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THE

# Canadian Medical Review.



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## Original Communications.

### Notes on an Epidemic of Herpetic Tonsillitis.

BY JOHN R. HAMILTON, M.D., PORT HOPE, ONT.

THE discovery of antitoxine has made the study of the etiology and pathology of diphtheria one of supreme importance at the present juncture, as many of the profession must look with suspicion at the marvellous success claimed by its advocates, and the 60 to 80 per cent. of recoveries will be taken for some time to come *cum grano salis*, notwithstanding the assertion of the pathological microscopist that the Klebs-Loeffler bacilli was discovered in all cases prior to investigation or experimental treatment by injection. The rank and file of the profession may well be justified in having their doubts, both as to the possibility of all being cases of true diphtheria, and also to the great and unusual success being due wholly to this new serum, when we learn from the city of Berlin that such pathologists as Behring, Kaufmann and Virchow express with vigor entirely different opinions as to the curative or prophylactic powers of this much-lauded equine serum. The opinions of these earnest investigators must not be taken flippantly, as they have been formed no doubt after careful and pains-

taking observation in laboratories where nothing is done in a perfunctory manner, and in such as we do not possess in this new country. This quality of doubt which is so important a factor in medical science, and which often arouses our hibernations, was forcibly brought home to me in an epidemic which occurred in my own county (Norfolk), which ran a very uniform course in nearly every case, and which, to the lay mind, resembled diphtheria so very much that any medical man might easily be pardoned for calling it such at the onset of the epidemic. The symptoms, in short, were an exudation on the fauces in exactly the same locality as we find the exudation of diphtheria, but not so ashen in color, and more readily soluble when removed. In some cases it was thick, and caused a slight hæmorrhage when removed, the tonsils and all the cervical glands swollen and the infiltration of the tissues of the neck caused enlargement in most cases, which was generally of short duration. I saw only one case where suppuration of a gland took place in a weakly and probably strumous subject. One symptom, which I have always found very marked in all epidemics of diphtheria, viz., pallor, was only marked in this epidemic by its absence, listlessness was also almost entirely absent, and only a few cases seemed to be troubled with drowsiness, and although we had difficulty in deglutition in some cases, the appetite was generally good, and in nearly all cases the amount of food was the average of that taken during health. I could find no authentic cases of paralysis as a sequel in any case, a nasal twang in the voice being present for a few weeks in a few cases, but as a rule convalescence was rapid, as might be expected in a disease where the great vital centres were so little injured. Of this very unique form of angina we had hundreds of cases in our village and neighborhood and in the county. I have heard the number of cases estimated in the thousands; in fact, scarcely any family escaped a visitation from it, yet we had not a single death from either the disease or its sequelæ, and I have taken pains to know the true facts from all medical men interested; in fact, many, of the cases had no medical attendance at all, for, as the epidemic proceeded and no deaths occuring, the laity concluded it was as harmless as chicken-pox; and their conclusions were evidently well founded that the disease which resembled in some points diphtheria was self-limited.

Now, as every medical practitioner has not the time or material at his disposal (neither does he always understand the bacillus when found) for making a culture test, so, in order to somewhat clear our clouded minds as to what place we should assign this angina, one of my medical friends sent a piece of membrane to the Ontario Board of

Health for Examination, when he was promptly informed by telegram the next day that it contained the microbe of diphtheria. This only made the cloud denser, as the case of the little girl from which it was taken was in no sense any worse than scores of other cases in this epidemic. She had no more pallor, and made the same uninterrupted recovery as the others did, followed by no sequelæ of any nature. The question that naturally arises, in view of these details, is, whether the contention of some eminent German pathologists, that the Klebs-Loeffler bacillus is present in many other anginas than diphtheria, is not well founded. Granting that no error was made in this case, and the microbe of Klebs fully and satisfactorily discovered in such an epidemic as I have described, which can never be comprehended as true diphtheria, as the fact of having not hundreds but thousands of cases in one county without a death, proves conclusively that the idea cannot possibly be entertained for a moment by any student of medicine, and a practitioner reporting one hundred cases of genuine diphtheria *without a death would be immediately classed as an ignoramus.* Does it not follow that we must pause and ask if all the cases reported as diphtheria were of the true and deathly type we have too often seen. Will we, having these facts in sight, conscientiously send every sick child to the Isolation Hospital on the strength of the discovery of the Klebs-Loeffler bacillus? Will we close all our public schools and institutions where children congregate, when the Central Board of Health report this microbe as present on the fauces of some indisposed child?

I hope we can answer these questions in the near future, when we see the doctrine of Hausmann a fixed pathological law, viz., that the Klebs-Loeffler bacillus is found in other regions than on the fauces in cases of true death dealing diphtheria, and that we will have to fall back on the general features of an epidemic before we pronounce it herpetic tonsillitis, or true diphtheria, and not rely on this microbe alone, which will bear a little further investigation as the sole cause of our much-dreaded diphtheria, probably as many doubts will surround it soon as now appears to surround the cholera bacillus, which appears to have been found in heterodox places, and, to the disgust of the microbe worshipper, has not invariably left the death-scourge in its track.

In conclusion, then, how grave is the duty the examining pathologist, who assumes the onus of directing the outgoing and incoming of all who are in any manner afflicted with angina. Can he yet specify as an absolute fact whether he has an epidemic of diphtheria, or whether he has nothing but herpetic or follicular tonsillitis? Is he satisfied that the Klebs bacillus is the only true cause, and is its

presence *always* a precursor of the disease we all so much dread? As I said before, time will probably reveal to us the true facts in reference to the pathogenic microbe which has lately kept the medical lights of Europe on the rack, the effect of which will be, no doubt, to make us all think that rather much faith has been placed in the etiology of all disease being due to a specific microbe, regardless of other factors.

# Clinical Notes.

## Foreign Bodies in Intestine Simulating Gall Stones.*

BY C. M'KENNA, M.D., TORONTO.

WAS called in urgent haste to see Mrs. D——, aged 46. About an hour previous to my visit she had a severe chill, accompanied by vomiting of tenacious mucus, tinged with bile. A few minutes after the vomiting a violent pain seized her in the right portion of the epigastrium.

When I arrived I found her writhing with agony, and throwing herself from one side of the bed to the other; the surface was cold and covered with a clammy sweat. She complained of severe pain radiating through the shoulders and back, but the situation of the greatest pain was in the region of the gall bladder, which was also exquisitely tender.

After the hypodermic administration of morphia and atropine, and the application of hot fomentations the pain entirely ceased, and as the patient was now feeling fairly well I left, first instructing the nurse to search the stools carefully for a gall stone. When I visited the patient the following morning I found her deeply jaundiced; there was extreme tenderness extending from the lower margin of the liver to the umbilicus, temperature 102°. As there was now no vomiting I administered opium freely, and ordered the hot fomentations to be continued. Under this treatment she continued to improve, and in two or three days was apparently well. I now prescribed phosphate of soda, and ordered the inspection of the stools to be continued. In one week from the date of my last visit I was hurriedly summoned in the night, and found the patient in precisely the same

* Read at the Toronto Medical Society.

condition as before; the same routine was gone through with a like result. After remaining well for eight or ten days she was again attacked, but the pain and tenderness did not at this time cease entirely, and for several days there were slight exacerbations. She now began to pass by stool the specimens which I here offer for your inspection. They were voided in lumps imbedded in tenacious mucus, and continued to come away for seven or eight days. After the last of these little bodies had made their appearance (and there must have been two or three handfuls of them) there was passed by stool an ounce or more of fine black powder, hard and gritty, closely resembling powdered coal. I am sorry I cannot show you this substance, as it was thrown out before I could obtain possession of it I examined it, however, and it presented the appearance described.

During the course of her illness, careful palpatation, owing to the obese condition, failed to discover anything like a tumor. I had almost forgotten to say that in the month of July last I attended her during a severe attack of gastro-intestinal catarrh. Since the disappearance of these little substances about two weeks ago she has remained entirely well.

After showing these specimens to Dr. W. Oldright, and having them examined, I questioned her closely as to what she had been eating lately, and she assured me that she had not eaten anything containing seeds since last summer. During the summer of last year, however, she ate large quantities of berries and tomatoes. This admission will, I think, explain the nature and cause of her severe attacks.

The question arises, Where did these mischievous little fellows take up their abode? Was it in the transverse arch of the colon, or where? At any rate they must have been very affectionate, for they evidently stuck together like brothers. These little bodies were berry and tomatoe seeds.

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ALBUMINURIA AS A RESULT OF VACCINATION.—Peiper and Schnaase (*Wiener klinische Rundschau*, February 9, 1896) report that in seven instances among a hundred and twenty-two primary vaccinations—*i.e.*, in 5.73 per cent.—they have observed traces of albumin in the urine. In cases of revaccination they have found the occurrence of albuminuria somewhat more frequent; they have observed it ten times in fifty-four cases. They say that there seemed to be no connection between the occurrence of albuminuria and the number of the pocks, and that it does not appear probable that the elevation of temperature had any influence.—*N. Y. Med. Jour.*

# Selected Articles.

## The Operative Technique of Vaginal Hysterectomy.

BY CHARLES JACOBS, M.D., BRUSSELS, BELGIUM.

### THE TYPICAL OPERATION.

*Uterus of Normal Size, Non-adherent or Slightly Adherent.*

*Instruments*:—A perineal retractor, two lateral retractors, a pair of strong scissors, two traction forceps, six long forcipressure forceps, a thermocautery.

The perineal retractor being in position upon the fourchette, the operator seizes both lips of the cervix in a traction forceps and drags down the uterus as far as possible; then, holding the forceps vertically in his left hand, he draws the neck toward the pubis, in order to place the posterior *cul-de-sac* well upon the stretch; the two lateral retractors assist in exposing this region. With the thermocautery in his right hand, he makes a semi-circular incision upon the posterior surface of the neck, after which the assistant on his left takes the traction forceps in order to free the left hand of the operator. The latter then catches, with a long dissection forceps, the lower edge of the incision made by the thermocautery, and continues the dissection into the deep tissues, still by means of the cautery, which he holds as close to the cervix as possible. The opening up of the posterior peritoneal *cul-de-sac* is rapidly done and is greatly assisted by the use of the fingers.

The traction forceps are now drawn vertically toward the fourchette and a semi-circular incision, the ends of which should unite with those of the first incision, is made upon the anterior surface of the neck with the thermocautery. The dissection of the cellular tissue is accomplished by means of the finger, which should separate the bladder and the ureters by a "to-and-fro" movement; the lower vaginal portion of the cervix also being completely dissected from its attachment to the cellular tissue by the same means. The peritonæum, which appears at the bottom of the wound, is caught up by the operator and incised with scissors, the opening being further enlarged by the fingers.

The index finger is now introduced through the open pouch of Douglas and examines the body of the uterus and the condition of

the appendages. The separation of these organs from their adhesions to neighboring tissues is aided by the steady traction exerted by the other hand of the operator, which holds the forceps upon the uterine neck. The thumb and index finger of the left hand then grasp the entire thickness of the tissues which unite the neck laterally with the neighboring tissues, and which always includes one or two vaginal arterioles. These tissues are firml compressed by forcipressure forceps with a short bite, placed along each side of the cervix, and are then divided. After this proceeding, the uterus descends considerably.

In order to extract this organ, it only remains to draw strongly upon the traction forceps, a finger being introduced at the same time into the anterior *cul-de-sac* to give the body of the uterus a swinging motion in an outward direction; the appendages follow. A long pair of forceps are placed, on the outer side of the appendages, upon the broad ligament; if the uterus be large and the vascular system greatly developed, I do not hesitate to use two forceps, the lower one assuring hæmostasis of the uterine and the upper of the ovarian artery. The incision is made on the inner side of these forceps and the uterus is removed entire with the appendages. The patient has not lost five grammes of blood. The "typical" operation, performed by this method, takes from two to five minutes.

*Large, Adherent Uterus, without Attachments.*

The beginning of the operation is exactly similar to the preceding—that is to say, we detach the cervix from its insertion in the vagina by means of the thermocautery, we open up the anterior and posterior *culs-de-sac* and place laterally on the neck two long forceps, which enable us to dissect it out without hæmorrhage.

We now divide the anterior lip of the cervix in the median line, and traction forceps are placed to the right and left of this commissure. The left forceps is handed to an assistant, who draws forcibly upon it in a downward direction, while the operator holds the right forceps in his left hand and the scissors in his right. The cervix is divided at the median line as high up as possible and from before backward. Two traction forceps are fastened upon the edges of the wound, one on the right and the other on the left, one branch of each being in the uterine cavity and the other fixed upon the anterior surface of the cervix or uterus. Traction is maintained by continuous action upon these forceps. Those adhesions holding the uterus in the pelvis, which are most accessible, are now divided and the median incision is continued. As a deeper portion of the anterior surface of the uterus appears it is divided, and two extra traction forceps are applied as

high as possible upon the lips of the incision. When the fundus is reached, the last adhesions are broken up by the finger and a swinging motion outward is given to the uterine body, in which manœuvre a finger placed behind it is of marked assistance.

When the uterus is delivered, the appendages come at once within reach and are seized and drawn down as far as possible. One or two forcipressure forceps are then applied to the broad ligament outside the annexa and control the uterine and ovarian arteries. Here, also, the uterus is removed entire with its appendages.

It often happens that, during the rocking motion given to the uterine body, the cervix, if large and somewhat elongated, tends to fall back into the cavity of the vagina. By drawing upon the first two traction forceps, which should always be left in place, the whole organ can easily be drawn down.

It is an essential point in placing the forcipressure forceps always to protect the bite of these instruments upon the index finger passed in front and the thumb passed behind the ligament, that we may be certain not to injure any organ, whether intestine or omentum. In the same way, section with the scissors should always be carried out with the greatest care.

The cases of uterine prolapse, which occur in this category, often present great difficulties on account of the thickness of the vaginal mucosa, the great vascularity, the elongation of the cervix and the formless condition of the portio vaginalis. Here, also, one must be very careful not to wound either the rectum or the bladder. I have always found, in cases of prolapse, that the operation is longer and more difficult than in other cases.

### *Cancer of the Cervix.*

After having freed the cervix from all friable tissue by the sharp curette, I increase the traction forceps over its entire circumference; that is to say, in order to draw down the uterus I use four, six, eight, or ten traction forceps—a method which prevents any of the forceps from slipping and tearing the tissues.

With the thermocautery, I then incise widely the vaginal mucosa all around the neck, for a good centimetre in length of the diseased tissues, as far as the cellular tissue. The freeing of the bladder and of the rectum is accomplished by the finger. If, unfortunately, the bladder be torn at the time of operation, the wound should be closed immediately with interrupted sutures. I open the anterior and posterior *culs de-sac* with scissors, the finger being used to protect the broad ligament. After this, the openings in the peritonæum are

enlarged by the fingers and the uterus is drawn down to the vulva by traction forceps. Two small forceps are then placed on each side of the lower vaginal portion of the cervix. Great care must be taken before closing the forceps that the integrity of the tissues is assured; the cervix is now entirely freed by the scissors. I am accustomed, next, to give a swinging motion to the uterine body, anteriorly or posteriorly, according to the greater facility given by its position and size. Two forceps placed outside the annexa, which follow the extraction of the uterus, assist very greatly in rapid total extirpation, and, in a measure, obviate the fear of infecting the pelvic peritonæum.

*Commencing Cancer of the Body.*

The method is the same. If it has lasted several months, the uterus has increased in size and become very friable, and extirpation may be *very difficult.* After opening the peritoneal *culs-de-sac* and completely freeing the cervix up to the level of the internal os, I perform median section, either anteriorly or posteriorly, according to the case; the danger to be avoided is the *slipping* of the traction forceps. This may easily be obviated by employing very small forceps and many of them, since with the cervix the multiplication of points of traction assists the operator very greatly and is an assurance that he will not see his instruments suddenly slip out of hand and the uterus rise in the pelvis.

By means of this method, pursued carefully as far as the fundus (which should always be protected by the finger), we reach a point when the uterus may be drawn down to the vagina and the operation completed by forcipressure of the broad ligament.—*The American Gynæcological and Obstetrical Journal*, March, 1896.

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CHLOROFORM AND ATMOSPHERIC PRESSURE.—Benedicenti (*Archives Ital. de Biologie*, xxiv. 3) obtains the following results by chloroform anæsthetisation of dogs and rabbits under varying atmospheric pressures: (1) Chloroform introduced by the œsophagus is mainly eliminated unaltered in the expired air. (2) The elimination of chloroform by the lungs is very considerable during to first half hour after its introduction; it then progressively diminishes, though persisting to some extent for a long time. (3) The action of chloroform is more rapid but less lasting if the atmospheric pressure is reduced. (4) The elimination of chloroform by the lungs is much more rapidly effected in animals subjected to very low pressures.—*British Med. Jour.*

# Society Reports.

## Toronto Clinical Society.

The regular meeting of this society was held on the 11th of March. In the absence of the President, Dr. Temple occupied the chair.

DR. L. MCFARLANE—RESOLUTION OF CONDOLENCE.

The following resolution was moved by Dr. J. A. Temple, seconded by Dr. A Baines, and unanimously adopted :

"Whereas, it has pleased Divine providence to remove by death, while in the discharge of his public, charitable duties, our esteemed fellow-member, Dr. Laughlin McFarlane, be it resolved,

"That we herein desire to give expression to the sense of loss this society has sustained in the death of one of its most honored and useful Fellows, and to bear testimony to the zeal and interest which Dr. McFarlane has always manifested in the work of the Clinical Society.

"That we fully recognize Dr. McFarlane's skill as a surgeon, and realize that in his death this society has lost an earnest and faithful worker, and a devoted exponent of scientific progress.

"Resolved that, as a society, we desire to extend to his widow our sympathy and sorrow in her bereavement."

The Secretary was instructed to forward a copy of the resolution to Mrs. McFarlane.

**Gonorrhœal Endocarditis.**—Dr. H. B. ANDERSON read a paper on Gonorrhœal Endocarditis. The patient was a man aged 23. His father had heart disease. Patient's previous history was unimportant. He was strong and robust. He contracted gonorrhœa, which was followed by orchitis. This was accompanied by chills and frontal headache, and general pains throughout the body. The tongue was furred, and he had the usual symptoms occurring with fever, which symptoms continued. Severe vomiting set in; he could not retain anything on his stomach. Was seen by the writer first on the 5th of February. Temperature, 102.1; pulse, 86; and the above symptoms accompanied with a good deal of nervousness, and restlessness were present. Symptoms were severer than would be expected from the orchitis. Heart and lungs normal. Spleen not enlarged; no eruption. Urine examined with negative results. Patient remained

the same for the next three days, temperature reaching 101.2, and finally as high as 103½; pulse, 108; respirations, 30. Physical examination revealed a systolic murmur at the apex of the heart. It was not traceable to the axilla, but was heard at the base and up into the neck. Temperature kept up for several days and then dropped to normal, gradual recovery taking place. He was discharged from the hospital in twenty-one days. Pathologically considered, the Doctor believed the course of events was as follows: The lodgement of the gonococcus in the urethra produced the purulent urethritis; then the organisms gained entrance to the blood stream, and were carried throughout the body, producing a mild form of septicæmia, evidenced by the chills, fever, pains and vomiting, there being no local condition sufficient to explain it. Some of the organisms deposited in the testicle caused the orchitis. Their presence in the blood produced the endocarditis. The gonococcus often was the only organism present in gonorrhœal rheumatism. The only way it could reach the joint was through the blood stream. These organisms were responsible for certain cases of spinal meningitis, pleurisy, etc. The Doctor then gave a resumé of the bibliography of the subject, all of which went to show that the gonococcus may produce a great variety of pathological conditions in the system.

DR. BAINES asked if the vegetations were due to the direct action of the gonococcus or to rheumatism. He also asked if the murmur was still persistent.

DR. PRIMROSE said that the reader had classified this case of endocarditis with the condition found in gonorrhœal rheumatism. In ordinary gonorrhœal rheumatism the affection of the joints did not occur in the acute stage but at a later period, when the gonorrhœa had become chronic. He pointed out that gonorrhœal rheumatism seldom goes on to suppuration. He asked, in the case reported, if the whole testicle was involved, or merely the epididymis. In most cases the epididymis alone was affected.

DR. COOK asked for the treatment of the urethritis.

DR. ANDERSON said that the murmur was present when he examined the patient last. He said that the rheumatic tendency favored the deposit of the gonococcus in the system. The vegetations were the result of the inflammatory process produced by the presence of the gonococcus. Cultures flourished more vigorously in acid mediums. The time at which the joints were affected depended entirely on the time of entrance of the organism into the blood stream. Perhaps it took a considerable number to set up the inflammation. He said that the orchitis affected the whole of the testicle. He had not super-

vised the treatment of the urethritis, but supposed it was treated in the usual way.

DR. SPENCER asked why it was that the gonococcus flourished in the eye, which was bathed in an alkaline secretion.

DR. ANDERSON said that he had thought of this anomaly, but was not able to explain it.

DR. COOK reported an interesting case of syphilis occurring in a professional man, the result of using a lead pencil which had been used by one of his clerks, who he suspected had the disease.

DR. FENTON was elected a Fellow of the Society.

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## Toronto Medical Society.

*President, DR. OLDRIGHT, in the chair.*

THE regular meeting of the Toronto Medical Society was held March 19th.

**Ulcer of the Stomach.**—Dr. N. A. Powell presented a specimen of ulcer of the stomach. The patient was a man aged 42, who was seized suddenly with violent pain in the region of the pylorus, accompanied by very marked collapse. The pain extended behind to the left shoulder-blade, a feature which the speaker considered characteristic. Morphia and hot fomentations were used to overcome the pain. The patient died within twenty-four hours. *Post-mortem* showed evidences of cirrhotic changes in the liver, the result of steady indulgence in alcoholic stimulants. The other organs were normal. There was commencing peritonitis. An ulcer was found in the posterior wall of the stomach, near the lesser curvature, toward the pyloric extremity. It presented signs of the presence of a previous ulcer, which had healed. Such cases were most frequently seen in girls about twenty and men about forty. In this case there had been no premonitory symptoms, the patient not having missed a day's work for many years. There had been, he believed, about thirty cases operated on; but there had been no success in any case unless the operation was done within twenty-four hours.

Dr. POWELL read the report of another case which he had obtained from Dr. Harvey, of Orillia. Patient was a girl, aged 18, who consulted the Doctor for treatment in June, 1894. She complained of never having menstruated. She was frequently troubled with rushes of blood to the head, but otherwise seemed to be in excellent health. After a few weeks treatment on manganese dioxide, the menses appeared, and two months later the mother reported her to be in

excellent health in every way. The Doctor was not consulted further till January 22nd, 1895. Patient was complaining of nausea, pain after eating, flatulence and constipation, the first symptoms having appeared five days before. An ordinary dyspeptic mixture was given. He was called to see her on the 26th of January. She was complaining of severe pain in the left side about the level of the fifth or sixth rib. Temperature and pulse normal. A dose of morphia relieved the pain. Next morning the father reported her much better. In the night she had complained of pain in the left shoulder and down the left arm. On the 28th she was feeling well and was anxious to get about. Continued well during the 29th; but on that evening the Doctor was sent for hurridly, the patient being much worse. She was suffering from very severe abdominal pain, tenderness, and tympanitis. Temperature 97 and pulse 150. Death ensued, No *post-mortem*. The case recited, the Doctor stated, was, no doubt, one of gastric ulcer. He considered where these cases were diagnosed early, they were suitable ones for operation. The edges of the ulcer were usually only slightly inflamed, and would in most cases unite by primary union. One or two cases had recently been reported where the ulcer was so rugged that the surgeon adopted an expedient that he, the speaker, had suggested, viz., making an anastomosis at the point marked with some part of the bowel below. This he considered would be easily done, and might be better than to sew it up. Where the ulcer is small its invagination and the use of Lembert's sutures in two rows would be sufficient.

Dr. McMAHON referred to a recent case which he had seen, where the operation did not take place till thirty-two hours after the onset. Recovery followed. He stated that at the height of digestion, the contents of the stomach were aseptic, and that it was not necessary that a little leakage should set up trouble. With regard to the anastomosis, he saw one objection: the food would not come in contact with the pancreatic juice and the bile. He called attention to the difference between collapse from perforation of the stomach and collapse from appendicitis, the escaped poison from the appendix being more virulent than that from the stomach.

Dr. CARVETH related a case in which perforation took place where the contents of the stomach escaped through the diaphragm lung, and burst into the bronchus. On the morning of the sixteenth day, corn and other contents of the stomach were coughed up.

Dr. GREIG referred to the pathology of these cases. Where they occurred in older people, atheromatous degeneration of the arteries was a basis of the trouble. Traumatism, as from the taking of hot foods,

hyperacity of the gastric juice and anæmia were also causative factors. A deteriorated condition of the blood was favorable to the production of an arterial embolus. The part of the stomach supplied by this artery became necrosed; the necrosed portion underwent digestion by the gastric juice, and thus lead to perforation. Persons whose occupation or dress caused pressure over the region of the stomach were more susceptible to this condition than others.

**Septicæmia.**—Dr. McMAHON related a case in practice. Patient, M S., aged 36, widow. Two children. Never ill before. He was called to see her one Sunday morning for a severe pain in the ear, which was readily controlled by a dose of morphia Following this she became very sick at the stomach. He thought at the time it was probably due to the morphia, but was doubtful of the fact now. She remained very ill. Temperature slightly elevated. On the Monday previous she had had some chills. On Wednesday, felt heavy chill, and on Thursday noon took hot rum and quinine; fell into a deep sleep. Had some headache on that day. He thought she had catarrh of the middle ear, the result of a cold. He had been attending her sister, the week before, for similar symptoms. Gave favorable prognosis. When he saw her on Wednesday, she said she had had a great deal of pain since Sunday. The pulse was very good, and up to this time the temperature was not high. The temperature on Wednesday was 103; a systolic murmur was noticed. Patient was sent to the hospital. Temperature, 104.4; pulse, 108. The fever remained high for three days. Dr. McPhedran saw the case with him on Sunday. Diagnosis: septicæmia, probably cranial. The question was whether it was due to malignant endocarditis or to middle-ear trouble. The patient had complained of dizziness on one or two occasions. At the time it did not strike the Doctor as important. The *post-mortem* showed pus in the petrous portion of the temporal bone and mastoid cells. Lymph was found over the meninges, extending to the lateral sinus. The purulent condition extended over about two square inches. He did not know whether the heart was examined. The Doctor compared this with a somewhat similar case he had a year ago, in which an abscess was found in the cerebellum. Dizziness was a prominent clinical symptom. In answer to questions, Dr. McMahon said, in the case reported pus was discharged from the middle ear after the patient became unconscious. The pain in the head was only severe at times.

Dr. POWELL said that some fifteen years ago he was called to see a case in consultation. The consultant having lost a similar case some time before within thirty-six hours decided to act promptly in the present one. In the case Dr. Powell saw, the patient was

unconscious and delirious. There was a history of chills and heavy perspiration. The temperature was 105. The drum membrane of one ear was bulging. He perforated the drum membrane and improvising a douche, washed out the ear after inflating with Politzer's bag. There was no discharge. He enlarged the per oration and inflated again, but still there was no discharge. He then introduced a probe, followed by forcible inflation, when an inspissated mass, followed by a large collection of pus, was evacuated from the ear. The next morning the temperature had dropped to 100, and the patient was conscious. A good recovery followed.

**Stone in the Bladder.**—Dr. PETERS presented a stone which he had removed by dilitation of the urethra from the bladder of a woman aged thirty-two. It was phosphatic in character. She had given a history of passing calculi before. Had suffered from constant pain and frequent micturition. The outside of the stone showed a marked granular condition; there was no appearance of attrition. He believed it was adherent to the mucous membrane. The urine was alkaline and contained albumen, sugar, pus and epithelial cells, crystals of tripple phosphates were also present. The woman was in the pregnant state, which may have accounted for the temporary glycosuria. He dilated the urethra, introduced his finger and could feel the stone. He removed it by using a pair of fenestrated forceps. It was three-fourths of an inch in diameter. Had he known it was so large, he would have crushed it.

Dr. POWELL pointed out the advantages of rapid dilitation of the urethra over slow dilitation. He referred to the method of crushing the stone and of its removal by an opening through the septum between the vagina and the bladder.

Dr. PETERS said that the order of procedure, according to his idea, was: first, dilitation and removal by forceps; second, by crushing with the lithotrite and irrigating; third, by super-pubic lithotomy.

**Perforating Typhoid Ulcer.**—Dr. CARVETH related the history of two cases of perforating typhoid ulcer. He referred to the cases for this reason: In one case great care had been taken, but perforation had taken place. The other case had been treated recklessly, and perforation had taken place. The first one had been sent from the country, the diagnosis not having been made. The patient had been up and about for two weeks. Taking worse he was sent to the hospital, perforation taking place on the way. Death took place in four or five days. Diagnosis was not made till the *post-mortem* The other was a case he had seen early in the disease and had sent to the hospital. Extra nursing and attendance had been given. In

spite of that, on the tenth day perforation took place, and death in four or five days. *Post-mortem* not held. An interesting point was that, although perforation took place at a certain time, there was no evidence shown in the character of the pulse until twelve hours after the pain had been felt in the abdomen. The diarrhœa continued after the perforation had taken place in one case.

Dr. GREIG asked if the patient had been treated on the eliminative plan. He had understood where typhoid cases were treated with large doses of sulphate of magnesia, large quantities of fluid being given, perforation never took place.

Dr. MCMAHON said that that was all buncombe; perforation did take place; he had seen lots of patients die when the purgative plan was used.

Dr. CARVETH said that the eliminative plan had been followed.

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STERILITY.—Graefe *(Centralblatt fur Gynäk)* gives the following causes of sterility: 1. Anomalies of the hymen or malformation of the genital tract. A very large vagina can also be the cause of sterility, as the sperma flows out immediately after coitus. 2. Vaginismus. 3. Excessive acid reaction of the vaginal mucus, which destroys the power of motion in the spermatozoa. 4. Narrow external or internal os, anteflexion, retroflection, endometritis, gonorrhœa, especially with involvement of the adnexa, neoplasms. 5. Constitutional diseases, as tuberculosis, syphilis, chlorosis, and obesity.—*N. Y. Medical Record.*

* * *

OLIVE OIL IN THE TREATMENT OF BRUISES.—Instead of having recourse to applications of arnica tincture, camphor spirit, and to strong compression of the swelling, in the treatment of light bruises, Dr. G. Auger prefers the use of olive oil, both in children and in adults. He applies the oil freely to the contused parts, and rubs the latter lightly with a rag, absorbent cotton, or with the fingers, and then covers the bruise with a compress saturated with olive oil. The author claims that this treatment gives immediate relief to the patient, and that the formation of a bloody protruberance is often prevented; while excoriations and superficial wounds, which may be present, heal very rapidly.—*American Medico-Surgical Bulletin.*

# Editorials.

## Council Examinations.

THE spring examinations by the College of Physicians and Surgeons of Ontario are now upon us, and we hear that but little change has been made in the manner of conducting them. Whilst wishing to give the Council and the examiners every support, we think that true friendship is best shown by a kindly criticism. First, sufficient time is not allowed the examiners for a thorough test in the "oral." Fifteen minutes for each student is not enough, especially when one such examination embraces two or three subjects. There should be a special examiner for therepeutics, and also one for gynecology as a separate branch.

Four or five hours a day is a good days work for an examiner, and we would point out a fact that is already well known to many, namely, that after a few hours steady work, with a fresh student every fifteen minutes, an examiner is not at his best, and may do an injustice to himself, the Council, or the student who is being examined.'

We take the liberty of suggesting to the Council the advisability of increasing the importance of the clinical and oral examinations, and of lengthening the time allowed for their conduct. Of compelling the students who present themselves to write their answers in a legible way, of raising the pass standard, and last, but not least, of increasing the payment given to the examiners. Their work is hard and they are worthy of suitable compensation. Whilst too much credit can hardly be given to the Council for the vast improvement which it has brought about in the condition of the profession, we think there is room to act with a free hand in raising still more the standard, not only of those who are seeking a license to practice, but also of those who are seeking entrance to the student rank.

We would like the Council to insist on a course of instruction in medical ethics; being assured that many of the younger members of the profession who go astray do so from ignorance. Can they be blamed for this when they are not taught, and when students know, that they can procure a license though they may be innocent of knowledge on this most useful branch?

## The Case of Dr. Playfair and Mrs. Kitson.

PERHAPS in the whole history of medical jurisprudence there has not occurred a more interesting case than the above. The high, social standing of the parties concerned renders it specially noteworthy. To medical gentlemen in Britain, Canada, the United States and elsewhere Dr. Playfair is known as a high authority on obstetrics, and the author of an excellent work on this subject. He is a brother of Lord Playfair. His wife is a daughter of Sir James Kitson, and the sister of the Kitson whose wife sued Dr. Playfair.

Mrs. Kitson was ill, and attended by Dr. William Williams. The case was serious, and Dr. Playfair, the brother-in-law of the patient, was called in consultation. He made an examination and performed an operation. He came to the conclusion that Mrs. Kitson had not been a faithful wife, as her husband had been abroad for over a year. This opinion he imparted to his wife and Sir James Kitson, the father-in-law.

Mrs. Kitson brought suit against Dr. Playfair to vindicate her character. The latter, instead of pleading the truth of his imputation, set up that his communication of the alleged facts was based upon his honest belief and was priviliged. He had a right, he said, to inform the members of his family, in order to protect them from a woman, who, in his opinion, was unfit for their society.

Justice Hawkins took the ground that where medical ethics and law conflicted the law must prevail. The judge did not think that an attending physician should impart the secrets of his patients to the public. He remarked to the jury that the theory that it was always the duty of a physician to inform the public prosecutor when he suspected that a crime had been committed was simply monstrous. He further remarked that if every medical man in the country testified that he had a right to betray a confidence under certain circumstances, it would not altar the law, or his responsibility under the law. He held that it was sufficient for Dr. Playfair to have requested his wife not to associate with Mrs. Kitson, without giving away the secret of his patient. Verdict was against Dr. Playfair. Damages, $60,000.

Cable despatches have it that the case will be appealed, and that the *British Medical Journal* will state editorially: "We confess to a feeling akin to sympathy with Dr. Playfair for the distressing result of the decision on his part as to the proper line of conduct in dealing with the painfully conflicting duties with which his path was beset. We find nothing in the circumstances to reflect severely either upon his clinical acumen or his moral rectitude.

"A truly unfortunate position was forced upon him by circumstances of the most difficult and, in fact, unprecedented character. Never before, as far as we know, has the tradition of medical secrecy been so severely tested. Dr. Playfair had to balance the grand traditions of medical confidence as against his duties between relative and relative. We find it difficult to say how any other man, placed in a similar position, would have acted, and we have yet to learn that those who censure him so freely would not have taken the same course. One thing is certain: this memorable and most painful trial strengthens and fortifies the great doctrine which has long made the medical profession one that is everywhere trusted and respected as the keepers and confessors of family confidence. But it does so at tremendous cost to an individual who is certainly guiltless of any evil intent, who acted, we fully believe, from the purest motives and under a strong sense of duty, which compelled him, in his opinion, to treat this case as a legitimate exception to the general rule."

This case goes to show that the safest course is to look wise, but to say nothing. The words of Justice Hawkins and the verdict of the jury, indicate that few (if any) circumstances justify a medical man in giving away the confidence of his patient. Never betray a professional confidence, unless forced to do so in a court of law.

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## Fees for Insurance Examinations.

TOWARDS the end of last year some of the large insurance companies in the United States, which also do business in Canada, made a change in their plan of remunerating their medical examiners, which affects the income of the insurance examiner, lessening it to a very considerable extent. Whilst the old tariff of $5.00 for each examination was in force medical men could afford to give the necessary time and attention to the cases, and the earnings of the various companies gave substantial proof of the ability and care bestowed upon the cases in the interest of the companies. With the present tariff, if the examiners give the necessary time, they rob themselves for the benefit, in many instances, of rich companies. The new tariff provides that in case of application for $3,000 insurance or under the fee is $3 00; in case of application for over $3,000, but less than $25,000, $5.00; in case of application for $25,000 or upward, short of $50,000, $7.50; in case of application for $50,000 or upward, $10.00. There are many cases where the amount applied for is $3,000 and under, and very few where the amount is $25,000 or over, so that it means

a very decided cut in the fee in most instances, with nothing to counterbalance it unless in an occasional exceptional case.

To us it would seem that the effect will be not only to lower the medical fee, but also indirectly to lower the standing of the companies, for medical men, who, by the way, often affect the reputation of a company, will not favor companies which only pay fees such as are offered by second-class companies. In some places vigorous protests are made against the innovation. Here, though there has been talk, as yet there has not been concerted action by members of the medical profession. From the low murmur of disapproval, however, there will be some result. Medical men of the first rank will see that they can ill afford to work for the lowered fee, and their places will be filled by men of less experience, unless the insurance companies see their false economy and restore the old tariff, which was anything but high.

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## The Rœntgen Rays.

THE attention of the medical and lay world has been strongly fixed for the past few weeks on the wonderful discovery, by Professor Rœntgen, of the "X" rays, and its practical application to the diagnosis and treatment of disease. The tendency to become over-enthusiastic as to its value in these respects should be prevented by the statement of Herr Rœntgen, made when called to give a demonstration before the Emperor, that its importance would likely be much over-estimated. However, its value in discerning anomalies of the bones of the hands and feet, the presence in them of bullets, needles and tuberculous foci, has already been demonstrated. Experiments show that gall-stones permit the passage of the rays, while renal calculi do not.

From the long well-known remedial action of sunlight, particularly of the violet ray, hopes have been running high that the "X" rays may be applied to the treatment of certain lesions; *e.g.*, pulmonary tuberculosis. Recent experiments, however, by Delphine show that on the growth of cholera, vibrio, bacillus coli communis, bacillus anthracis, the bacillus of typhoid fever, and the cholera bacillus, the rays had no effect whatever. However, more highly concentrated rays and longer exposure may give a different result.

At all events the discovery has given a wonderful impetus to investigations along this line by hundreds of scientists, and as a result we may assuredly expect revelations of very great interest which will, when practically applied, be of incalculable benefit.

CHICAGO Board of Health reports on the treatment of diphtheria by antitoxine are much in favor of its employment in that disease.

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INSANITY IN CRIME.—Editorially, *Longsdale's Lancet* says, in the February number, that when insanity is pleaded in defence of crime the court should appoint a commission of experts to examine into and pass upon the case. If they agree that the prisoner is insane, he should be confined until those capable of judging shall pronounce him sane. If pronounced sane, he should be tried on the evidence, the insanity dodge being eliminated.

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ONTARIO MEDICAL ASSOCIATION.—The Committee on Papers of the Ontario Medical Association have chosen the following leading subjects for discussion: In surgery, "The Operative Treatment of Mammary Carcinoma." In medicine, "The Treatment of Phthisis." In obstetrics, "The Treatment of Puerperal Sepsis." In reply to the general invitation for papers to the nearly 1,000 members, an excellent programme should be arranged. A big rally is expected at Windsor, June 3rd and 4th.

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THE establishment of a home for consumptives is being advocated in Chicago. The advisability of establishing it in a distant out-of-the-way place is illustrated by the Chicago physician, who left that city and located in a well-known western resort. He was seen some months after again in the city, and was asked why he returned. He replied by saying, "that he would rather die in Chicago than live to be as old as Methuselah in the mountains. In the city one could get everything except air; in the mountains nothing else."

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PROFESSORS AND THE ADVERTISING POSTAL CARD.—We have just received an immense post-card by mail, which contains, in type so large, that anyone may easily see the tremendous advantage to be gained by going to a western city of the United States to attend the Polyclinic. Though we have had something in this line before, our nervous systems were hardly prepared for the shock of an advertisement such as might be sent out from a patent medicine firm or a modern departmental store. We notice that all those who are to give instruction are Professors!!!—that "no effort will be spared to make the course eminently practical to the general practitioner." Special prominence is given to surgery, gynecology, skin and venereal

diseases—and all for "the special low fee of $35.00." Here surely is a chance that we should not miss—a sort of a "Friday bargain day" in four weeks, during which time, if one might judge from the illuring nature of the 8¾ by 4¾ inch post-card, the careful student would surely come out a specialist in most of the subjects. We regret to see on this card the names of men from whom we might expect a higher type of ethics. For further information address Dr. F. H., 176 E. Ch. Ave.

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DEEP HYPODERMIC INJECTIONS.—In an article in the *Medical and Surgical Reporter*, L. L. Ames recommends deep hypodermic injections instead of the subcutaneous. It causes no more pain, it is not necessary to hold the finger over the point of injection, there is no swelling, there is no discoloration, and seldom does any soreness follow.

* * *

FIBROIDS.—F. H. Martin, in the *American Practitioner* for March in an article on Fibroids, summarizes by saying that the cause of fibroids has never been satisfactorily determined; that they seldom occur before puberty, and seldom before twenty-five, while the greater number develop between thirty and forty years. The unmarried state predisposes to their development? Married women who prevent conception, while less liable to develop fibroids than unmarried women, are still much more prone to them than child bearing women. Child-bearing women are the least disposed to fibroid of the uterus. Negro women are predisposed to this form of neoplasm.

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CHRONIC RHEUMATISM.—Cantagrel, in *Medicine Moderne*, says that chronic progressive rheumatism is a disease of general nutrition, and differs widely from acute articular rheumatism, now believed to be an infectious process. Heredity is a powerful factor in its production; it is called into activity by damp, cold, exposure, hardship, strain and overwork. Flannel next the skin, the use of woollen bed sheets, change of residence and climate, suitable diet, massage and rubbing with alcohol, tonics (iron, cod liver oil and arsenic), he recommends in the way of treatment. The arsenic may be administered in the form of baths, one to eight grammes of arseniate of soda, and one hundred or one hundred and fifty grammes of bicarbonate of soda being dissolved in each bath. For deformity and stiffness, iodides are administered internally. Three or four months are needed before there is much sign of improvement.

MIDDLE-EAR INFLAMMATION.—For chronic cases of middle ear inflammation with suppuration, Dr. J. C Workman, in the *Columbus Medical Journal*, recommends cleanliness and disinfectants as the important measures of treatment. After inflation of the middle-ear cavity by Politzer's method, the discharge driven in the canal may be readily removed by the syringe or the cotton application. Then having thoroughly dried the canal, a very small quantity of boracic acid or other antiseptic powder should be insufflated. Weak solution of sulphate of zinc or nitrate of silver are often used. The frequency of cleansing should depend on the amount of discharge. Tonics, such as cod liver oil, iodide of iron, etc., are of benefit.

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ACETANILID, ITS ACTION AND USES.—Dr. William Martin, of Briston, Pa., states in the *Medical and Surgical Reporter*, March 14th, that the actions of this drug are of three, following: As an antipyretic it is of great value. In repeated small doses it reduces temperature in some cases, there is a gentle perspiration, followed by quiet sleep. The analgesia action of the drug is of the utmost value. During attacks of pain there seems to be marked tolerance for the drug. There is no danger of the person becoming addicted to it. The antiseptic action is of a pronounced type. It must be reduced to very fine powder and dusted on the wound. It displaces iodiform for two reasons: It is free from smell, and is more powerful as an antiseptics It is also cheap. Under it granulation is rapid and union goes on promptly.

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STATE RESTRICTION OF TUBERCULOSIS.—Dr. John L. Heffron, of Syracuse, in *Phila. Medical News*, for 15th February, contends that consumption should be regarded as an infectious disease. It is now fourteen years since Koch gave out his discovery of the bacillus tuberculosis. It has now been settled beyond dispute that a person may now become infected with tuberculosis by inhaling the bacilli, by using tubercular food, or through a wound. The dust in churches, schoolhouses, and houses where consumptives have lived is often found to contain many bacilli. Consumptives are allowed to travel where they please for their health, by train, boat, etc., without restriction or precaution. They put up at hotels, they stay with friends, and crowd health resorts, until the roadways are slippery with their expectoration. All this, the writer thinks is highly dangerous. All consumptive cases should be registered and properly instructed. When these instructions will not or cannot be followed, the State should forcibly isolate in the interests of others.

NEURASTHENIA.—J. R. Barbour, in the *American Practitioner* and *News*, contributes an article on Neurasthenia. He maintains that this disease is due to a toxæmia—a variety of poisons—sometimes bacterial, sometimes lithæmic, but most often the result of an auto-intoxication of the nervous system by its own excreta. Most remedies usually given do harm rather than good. The bromides are contra-indicated; iron is badly borne, as it upsets the stomach, constipates the bowels, and increases headache and backache; strychnine increases the spinal congestion, the seminal losses and the general irritability; alcohol, coca and kola diminish oxidation, like tea, coffee and tobacco; and nearly all remedies increase the nervous dyspepsia. The writer calls attention to diet, exercise, hydrotherapy, massage and electricity as the main factors to be relied upon in its successful treatment.

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SALINE SOLUTIONS SUBCUTANEOUSLY IN SHOCK AND HÆMORRHAGE.—Dr. George H. Rohe, in *Inter. Jour. of Surg.* for March, claims that the subcutaneous infusion of the physiological saline solution is of the utmost value in cases of collapse from shock or hæmorrhage. The solution he uses is common salt in water of the strength 0.7 per cent. This should be given at a temperature of 105°, F., to 108°, F., according to the degree of collapse. It is not necessary to inject into the veins or arteries. Indeed, he contends that these methods are irrational and dangerous. The solution should simply be injected beneath the skin. A pint or more of the fluid may be readily injected. All solutions and instruments must be thoroughly sterilized. The most convenient instruments are a stomach tube and a medium-sized aspirator needle. The author recommends a solution—a saline solution of the above strength, with the whites of two eggs to the pint. This mixture has given him uniformly good results.

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PHLEGMASIA ALBA DOLENS.—Dr. Joseph H. Raymond, in *Brooklyn Medical Journal* for March, states that this disease is of an infectious nature. The streptococcus is the organism that gives rise to the trouble, but that a suitable soil is required. In some cases, in spite of every care, the patient may have phlegmasia. In others, it comes on almost without febrile disturbance. In some instances there may be several cases in the same family. The treatment should be absolute rest and the free use of suitable nourishment and food. The patient should lie on the back, with the leg slightly elevated on a soft cushion. There should be no rubbing or friction of the inflamed leg. Intra-uterine disinfection makes these cases worse; yet the author at

this risk thoroughly cleanses the uterine cavity once. This will correct chronic fever in sapræmic cases. The nourishment should be milk and beef juice, predigested, if necessary. Whiskey should be given freely when stimulants are required. Digitalis for the rapid pulse. The patient is kept in bed for ten days after all symptoms have disappeared.

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EXOPHTHALMIC GOITRE.—Dr. R. C. M. Page, of New York, in *New York Polyclinic* for 15th February, has an article on this disease. He states that it was first described by Flajani in 1802. It has been called Graves' disease, Basedow's disease, cardiothyroid exophthalmos. It is not endemic, like bronchocele or simple goitre. It is found world-wide. Heredity appears to have little or no bearing on the disease. Its onset is frequently traced to some violent emotion or fright. The disease, to be complete, should have the symptoms: palpitation, enlarged thyroid gland, and protrusion of the eye-balls. But any one or more of these symptoms may be absent. The middle cervical ganglia of the sympathetic is given as the seat of the disease. These ganglia send nerves to the bottom of the orbit, the thyroid gland, and the heart. The coronary arteries become dilated, and the heart receives more nourishment than usual, and there is palpitation and enlargemeut. This enlargement is due to the palpitation, and the extra blood supply. The palpitation is usually the first symptom. After some violent mental emotion or shock the heart-beat goes up from 70 to 120 or 150. At this stage the disease may be arrested, and no other symptoms appear. After a time, in most cases, the thyroid gland begins to enlarge. This may be evenly on both sides, or on one side. The vessels in the neck pulsate forcibly. This is due to their dilatation from vaso motor disturbance. The increase in size of the gland is due tc the dilated vessels and infiltration of the gland tissue. Lastly, the eyes bulge forward. This may come on very suddenly, or gradually. It may occur in a few hours. This protrusion is due, in most cases, to increase of fat in the orbit and dilatation of the vessels. This dilatation may be so great as to prevent closure of the eyelids. There is a spasm of the levator muscle, and for this reason the upper eyelid does not follow the eye in looking downward. The symptoms of anæmia usually are present, as shown by pallor, hæmic murmur. The prognosis is now much more favorable than formerly. More cases recover than die. In the worst cases, death comes on after many years, from exhaustion, anæmia, malnutrition. Now, as to treatment. Ergot in any form the author has never found of any service. Electricity the author equally discards as a waste of time. Strophanthus is branded also as quite useless. It may be employed

sometimes, when digitalis cannot be borne by the stomach, but it has no influence over the disease. Thyroid extract is another useless substance. Meat-juice, milk, and beef-tea are better. For the control of the heart no drug yields such good results as digitalis. If the heart beats with great violence, veratrum may be ordered. But digitalis alone acts with any permanently good effects. Then the remedy that the author relies upon for the cure of the disease is potassium iodide. This goes to the very root of the disease. This aids in the absorption of superabundant tissue, the enlarged gland, the fat in the orbit, lessens the vaso-motor disturbance, and slows the heart. The anæmia may be treated with arsenic or Blaud's pills. The arsenic acts also as an alterative, and assists the iodide. The general regulation of the diet, bowels, and hygiene of the patient must be looked to.

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TREATMENT OF CONVULSIONS IN CHILDREN.—Dr. B. Sachs, of New York, in *N. Y. Polyclinic*, for 15th February, remarks that convulsions in children may be due to a number of different causes, as gastro-intestinal trouble, the onset of some acute disease, or the first symptom of acute cerebral or spinal diseases. Apart from the disease that may be coming on, the convulsion in itself is a danger to the child. One of the main duties of the physician is to stay with the patient until the remedies employed have acted. The first and most important remedy is the administration of chloroform. This should be given so as to control the convulsions. It should then be omitted, and on the first indications of a return, it should be again resorted to. In some cases, nitrite of amyl may be given along with the chloroform. This dilates the vessels. When the convulsions have ceased, the bowels should be thoroughly evacuated. The author favors controlling the convulsions before giving the enema, unless the convulsions are the result of acute poisoning. The child is then put to bed, and bromide and chloral ordered in fair doses, according to the age of the patient. If the stomach be very irritable, these should be given per rectum. If the cortical irritability is very pronounced and the danger of frequent recurrent attacks is imminent, it is a good plan during the first few days to give hypodermic injections of morphine. It should not be continued long, as it constipates the bowels. The stomach and bowels must be kept in a good condition. Doses of calomel or castor oil often is of much service after the convulsions have been arrested. In convulsions due to malaria, often primarily controlling the attack, the remedy to be given is quinine. This must be pushed to cure the malaria. The convulsions that occur at the time of dentition, is best treated as above indicated. The gums may be lanced. This can do no harm, but it rarely does any good.

# Book Notices.

*Consumption, Its Nature, Causes and Prevention, With an Outline of Treatment, for all Classes of Readers.* By EDWARD PLAYTER, M.D., of Ottawa. Toronto: William Briggs; Montreal: C. W. Coates; Halifax: S. F. Huestis. 1895.

We have before us a book of 340 pages by a Canadian physician. All must agree that the subject is an important one. The author states that "probably one-fifth or more of all the deaths of the human race is due to the 'great white plague.'" The work is divided into: (1) Nature and Causes of Consumption; (2) Prevention of Consumption; (3) Treatment of Consumption. The first two are discussed at length; the third section has only a few pages of general principles and rules. On the questions of causation and prevention, the author gives the views generally accepted regarding the disease. The treatment is intended for the lay reader mainly, and contains nothing as to the most recent methods, either by drugs or injections. There is much in the book to interest and instruct the general reader. The publisher has performed his share of the work very well. We hope the book may have a good sale.

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HYPERIDROSIS.—In the treatment of various forms of hyperidrosis, L. Heusner has successfully employed the following mixture:—

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| ℞ Balsam Peru | 1 grm. |
| Formic Acid | 5 grms. |
| Chloral Hydrate | 5 grms. |
| Alcohol | 100 grms. |

—*American Medico-Surgical Bulletin.*

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CORYZA.—According to Dr. R. Vuensche, of Dresden, the following formula can be recommended:

| | |
|---|---|
| ℞ Ichthyol | 1 part. |
| Ether | |
| Alcohol āā | 1 part. |
| Distilled water | 97 parts. |

M. Sig.: To be sprayed into the nose.—*Le Progrès Medical.*

# Selections.

INFLUENCE OF HIGH ALTITUDES ON THE BLOOD.—Drs. Gebhard, Fraenkel, and Grawitz have shown that there is a notable increase in the proportion of the number of corpuscles in the blood in persons who go from a low to a high altitude. This increase takes place in from twenty-four to thirty-six hours. It is possible that this fact may be one of the reasons for the beneficial effects of high altitude in cases of pulmonary tuberculosis. The increase in the red corpuscles is attributed to the desiccating effects of a high atmosphere.—*Modern Medicine.*

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"BLOOD PURIFIERS," "NERVE TONICS" AND ALCOHOL.—The following so-called "blood purifiers," "nerve tonics," and other remedies of similar character were recently examined by the Chemist of the Massachusetts State Board of Health, with reference to the amount of alcohol contained in them :

| | Percentage of Alcohol by Vol. |
|---|---|
| Ayer's Sarsaparilla | 26.2 |
| Thayer's Compound Extract of Sarsaparilla | 21.5 |
| Paine's Celery Compound | 21.0 |
| Hood's Sarsaparilla | 18.8 |
| Greene's Nervura | 17.2 |
| Allen's Sarsaparilla | 13.5 |
| Dana's Sarsaparilla | 13.5 |
| Brown's Sarsaparilla | 13.5 |
| Corbett's Shaker Sarsaparilla | 8.8 |
| Radway's Resolvent | 7.9 |

These are all vaunted remedies for "that tired feeling."—*Boston Med. and Surg. Journal.*

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PATHOGENESIS OF URÆMIA.—Ajello and Paraveandalo (*Lo Sperim.*) as the result of numerous experiments on animals, believe that uræmia is closely related to the presence or absence of an internal renal secretion. Just as other glands have internal secretions, so has the kidney. The authors found that animals, after unilateral nephrectomy and without any treatment, died in from eight days to eleven months with albuminuria and cachexia. On the other hand, animals, after unilateral nephrectomy, when inoculated with renal juice prepared after the method of Brown-Sequard and D'Arsonval (20 c.cm. injected daily in dogs, 10 c.cm. in rabbits), did not

present any albuminuria or cachexia, and lived in good health until killed for other experiments. After double nephrectomy, without treatment the animals died in four to forty-eight hours; if treated with renal juice they lived from forty-eight hours to four days and more. The implantation of kidneys, whether subcutaneously or in the peritoneal cavity, gave negative results.—*British Medical Journal.*

# Miscellaneous.

I WILL not, however, for a moment refuse to recognize the importance of Röentgen's discovery to surgery, as well as to other arts and science. It is a welcome addition to the surgeon's means of diagnosis, but Esmarch's bandage and antiseptics are greater achievements still.—VON BERGMANN.

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WANTED TO LEVY ON THE BABY.—A colored midwife called on a Gallatin, Tenn., physician recently, and said she had "stayed all night with a woman in labor, and the promised fee had not been paid." She wished to know if she had a legal right to take the baby away from its mother and keep it until the bill was forthcoming. The doctor admired her forethought, and thought the theory an ingenious one; but practically it would be a dangerous precedent, as such a custom might become a law, in which case every doctor's home would soon be an orphan asylum.

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A. B. GRIFFITHS, Ph.D., F.R.S. (Edin.), F.C.S., says: "I have made an examination of Stearns' Wine of Cod Liver Oil with Peptonate of Iron. It is an excellent preparation and contains the leucomaines, alkaloids or active principles of Cod Liver Oil with Peptonate of Iron. The alkaloids of Cod Liver Oil were first isolated by my friend Professor Armand Gautier, of Paris; and they are not products of decomposition, as some writers (who know very little about the animal alkaloids) assert, but occur in the fresh liver of the cod, being produced by living cells—in other words, they are true leucomaines. There is no doubt that the alkaloids of Cod Liver Oil are the active principles, as the percentages of iodine and bromine present in the oil are extremely small, and some oils, especially those that are light-colored, contain none of these elements. At most there is but 0.000322 per cent. of iodine present, a quantity which is too small to be of practical benefit. The same may be said of the bromine.

We would call the attention of our readers to the advertisement of Leeming, Miles & Co., to be found on page xv. of this number. They have been appointed sole agents for Canada for all the products of the New York Biological and Vaccinal Institute. This institution was the first to prepare diphtheria antitoxine on this continent, and claim to have the strongest made. The first cases of tetanus cured with antitoxine on this continent were treated with the tetanus antitoxine made at the New York Pasteur Institute. It is an institution which, for many years, has been devoted exclusively to the preparation of antitoxines and similar biological agents. They have an experimental station and farm of 200 acres, with over 100 head of cattle, horses, donkeys, pigs, dogs, sheep, etc., for the study and production of antitoxines.

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A Colloquial Style in Medical Lectures.—An early event in the history of the *Lancet*, as we learn from a recent number, was a suit brought by the surgeon Abernethy, against the publishers, to restrain them from reporting his lectures. On learning that the suit was begun, the *Lancet* reporter began to be rather cruelly accurate in his reproduction of the lecturer's style, as is evidenced by the following passage: "If I am wrong I shall be very happy to have my errors pointed out and corrected. *I'll be hanged* if erysipelas is not always a result of a disordered state of the digestive organs. . . . *Egad*, it is a travelling disease, and, as I say, the parts are disposed to swell. . . . If it be seated in an unimportant part, *in the name of G*—— let it go on there. . . . O, said the dresser, it is a case of erysipelas, and he only came in last week. *Good G*——,' said I, is it possible? . . . Ho! he had *his jawing-tacks on board*, as a sailor would say." No wonder he objected to seeing himself in print!—*Boston Medical and Surgical Journal.*

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An Odd Locum Tenens.—The following extract, says *La France Medicale*, is taken from the "Memoirs of Marshall Castellane:" "The Marchioness of Talarn is over fifty, but she believes it is absolutely necessary for the good of her health that she should have a man beside her at night. Whenever M. de Talarn is absent she consequently makes her people sew up M. de Courtivron, one of his relatives, or else M. de Chavagnac, one of his friends, in a sack, and has him put into her bed. In the morning she is careful to summon her attendants, or, at all events, the chambermaid, in order that they may testify that the sack has not been unsewn. At present MM. de Chavagnac and de Courtivron both happen to be away at Madrid, attached to the embassy of M. de Talarn, so it is M. Boirot, physician