pleased to know that the decision of the Government has given general satisfaction to the majority of the graduates, we cannot but regret that there is not some better system of making such appointments. It seems to us that a wiser plan would be to have a sufficient staff of capable Fellows and Lecturers from among whom, in case of a vacant professorship, the selection of a new professor could be made. In this way, as an experienced man would always be chosen, there would be no risk of raising to the dignity of a professor one who might subsequently prove to be incompetent.

NOTES.

DR. NORMAN KERR'S work on "Inebriety" has been translated into Russian and published in Moscow.

DR. CARL KOLLER, who has achieved such world-wide renown in the discovery of the application of cocaine as a local anæsthetic, has been appointed Instructor in Ophthalmology at the New York Polyclinic.

A NEW REVIEW, *The Journal of Cutaneous and Syphilitic Diseases*, is announced, to be edited by Dr. Henri Fournier, with the collaboration of Drs. Buchin, Buret, Gaudin, Renouard, of Paris; Lassalle, of Montpellier; Martin du Magny, of Bordeaux; Schnell, of Marseilles; Mr. Alfred Cooper, of London, etc. The aim of its founders is to popularize the study of dermatology.

THE AMERICAN ACADEMY OF MEDICINE is endeavoring to make as complete a list as possible of the alumni of literary colleges, in the United States and Canada, who have received the degree of M.D. All recipients of both degrees, literary and medical, are requested to forward their names at once to Dr. R. J. Dunglison, Secretary, 814 N. 16th Street, Philadelphia, Pa.

THE EFFECTS OF THE PROLONGED USE OF ARSENIC.—Mr. Jonathan Hutchinson, in his *Archives of Surgery*, writes: "My experience in its medicinal use has been very considerable, and my impressions as regards its effects when long continued are certainly very different from what we have recently seen so freely expressed. I never knew a patient became fond of arsenic, or experience agreeable effects from its long continuance. On the contrary, nothing but anxiety to be rid of a loathsome skin disease will induce the majority of those for whom it is prescribed to continue taking it. Its general effect, if pushed, is not to give vigour, but to diminish it, and make the patient feel apathetic and uncomfortable."

RESULTS OF THE FALL EXAMINATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS:

Primary Examination.—C. P. Abraham, Hamilton; W. A. Baker, Stouffville; O. L. Berdan, Strathroy; T. E. Bennett, Toronto; F. Cairn, Montreal; J. S. Campbell, Desoronto; Clara Demorest, Napanee; J. A. Gibson, London; A. H. Hough, St. Catharines; D. L. Heggie, Brampton; A. F. Irwin, Chatham; P. Lundy, Newmarket; D. A. Muirhead, Carleton Place; J. J. Moore, Shirley; C. W. Morey, Toronto; J. A. Millican, Bellwood; M. V. Mulcahy, Orillia; J. M. McClelland, Bonsfort; D. McLéan, Elmgrove; C. T. Noble, Sutton

West; T. Page, Concord; L. E. M. Pomeroy, Tweed; J. A. R. Robinson, Brampton; P. Robertson, Ridgetown; T. Russell, Alton; G. H. Shirton, Attercliffe; R. H. Stevens, Chatham; F. H. Sherk, Berlin; and C. A. Temple, Toronto.

Final Examination.—F. J. Bateman, Christina; O. L. Bordan, Strathroy; E. M. Clerihew, Kingston; W. P. Chisholm, Hamilton; Lelia Ada Davis, King; A. D. Ellis, Toronto; G. Gordon, Toronto; A. Gaudier, Kingston; E. W. Gemmell, Almonte; W. H. Groves, Burnhamthorpe; J. M. Henwood, Toronto; W. Hamilton, Beaverton; W. H. Mulligan, Toronto; H. J. Millen, Toronto; R. A. MacArthur, Toronto; D. A. Muirhead, Carleton Place; J. A. Millican, Bellwood; M. V. Mulcahy, Orillia; C. J. McNamara, Walkerton; T. S. McGillivray, Kingston; W. P. Pratt, Ottawa; W. R. G. Phair, Uxbridge; L. E. M. Pomeroy, Tweed; J. H. Reid, Dundalk; J. W. Rowan, Toronto; E. Ryan, Kingston; J. T. Rogers, Gananoque; F. H. Starr, Brooklyn; F. N. G. Starr, Toronto; J. R. Stone, Toronto; E. Lands, Sunbury; O. Sisley, Toronto; R. H. Stevens, Chatham; W. W. Thompson, Deans; G. A. Whiteman, Shakespeare; and T. E. Webster, Fergus.

ONTARIO MEDICAL LIBRARY ASSOCIATION.—The following books have been received at the Library during the past month:

Presented.—A Treatise on Diseases of Women—Skene; from the author. Abdominal Surgery—Wyman; from Geo. S. Davis, Detroit. 147 Bound Medical Books, from Dr. Canniff. 15 vols. *The Lancet*, London, from Dr. Canniff. Medical Chirurgical Review: 11 vols. from Dr. Canniff; 24 Bound Medical Books, from Dr. W. B. Geikie. The Life Insurance Examiner—Stillman; from Dr. J. H. Burns. The Physiology of Women—Morrill; from Dr. Powell. Disordered Digestion and Dyspepsia—Woodbury; Geo. S. Davis. 2 vols. Revised Statutes of Ontario, 1887; from Hon. A. S. Hardy. Report of the Library Academy of Medicine, New York; from the librarian.

Purchased.—5 vols. Annual Universal Medical Sciences, 1889.

Presented.—6 vols. Bound Medical Books—From Dr. Canniff. 1 vol. Microscopical

Morphology of the Animal Body—Heitzmann ; from Dr. Heitzmann, New York. 30 vols Bound Medical Books—The estate of the late Dr. Campbell. 26 vols. Cyclopedia—Penney's ; from Mrs. Fransis, Toronto. 1 vol. Extra-Uterine Pregnancy—From Dr. N. A. Powell. 2 vols. Photographic Illustrations of Skin Diseases—Fox ; 1 vol. Manual of Obstetrics, Gynæcology, and Pediatrics—Fenwick ; 1 vol. The Elements of Physiology and Hygiene—Huxley ; 1 vol. Practical Observations in Midwifery—Ramsbotham ; 1 vol. Hospitals for the Insane—Kirkbride ; 1 vol. Ophthalmic Medicine and Surgery—Jones ; 1 vol. a Manual of Anæsthesia—Turnbull ; Clinical Lectures—Chambers ; A Course of Practical Histology—Schafer ; 1 vol. Obstetrical Transactions, 1880 ; 1 vol. A Treatise on Diet and Regimen—Robertson ; Report Montreal General Hospital—Osler, 1880 ; 6 vols. La Revue Medicale ; 1 vol. Maladies de l'Utérus—Bequerel, French ; Traite des Maladies ve Nériennes—St. Gervais ; A Treatise on Obstetrics—Meigs ; from Dr. A. A. Macdonald. 2 Reports Sanitary Convention—Michigan State Board of Health.

Purchased.—Hand Book for Coroners—Lee ; Diseases of the Nervous System—Charcot ; Lectures on General Pathology—Cohnheim.

Correspondence.

Editors of CANADIAN PRACTITIONER.

SIRS,—I wish to draw attention to the impropriety of the practice followed by certain specialists of Toronto, viz., having cards in the country papers, and visiting other towns and cities on stated dates. In a Peterborough paper I find the following :

DR. _____

THROAT, NOSE, AND EAR—Lecturer on Diseases of the Throat and Nose, _____, and late clinical assistant, Hospital for Diseases of the Throat, Nose, and Ear, _____, England. Office, _____, Toronto.

EYE, EAR, AND THROAT.

DR. _____

L. _____, L. _____, Lecturer on the Eye, Ear, and Throat, _____, Toronto, and Surgeon to the _____ and _____ Infirmary, consulting Oculist and Aurist to the Institutions for the Blind, _____, and for the Deaf and Dumb, _____, late

Clinical Assistant _____, _____, and Throat and Ear Hospital, may be consulted at _____, TORONTO.

Moreover special paragraphs appear to call attention to the cards, and the date of the intended visit of the medical men named to Peterborough.

Is it any wonder that the quack should boldly flaunt his "ad's" and his "circulars" in our faces, when two learned lecturers thus announce themselves to the public?

The two gentlemen whose names and titles are thus so fully set forth, should have more respect for themselves and more regard for the proper dignity of their profession than they show in resorting to such questionable methods. They have no right to place themselves on a level with ordinary advertising quacks. What a spectacle for the world to laugh at if all the medical men in the city and country should flood the papers with such interesting cards!

A plain business card, giving the name and residence of any medical man beginning practice, or in case of removal, is properly permitted, but the above cannot be excused. That they are in bad taste is obvious ; furthermore I hold that they distinctly violate our Code of Ethics (see page 17, art. 1, sec. 3). What valid reason can be given why these Toronto brethren should not conform to the ordinary rules and practise their profession where they reside, visiting other towns and cities professionally only when sent for. If they persist in their present course it will be only proper if the professional brethren in the locality shall discountenance them altogether.

Yours, etc.,

Guelph, Oct. 21st. ANGUS MACKINNON.

Book Notices.

Hygiene and Public Health. By Louis C. Parkes, M.D., D.P.H., Lond. Univ., Fellow of the Sanitary Institute, Assistant Professor of Hygiene at University College, London, etc. London: H. K. Lewis.

Dr. Parkes is generally recognized as one of the best teachers of hygiene in the world. He conceived the idea that a small work on the

subject, concisely and clearly written, would be valuable to students and general practitioners. As a consequence we have this book of 460 pages, published by H. K. Lewis, of London, in a very creditable style indeed. The formation of local boards of health in various parts of our Province compels our physicians to study the law of public health, if they be not already inclined to such studies. Most of our text books on the subject are either too voluminous for busy practitioners, or too elementary. Without discussing this work in detail we are of the opinion that it is the best available for the advanced medical student and the general practitioner.

Synopsis of Human Anatomy. By Jas. K. Young, M. D. Physicians' and Students' Ready Reference Series. Philadelphia: F. A. Davis, Publisher, 1889.

This volume adds one more to the already long list of cram-compends and time-savers now offered to students. For properly trained physicians such works can have no value. For students' use they may be either helpful or harmful. Which it is that they will prove to be will depend upon the way in which they are used. Being based upon "Grey" and other standard works, the information contained in this particular book is accurate and reliable so far as it goes. But then it only goes far enough to make the book a good set of notes for rapidly reviewing work done in anatomy by dissection, and by the study of more complete systems.

Should a student attempt to get up his anatomy from this book, or from any similar one, the result could only be hurtful and disappointing. As a dissecting room guide, Dr. Young's work is still less to be recommended. Its arrangement being by systems, and not regional, it can in the study of practical anatomy, never enter into competition with the well known "Ellis and Heath," or with other excellent volumes of Cunningham's. The best that can be said of it is that throughout it is one of the best of its kind, that the tables upon surgical anatomy and upon the cranial nerves in the back of the book are admirable, that if used properly it will be a real help in preparing for examination, and that it is well printed and bound, and fairly well illustrated.

Gynæcological Electro-Therapeutics. By Horatio R. Bigelow, M.D., Member of the American Medical Association, Fellow of the British Gynæcological Society. With an introduction by Dr. Georges Apostoli. London: H. K. Lewis; 1889.

This book is written by an enthusiast, who has had as good opportunities of studying the methods of Apostoli and others in Gynæcological Electro-Therapeutics as any man living. We have imbibed only a small portion of the enthusiasm of Bigelow, Apostoli, and others, but we cannot close our eyes to the importance of the subject. Even the stony scepticism of the Britishers has been mercilessly shaken, as evidenced by the conversion of Keith, Playfair, and others. Out of the various discussions that have arisen we must learn to attach some virtues to electro-therapeutics. We have in this book an introduction covering thirty pages, written by Dr. Apostoli. In the remaining nine chapters the author describes the fundamental laws, the appliances, and the therapeutics of electricity. He explains the electric treatment in the following conditions: fibroids, hypertrophies, subinvolutions, and displacements of the uterus; inflammations of uterus and appendages; disorders of menstruation; hæmatocele; some hysteroneuroses: stenosis of the cervical canal; erosions of the cervix; and nausea of pregnancy.

Wood's Medical and Surgical Monographs.

Consisting of original treatises and of complete reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Vol. iii. No. 2, August, 1889. Wm. Wood & Co., Medical Publishers, 56 and 58 Lafayette Place, New York.

Contents: The Treatment of Syphilis at the Present Time: by Dr. Maximilian von Yrissl. The Treatment of Inebriety in the Higher and Educated Classes: by James Stewart, B.A. Manual of Hypodermic Medication: by Drs. Bourneville and Brieon.

Contents of the September number: Congestive Neurasthenia and Nerve Depression: by E. G. Whittle, M.D., F.R.C.S., Eng. The Art of Embalming: by B. W. Richardson, M.D., F.R.C.P., London, Eng. This is not only an interesting dissertation on the subject, but in addition, a practical hand-book of the art

Pyscho-Therapeutics, or Treatment by Hypnotism: by C. Lloyd Tuckey, London, Eng. The prevailing opinion that hypnotism is so thoroughly given up to quackery as to be unworthy of careful scientific investigation and application is hardly justified by the standing it has obtained in the highest medical circles abroad under the name of Treatment by Suggestion, and it has so far attained its fullest development in Holland, where in every large town it is followed by at least one well-qualified practitioner; while in Germany, Russia, Sweden, and indeed every European country, its position is secured by the support of leading physicians, and by the success attending their practice. Pathology and Treatment of Tuberculosis: by Dr. H. von Ziemssen, Munich. Sexual Activity and the Critical Period in Man and Woman: by Dr. Louis de Séré, Paris, France.

Cases of Supra-Pubic Cystotomy. By L. Bolton Bangs, M.D., 31 East 44th Street, New York City. Reprint from the *New York Medical Journal*.

A Year's Experience with Apostoli's Method, with Reports of Cases. By A. Laphorn Smith, B.A., M.D. Reprinted from the *American Journal of Obstetrics*.

Personal.

Dr. A. W. Stinson is in practice at Castleton, Ont.

Dr. Chambers has opened an office on Bay Street.

DR. PERFECT has opened an office at West Toronto Junction.

Dr. GEO. M. McMicking, Goderich, has removed to this city.

Dr. Wallwin has removed from Shaw to Simcoe St., corner Richmond.

Dr. John R. Stone (Toronto University '89) has located at McKellar, Parry Sound District.

Dr. B. E. McKenzie, who has recently been elected a member of the American Orthopædic Association, has also been appointed as consulting orthopædic surgeon to the Hospital for Sick Children, Toronto.

Obituary,

DR. F. KRAUSS.—Dr. Frank Krauss died suddenly at his residence, in Toronto, October 17th, from heart disease, in the 41st year of his age. He was known for many years as a young man with fine attainments and unusual ability. He graduated in 1883 in Trinity University with high honors. He never had an extensive practice in medicine, and was better known in his connection with the daily press of Toronto. At different times, before and after graduating, he held editorial positions on the *Mail, Globe*, and *Empire*.

Books and Pamphlets Received.

Atropine in Enuresis. By W. P. Watson, A.M., M.D.

Reformation in the Practice of Medicine. By J. E. MacNeil, M.D., Denver, Colo.

The Fatality of Cardiac Injuries. By H. A. Hare, M.D. Reprinted from the *Medical and Surgical Reporter*.

Practical Notes on Urinary Analysis. By Wm. B. Canfield, A.M., M.D. Reprint from *Maryland Medical Journal*.

The Effect of the Entrance of Air into the Circulation. By H. A. Hare, M.D. Reprinted from the *Therapeutic Gazette*.

The Value of Creasote in Fifty Cases of Diseases of the Air Passages. By Wm. Perry Watson, A.M., M.D., Jersey City, N.J.

Urinary Calculus and Lithotomy. By Thos. W. Kay, M.D., Scranton, Pa. Reprinted from the *Maryland Medical Journal*.

Monatlicher Anzeiger über Novitäten und Antiquaria aus dem Gebiete der Medicin. Josef Safa. Wien viii. Schloßelgasse 24.

Studies in Clinical Medicine. By Byron Bramwell, M.D., F.R.C.P., Edin. Vol. I, No. 8. Edinburgh: Young J. Pentland, 11 Teviot Place.

Miscellaneous.

THE BREEDING OF SINNERS.—The French Government hopes, apparently, by promoting marriages between male and female convicts, to bring back these stray sheep into the fold of morality and good conduct. Arrangements have been made to facilitate these unions, but physiologists and pathologists must feel sundry qualms as to the expediency of such a course. The physical and moral degradation of many of these social waifs is distinctly hereditary, and a careful moral training (which is not provided for) would, at the most, only modify the tendencies which have brought them within the clutches of the criminal law. The son of a poet is not of necessity a poet, but the offspring of a bawd or an assassin is extremely likely to develop the same proclivities. If even one of the parties to the transaction were worthy of respect some regeneration might be hoped for, but the association of two hopelessly abandoned bodies and souls is not calculated to improve matters in any respect whatever.—*The Hospital Gazette.*

PHYSICIANS AS FINANCIERS.—Physicians are generally admitted to be exceedingly poor financiers. There is probably no class of men who realize so little financially from their labors. Persons are often astonished in how straightened circumstances many physicians (who were known during life to have had large practices), on dying, leave their families. They lived moderately, indulged in no luxuries, yet, after all debts have been paid there will be left to the families of each one, probably only a very unostentatious dwelling.

For the last twenty-five or thirty years, efforts have been made to simplify the business books of physicians, so that as little time as possible would be required for a medical man to enter his charges, and keep something like a systematic account of his business. It has been found impossible for one engaged in the active practice of medicine to keep what is called a day-book, cash-book, and a ledger, for with such a set of books, oftentimes not having time to enter any charges for two or three days, he will frequently forget many items. Then again, frequently he will let his ledger go unposted for

weeks and months, and when called upon to make out a bill, he will, in consequence, not be able, and will be, under the necessity to ask the applicant to call again.

Visiting lists have been constructed to enable physicians more easily to keep account of their services; and they have certainly been of great use. We feel sure we have saved many dollars which, without them, we would have lost.

One of the very best books that we know of for a physician, in which he can keep an account of his services to all his patrons, is "Bernd's Physician's Register." For a physician to keep one of these, requires no skill, no knowledge of book-keeping. A ten year old child can master it. If a doctor cannot, with one of these, register all his business, so that he can know at any time who owes him and who does not, there will be no hope of being able to devise anything for him so that he can keep an account of his business.

We consider members of the medical profession are under great obligation to Messrs. Henry Bernd & Co. for their Register. We hope they will have a large sale, not for the sake of the Bernd's merely, but for the sake of the families of physicians.

Births, Marriages and Deaths.

BIRTHS.

PARRY.—At 312 Bathurst Street, Toronto, on October 16th, the wife of Dr. W. J. Parry of a daughter.

BRIDGLAND.—At Bracebridge, on Saturday, October 12th, the wife of Dr. Bridgland, of a daughter.

MARRIAGES.

GORDON—WILSON.—On the 15th instant, at "Edgewood," College Avenue, the residence of the bride's father, Gilbert Gordon, M.D., L.R.C.P. and S., to Minnie, third daughter of William Wilson, of Toronto.

DEATHS.

ARTHUR.—At Chapleau, Ont., on the 19th inst., of diphtheria, Gerald Stuart, infant son of R. H. Arthur, M.D., aged two weeks.