Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.
- ☐ Additional comments / Commentaires supplémentaires:

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

THE

CANADA LANCET:

A MONTHLY JOURNAL

—OF—

MEDICAL AND SURGICAL SCIENCE,

CRITICISM AND NEWS.

EDITED BY

J. FULTON, M.D., M.R.C.S. ENG., L.R.C.P. LOND.

VOL. XVI.

TORONTO:

DUDLEY & BURNS, PRINTERS, RANKIN BLOCK, COLBORNE STREET.

1884.

LIST OF CONTRIBUTORS TO VOL. XVI.

J. Workman, M.D., Toronto.
C. W. Covernton, M.D., M.R.C.S. Eng., Toronto.
T. W. Poole, M.D., Lindsay, Ont.
A. Worthington, M.D., Clinton, Ont.
J. Skirving, M.D., Tavistock, Ont.
T. R. Dupuis, M.D., M.R.C.S. Eng., Kingston.
M. C. Atkinson, M.D., Bristol, N. B.
A. T. Carson, M.D., Toronto.
J. W. McDonald, M.D., Londonderry, N. S.
J. M. Jonah, M.D., Eastport, Me.
D. L. Philip, M.D., Brantford, Ont.
J. G. Atkinson, M.D., Oak Hill, N. B.
W. Tobin, M.D., Halifax, N. S.
E. G. Edwards, M.D., London, Ont.
J. J. Gaynor, M.D., Debec, N. B.
P. Manson, M.D., Virginia City, Nev.
J. P. McMurrich, M.A., Guelph, Ont.
A. Sanford, M.D., Burlington, N. S.
J. Ferguson, M.D., Cumberland, Ont.
J. S. Benson, M.D., Chatham, N. B.
J. Gun, M.D., Durham, Ont.
J. Campbell, M.D., L.R.C.P., Seaforth, Ont.
A. B. Atherton, M.D., L.R.C.P. & S. Ed., Fredericton, N. B.
G. S. Ryerson, M.D., L.R.C.P. & S. Ed., Toronto.
N. A. Powell, M.D., Edgar, Ont.
G. H. Coburn, M.D., Fredericton, N. B.
H. B. Small, M.D., Ottawa.
T. A. Haultain, M.A., Peterboro', Ont.
A. Hamilton, M.D., Port Hope, Ont.
J. Gillies, M.D., Teeswater, Ont.
H. McKay, M.D., Woodstock, Ont.
W. Morton, M.D., Wellesley, Ont,
R. R. Wright, M.A., Toronto.
J. N. Smith, M.D., Hampton, N. B.
R. McCrae, M.D., Lakeville, N. B.
A. McDonald, M.D., Edinburgh, Scot'd.
H. A. Husband, M.D., Edinburgh, "
R. A. Corbett, M.D., Port Hope, Ont.
A. C. Angus, M.D., Oxford, N. S.
J. P. Brown, M.D., Galt, Ont.
J. B. Roberts, M.D., Philadelphia.
G. A. Tye, M.D., Chatham, Ont.

INDEX TO VOL. XVI.

INDEX TO VOL. XVI.

INDEX TO VOL. XVI.

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVI. TORONTO, SEPT., 1883. No. 1.

Original Communications.

TREATMENT OF RECENT WOUNDS.

BY D. L. PHILIP, M.D., BRANTFORD, ONT.

So many and various methods have been advocated and adopted in recent years of treating wounds, that the young and inexperienced surgeon may be pardoned if at times he is somewhat in doubt as to the best method to employ. In considering this subject three points may be chiefly dwelt upon: Sutures and other methods of uniting wounds; drainage; and antiseptics.

The Sutures.—The materials recommended and used for this purpose have varied from time to time, but there are only four with which we need concern ourselves—wire, silk, catgut and horsehair. Adhesive plaster may also in some measure be deemed a suture, (by the older surgeons it was named a dry suture) and is sometimes employed for bringing together the edges of wounds, or affording them support, so as to prevent any strain on the tissues. The following are Mr. Lister's directions as to the manner of using it:—"If strapping is required, common adhesive plaster may be rendered antiseptic by dipping it for a second or two in a watery solution of the acid, and it is most convenient to have the lotion hot, (say one part of one to twenty, to two parts boiling water) so that the strap is warmed at the same time by its immersion. It can then be effectively applied under the spray, etc."

Metallic sutures so rarely cause any irritation that they may be inserted very near each other with impunity. Sutures far apart with gaping intervals are comparatively useless. If the cut surfaces are to adhere they must be brought into contact and kept there, and for this purpose metallic sutures half an inch apart or even less, are most efficacious. An extended experience has quite borne out the non-irritating character of silver wire as a suture, and though the objection is the difficulty of its removal, yet it is very generally adopted. Iron wire was used and recommended by Sir James Simpson, both for its physical qualities and its cheapness, but it has now fallen into disuse, and the silver wire has taken its place. The objection to the use of the metallic sutures is the tension to which they sometimes give rise; to obviate this, it is advisable in certain cases to make use of sutures which can be absorbed by the tissues, and to a large extent this is accomplished by carbolised or chromicised catgut. If the tissues are lax and union by the first intention takes place, the new material which unites them is sufficiently strong in three or four days to resist the normal elasticity of the skin; in such cases a fine catgut would last for the required time, but as from exudation of blood or serum, or other causes, either the union may be delayed or the tension somewhat greater, the catgut must be of such a quality and thickness as to secure it from absorption for a week or over. The fact is, if a wound be perfectly lax sutures are of use only in maintaining steadiness, while, on the other hand, if the tension is such that the wound requires support against it after the first week, any ordinary suture which may have been left in will cut its way through the skin, and so far from doing good will add to what inflammatory action may be present. Carbolised silk sutures were introduced by Lister by having the ordinary surgeon's silk carbolised. Prepared in this way carbolised silk showed itself preferable to catgut as less amenable to absorption and superior to wire, not only on account of its perfect suppleness but because of its actively antiseptic character, and ensured absence of putrefaction in the track of the stitch.

Catgut Sutures.—These sutures are made of the carbolised gut used for ligatures, and are very serviceable for suitable cases; but they are very soon absorbed and will not last beyond a few days. It is however this power of being absorbed that has given catgut its wide range of utility, especially for uniting deep-seated tissues, where it can be cut short and left undisturbed, the parts above it being allowed to heal. A suture or ligature prepared by treating catgut with chromic acid—chromicised catgut—has been prepared by Dr. McEwan, Glas-

gow, and bids fair to accomplish useful purposes. It resists the action of the tissues much longer than the carbolised gut; in the shape of deep as well as superficial sutures it has been tested by leading surgeons many times, and will in most cases resist the action of the tissues for a fortnight or over, and produce no appreciable irritation. Three important questions arise regarding the efficiency of any suture, does it produce irritation in the tissues, how long does it act efficiently as a ligature, and when does it become absorbed? In determining the point of the length of time which it will maintain its hold in the tissues before being softened, it was employed as a deep stitch in 31 instances; the earliest time it was found softened was nine days, the longest nineteen, the average fourteen; it disappears about the 20th day. It is eventually absorbed by the tissues as is evidenced by their action on the chromicised stitches.

The Drainage.—Drainage is in many respects an admirable procedure and in some respects the recognition of the principle it involves is one of the most marked improvements in modern surgery. But there is little doubt that its use has been carried too far; in suppurating and septic wounds it may easily become a source of irritation.

India Rubber Tubes.—The introduction of systematic drainage of wounds was due principally to Chassaignac, who effected his purpose by the use of India rubber tubes, which bear his name. There are, however, certain disadvantages connected with their use; they cause irritation by acting as foreign bodies, and necessitate the dressing of the wound in order to shorten or otherwise adjust them.

Carbolized Catgut as a drain.—The use of carbolized catgut as a substitute, was proposed by Mr. Cheine; eight or twelve threads would effect the drainage of the wound through capillarty action, and its absorption would prevent the necessity of dressing the wound, practically, however, it had objections; it was found that soon after introduction into the wound it swelled and softened, and became closely connected with neighboring tissues. Its rapid absorption was its main advantage, but the rapidity with which this was accomplished destroyed in a great measure its utility as it was difficult to presage whether in a given wound drainage might not be required for a longer period than a few days, beyond which it was useless. Its physical character precluded it from draining pus.

Horse Hair as a Drain.—Mr. White proposed horse hair as a drain on account of its cheapness, its adaptability, its resistance to absorption and its non-irritating properties. It is now very frequently used with the best results. A wisp of hair introduced into a wound is supposed to act by capillary action; it can do so in two ways, by the minute spaces existing between the individual hairs forming capillary tubes, and by the flow of the fluid along the outside of the hair. The finer the tube the higher will the fluid rise in it, consequently in this respect hair will be a better capillary drain than most sizes of catgut. All liquids do not rise to the same level in capillary tubes while some are actually depressed within them; serum and liquid blood rise within these tubes while pus does not do so to any great extent. For blood and serum therefore horse hair is an excellent drain, but for pus it is not reliable. For the drainage of pus something else is required than capillary drains.

Bone Drains.—Recently Neubauer has introduced what he calls "resorbent tubes," drilled out of horse and ox bones, and then decalcified and carbolised, their object being to act as drains and then to yield to absorption. In cases in which they were used they disappeared in from two to five days. These tubes disappeared too soon; they acted during the period that blood and serum required to be drained, and disappeared before pus was likely to be found. What was wanted was a tube which would remain in the tissues as a drain for eight or ten days and then become absorbed. This purpose is accomplished by chicken bones, which are easily prepared for use by a simple process; they are pliable and elastic, capable of retaining for some time their form under the weight of thick flaps. The tibiæ make the longer, the femora the wider tubes. These tubes are always threaded with hair before they are introduced into fresh wounds; any kind of drainage tube introduced into a wound is apt to become blocked with blood clot; to obviate this it is threaded with hair, which sheds the blood and serum of the first few days, after which the hairs being no longer of use are removed leaving the drainage tube perfectly patent.

Antiseptics.—There are two methods whereby the evils of septicity may be avoided, to prevent the entrance of the germs of putrefaction, and to

render the soil unsuitable for their multiplication. The first and most important involves all that minute attention to detail in cleanliness and the use of germicides, which Mr. Lister has so thoroughly established; his antiseptic method or some modification of it is now generally employed wherever practicable; the method of its application is well known to most surgeons. The success of the treatment is generally admitted by those surgeons who have given it a fair trial, and many are only deterred from using it by the extra labor which it entails. But the second is scarcely less important; it is less important, because if the entrance of noxious germs be prevented, it would matter little what the nature of the soil might be. But germs creep in notwithstanding all precautions, and it is of great moment that they should find conditions unsuitable for their multiplication; for example, the chances of a wound becoming septic are much greater in a diseased than in a healthy man, and it is certain that the results of septicity are much worse in the weakly than in the strong. This object of course involves the care of the patient's general condition; but the soil may also be rendered unsuitable for germination by means applied locally. Dryness is highly conducive to safe and rapid healing, moist warmth favors all forms of decomposition and promotes exudation; careful arrest of hemorrhage and a covering at once dry and permeable are therefore strongly indicated. There is no doubt great difficulty experienced by the general practitioner in attempting to carry out the minute details of the Lister dressing; where practicable, however, its efficiency is too well established to be gainsaid. There are, however, several modifications of it which answer the purpose and are much less expensive, thus removing one of the objections to its use. Professor Esmarch has achieved great success, as is well known, under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month; in place of antiseptic gauze, he uses, large pads of carbolized jute, which readily absorb the discharges, with carbolised varnish paper over all and starched gauze bandages; protective is not used. Neubauer's bone drainage tubes are extensively used, and indeed without some such self-removing drain, the dressings could not in resection and other cases, be left untouched for so long a time as they are with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety-pin, and when after two or three weeks the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The solution of carbolic acid used for the spray, is of the strength of one to forty, and it is not thought necessary to have it playing immediately on the wound, but this latter is washed out frequently with carbolic acid lotion.

Dr. Little, Professor of Clinical Surgery in the University of the City of New York, has adopted and extensively used a modification of the Lister dressing, especially applicable to the treatment of small wounds, in which he has met with gratifying success; it is easily applied and admirable in its results. He says: "I have been for several years surgeon to a large factory in this city in which three thousand hands are employed, and where injuries by machinery are very frequent. These injuries are chiefly of the hands and fingers, caused by being caught in cog-wheels and other parts of the machinery. In many cases the fingers are torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases I have for the past six years been using the following simple antiseptic dressing: Having put the parts in a condition for dressing, I wash the wound in a carbolic solution (1 to 20), I then cover the parts with a thick layer of borated cotton, and then snugly and evenly apply a simple gauze bandage These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made with unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid (1 to 100). The dressing may be left undisturbed for several days unless there is pain, rise of temperature or discharge through the dressings; these conditions are always to be considered indications for redressing. My experience with this dressing covers a period of six years, during which time I have treated nearly three hundred cases of open wounds—*not one of the number* has been followed by inflammatory symptoms. Extensive lacerated wounds and dead tissue has sloughed away without giving rise to any of the so-called symptoms of inflammation; neither pain, redness, heat,

swelling nor constitutional disturbance has resulted. No counter openings have been necessary. These results are the more remarkable from the fact that many of these patients were in an unhealthy condition, some suffering from anemia, some from cardiac disease, phthisis and the like. The value of cotton wool as an antiseptic dressing is, I think, not fully appreciated by the profession. M. Guerin, Paris, in 1872, and since then Mr. Gamgee, of Birmingham, have called attention to its great value. Used in the way I have indicated it seems to me to be as perfect an antiseptic dressing as the gauze and other materials of Lister, while at the same time it is free from all objections that pertain to the latter, and which hinder their use by the general practitioner. If applied in sufficient quantities around an open wound, it protects it thoroughly from the floating matter of the air which is supposed to be the real inciter of suppuration. It is the best germ filter known to us. Tyndall, whose experiments were carefully made, found that while filtering the air and endeavoring to get it perfectly pure, atmospheric dust which would readily pass through sulphuric acid and a strong solution of caustic potash, was completely stopped by ordinary cotton wool. I would state in conclusion that my experience thus far seems to shew that this dressing, so easy of application, is as thoroughly antiseptic as Lister's appliances, and that it has the advantage of doing away with the necessity of using costly "protective oil silk, macintosh cloth, carbolised gauze, etc., and gives us a dressing that can be used by any one, under any circumstances, be it in city or country. The borated cotton is easily kept for months unchanged. The fact that the dressings need not be done oftener than once in several days will especially commend it to the country physician." The success of this procedure in the treatment of large wounds after accident or amputation, will increase its importance and materially extend its field of usefulness.

UTERINE TENTS AND THEIR USES.*

BY J. G. ATKINSON, M.D., ETC., OAK HILL, N. B.

Mr. President and Gentlemen,—The idea of dilating the os uteri by means of compressed materials has long been recognized. Aëtius, an early medical writer, describes this treatment. The venerable Parè practised it. Dr. Macintosh, of recent times, now deceased, was a great advocate of its use, and Dr. Simpson, of Edinburgh, and Drs. Oldham and Barnes, of London, accepted it. Leading gynecologists now universally regard this measure as of infinite service in certain cases. Various dilating materials have been used. Tents were formerly made of ivory, the bony matter having been taken out of it by means of hydrochloric acid. A tent made in this manner, when placed in the cervix, would swell to double its former size. But the favorite agents of to-day are the sponge, laminaria and tupelo tents.

Since its first introduction as a uterine dilator, the sponge tent has undergone numerous modifications and improvements. When first manufactured, a flat piece of sponge "was saturated with wax, and pressed flat between pieces of marble." This was a very inefficient instrument, as it only expanded in one direction. Dr. Sims, in his work on Uterine Surgery, was the first to suggest the conical form of sponge tents. Saturating a conical piece of sponge with a strong solution of gum arabic, and passing a wire stylet through it from centre of base to apex, he wound it tightly with a strong cord, and hung it up to dry, after which the cord and stylet were removed and the tent smoothed with sand-paper. Subsequently it was found that if the cord was wound around the sponge sufficiently tight to give the tent good expanding force, the stylet was removed with considerable difficulty. This inconvenience induced Dr. Albert H. Smith, of Philadelphia, to devise a new method of preparing the tent. Taking a cylindrical piece of sponge saturated with water only, and without employing a central stylet, he wound it with a piece of fishing-line to which a six-pound weight was attached. This thoroughly compressed the tent to which the form was given by the fingers during the rolling process. The common method of preparing sponge tents consists in cutting conical pieces of sponge from two to three inches long with bases varying from the width of a little finger to that of an egg. Each piece is saturated with mucilage of gum arabic, a wire is then passed through its centre, when it is wound tightly from apex to base with a strong cord. The stylet is then taken out and the tent hung up to dry, after which the cord is removed, and another is either passed through

*Read before the N. B. Medical Society, July 18, 1883.

the sponge and sewed fast to its apex, or simply passed through the tent at a short distance from the base. None but clean, fine, strong material should be used in preparing tents. Those made of coarse rotten material are liable to break during extraction, leaving pieces in the uterine cavity, which may lead to serious results. A tent should be made from a cylindrical piece of material, and when finished, should be of uniform size from end to end. The apex of a conical tent does not have sufficient dilating power over the internal os. The conical tent has frequently been withdrawn with its apex unexpanded, while the cervical cavity and external os were dilated by the base of the tent. If a conical tent is used the apex should be cut off. Experience favors the use of the straight in preference to the curved tent, as the former requires less force for insertion, and the uterus is easily straightened before introduction, by means of a soft metal dilator.

In regard to the qualities and action of tents, the sponge tent expands quickly but dilates slowly. This being the case, it is not liable to slip from the uterus before extraction. It is porous, and permits escape to the menstrual and other discharges, and on this account may be used during the menstrual period in the treatment of sterility. It "has a disintegrating power over morbid surfaces," and is an efficient means of treatment in many cases of intra-uterine disease. The sea-tangle tent has the advantage over the sponge in that it allows no animal matter to decompose, producing fetor and irritation; it has greater dilating power than the sponge tent, and causes more pain than the latter; it is liable to slip from the uterus after it is fully expanded. It does not possess the action of sponge over "morbid surfaces." A laminaria tent the size of a No. 8 bougie will sufficiently expand the canal to admit the finger. Tupelo tents are generally of uniform size from end to end; they are smooth and easily introduced; they have good dilating power, and cause little pain; they do not imbibe much of the discharges, nor sink into the uterine tissues. If large enough to be of any benefit, they will not allow discharges to pass through or beside them, and therefore not useful during menstruation.

In preparing the tent for insertion, Prof. Mundé dips it first into a jar of liquefied carbolic acid, and passes it rapidly into a jar of vaseline, and afterward passes it rapidly into the uterus. Dr. A. H. Smith coats the tent with soap or cocoa butter, into which finely powdered salicylic acid is thoroughly rubbed. In this day of antiseptic precautions, carbolized tents are prepared for immediate use. These only need lubricating. In introducing the tents many use a properly constructed tent carrier consisting of a handle into which is fastened a stylet carrying a spiral for disengaging the tent after it is forced home. A uterine probe or piece of stiff wire carrying a catheter, makes a good temporary instrument; some employ a peculiar forceps made especially for inserting tents; these hold the tent firmly and enable the operator to pass it rapidly to its position; others use no instrument of any kind, but simply wind the string hanging from base of the tent around the index finger of right hand, and insert adjacent thumb nail into base of tent; they then pass the first and second fingers of the left hand behind the cervix, and inserting the apex of tent into the os uteri, the left hand is transferred to the abdomen, counter-pressure made, and the tent forced home. The most convenient method consists in the use of the bi-valve speculum, soft-metal dilator, and tent carrier or forceps. The speculum exposes and holds the parts steadily to view, the dilator prepares the part for the reception of the tent, and the carrier or forceps forces it home while pressure is made over the fundus. If the insertion of a tent is immediately followed by severe pain, it should be withdrawn one quarter inch, as pain may be caused by the pressure of tent on the fundus. In regard to the position of the patient, this is a matter of choice. Prof. Mundé places his patient in Sims' position, seizes the cervix with a tenaculum, and inserts the tent with strong forceps. Dr. A. H. Smith prefers the position on the back, asserting in defence of this position, that the relation of the parts is more natural, and that the uterus is more easily straightened by counter pressure over the fundus, making insertion easier.

With reference to the length of time a tent should remain in the cavity, opinions differ widely. Dr. Barnes states that a tent should be introduced in the evening and removed early on the following morning, or introduced in the morning and removed in the evening, claiming that this method "combines the least distress to the patient with the greatest convenience to the surgeon." One

eminent writer asserts that a "tent ought never to be left in the uterus more than twelve or at longest twenty-four hours." Prof Mundé states that he always removes a tent at the end of twenty-four hours; that "he always dreads some bad result, but has been fortunate so far, and has not seen any." Many eminent gynecologists allow the tent to remain in the uterine canal for forty-eight or seventy-two hours, for which plan the following reasons are given:—At the end of twenty-four hours the sponge is buried in the uterine walls, which firmly grasp the tent, and if it is now extracted it will drag away portions of uterine tissue, causing hemorrhage, and leaving a raw absorbing surface. At the end of forty-eight or seventy-two hours, the tent is easily withdrawn without removing tissue, and no bleeding follows. Again, at the end of twenty-four hours the uterus still retains its contractile power, so that if a finger or instrument be introduced either for diagnosis or treatment, the irritation thus produced causes the uterus to rapidly contract, rendering medical or surgical procedure unavailing. At the end of forty-eight or seventy-two hours the uterus becomes paralyzed, the pain has ceased, and the local irritability is so reduced that a satisfactory diagnosis and treatment may be carried out. From all this it will be seen that the end to be attained must guide in the method of application. If only simple dilatation is required the tupelo or laminaria tent will effect it in twenty-four hours, and one of these tents is to be preferred; but if the dilatation is required to facilitate diagnosis and treatment, then the sponge tent will answer the most ends and best purposes, and should remain in the uterine cavity at least forty-eight hours, unless symptoms should arise compelling removal. The patient should remain in bed from the time of insertion of tent until two days after its removal. Hot water injections after insertion quickly expand and fix the tent; some lightly plug the vagina with lint soaked in carbolic acid oil. Antiseptic solution injected into the vagina every few hours is both proper and requisite; pain may be controlled by opium, or opium and belladonna suppositories introduced per rectum. After the removal of a tent, the uterine cavity should be washed out with a warm solution of salicylic acid or other suitable antiseptic fluid, the vagina to be washed out with the same during the stay in bed. In removing a tent, the operator should push in slightly at first, then rotate the tent by means of forceps until it becomes perfectly loose; extraction should be made with a twisting motion in one direction.

There are dangers also attending dilatation of the cervix. Dilatation of the cervix may be affected in several ways, each of which presents a history of alarming, if not fatal symptoms. Among the evil consequences which have followed the use of uterine tents may be mentioned septicæmia pelvic cellulitis, peritonitis and tetanus. Dr. Sims relates a number of such cases, some of which threatened a fatal issue. Dr. Aitken (Edinburgh *Journal*, 1870,) relates others, in one of which retro-uterine hæmatocele occurred. Beside these formidable results, we have various reflex nervous disturbances, either with or without danger. Dilatation of the cervix by incision offers no less danger. Bloodvessels enter the cervix just above the internal os penetrating deeply into its structure, and "venous canals are maintained as more or less rigid tubes." An incision a quarter of an inch deep is liable to divide these vessels, and as a first danger, alarming hemorrhage takes place; and as a second, from the gaping of divided veins, and the injury to the structures through which they run, pelvic inflammation and septicæmia result. Dilatation by incision, or by mechanical dilators other than uterine tents, offer no advantages over the latter, as all are frequently attended with but transitory results, for the isthmus may contract again, while incision is attended by greater danger than either. To avoid the danger of septicæmia, the strictest antiseptic precautions should be observed both in regard to the tent employed and in the treatment of the patient. Dr. Aitken claims that a tent should never be employed where there is any inflammation, and Dr. Barnes terms this "a proper caution." But this view has not been sanctioned by medical experience, as the employment of tents is the most successful treatment in chronic metritis and hyperplastic enlargement. Prof. Mundé states that, "It is a maxim that a sponge tent should never be introduced into a fresh wound," and it has been shown, elsewhere, that if a tent is removed twenty-four hours after its insertion, hemorrhage is the result, demonstrating that the tent has produced a fresh wound. Some contend, that these cases which terminated in a fatal issue were probably due to the insertion of

three successive tents at intervals of twenty-four hours. Pelvic cellulitis, peritonitis and tetanus may be expected in practising such a treatment. The employment of tents only at intervals of forty-eight hours is the safest and most efficient method for reasons already given. At a late meeting of the Philadelphia Obstetrical Society, the weight of medical testimony was given in favor of this method, and experience had seen no evil results following such a plan. Before leaving this point, attention is called to an incident which sometimes occurs at the internal os. This part yields to the dilating power with most difficulty. At this point, sometimes, a deep furrow or circular constriction is formed in the tent, while the uterine and cervical ends are freely expanded, and there is danger of the upper expanded portion becoming detached by the force of traction, to be left in the uterus, producing fetor and irritation. It is well to bear this fact in mind during extraction.

Diagnosis and treatment by means of tents.—Uterine tents are valuable aids to the surgeon, both as a means of diagnosis, and as an important therapeutic measure. In obscure intra-uterine disease the speculum, sound and other instruments have proved inadequate as a means of diagnosis without previous dilatation of the uterine canal. Having effected a thorough dilatation of the uterine cavity, the finger and the endoscope can survey the whole endometrium, making a rational diagnosis. Dilatation of the uterine canal, sometimes affords the only opportunity of pursuing an efficient treatment. Well authenticated instances are recorded in which uterine tents employed as a means of diagnosis, also resulted in an efficient means of cure. The surgeon suspecting the existence of some obscure morbid growth in the interior of the uterus, introduces a tent to facilitate exploration, and after withdrawing it is agreeably surprised to discover that the sponge has disintegrated the morbid product, so that it can be removed by the finger.

In cases of severe *hemorrhage* in the non-pregnant state, we are suspicious of intra-uterine disease. Here, the internal administration of astringents is often worse than useless, and we are compelled to employ other expedients for allaying the hemorrhage. In his work on "Medical and Surgical Diseases of Women," Dr. Barnes explicitly states in italicised words, "*in all cases of hemorrhage coming from the body of the uterus, obtain and maintain free patency of the cervical canal*," and he adds, "in cases of abortion, of the hemorrhages of gestation, of intra-uterine polypi, of hypertrophy of the mucous membrane, of malignant disease of the interior of the uterus, to afford free escape to the hemorrhage, and free access to its source to control the bleeding is the first necessity." The uterine tent will answer both of these indications in that it expands the canal, allowing free escape to the hemorrhage, and permits the surgeon to have free access to its source to apply the appropriate remedies. But in answer to this mode of treatment, it may be urged that a catheter or other tubular instrument may be introduced into the uterus, and through it a styptic injected to control the hemorrhage. But this is frequently useless as well as dangerous treatment—useless, because the styptic may be lost upon the clots—dangerous, because the styptic fluid may be driven along the Fallopian tubes, producing alarming, sometimes fatal results. Again, it may be urged to employ a swab upon the end of a probe, and introduce this charged with the styptic. Here, too, this method is often fruitless, because the charged swab, irritating the cervix in its passage, causes a contraction of the canal, and cannot be introduced. Plugging the vagina with a tampon is a useful temporary expedient, but has the disadvantage that it does not in any way alter the condition in which the flow originated, and the hemorrhage sets in again after its removal. But all these means, if successful in checking the hemorrhage, will not remove the original cause. The sponge tent, possessing a disintegrating power over morbid surfaces, removes the cause of hemorrhage. In 1852, Dr. J. Henry Bennet, of London, plugged the os uteri instead of the vagina, and this method, in his hands, proved a successful treatment in obstinate cases of hemorrhage. The uterine tent is an excellent tampon for the purpose, and is an efficient means of controlling the flow. Filling up the entire cavity, it does not allow clots to form and degenerate into fibrinous masses. Again, Dr. Barnes asserts in effect, that preliminary dilatation of the cervix uteri, in many cases, is sufficient to arrest the hemorrhage. The uterine tent is a safe and efficient dilator fulfilling this indication also. The conclusion is therefore reached, that in the treatment of uterine hemorrhage, the tent acts as a

dilator which may remedy the condition, and remove the cause; a tampon which checks the flow, and last but not least, leaves the canal in such a condition, that more efficient treatment may be employed.

The induction of premature labor may be rapid ly and safely produced by the use of uterine tents. The usual plan of attaining this end is to introduce tents into the os uteri, a larger one being inserted every few hours. This method produces little pain, brings on labor rapidly, preserves the membranes intact as long as possible, and favors the birth of a living child.

In the treatment of certain forms of sterility tents are also serviceable. The causes of sterility are too numerous to be explained in this short paper. It may exist in the male as well as the female. In the female it may be congenital or acquired, absolute and incurable, or relative and temporary. Two classes of causes may here be enumerated:

1. Those in which obstruction prevents the meeting of the ovum and spermatozoa.

2. Those in which the mucous membrane of the uterus does not afford a nidus for the ovum.

Those causes in which obstruction prevents the meeting of the ovum and spermatozoa form a number of distinct conditions which are not within the province of this paper to discuss. Attention must be confined to the consideration of conditions which are relieved by means of tents. Narrowing of the uterine canal at some point, whether congenital or acquired, is a frequent cause of sterility. Dr. Barnes says, "by far the most common associated condition, in my experience, are congenital narrowing of the os externum and retroflexion of the uterus" But the narrowing may be at the internal os, or along the whole or at any part of the canal. Some difference of opinion is expressed concerning the value of the different tents used as a relief of sterility. One gynecologist of large experience is of the opinion that the cases which have been relieved by sponge tents would have probably received the same benefit from the laminaria and tupelo tents; while another gynecologist, equally eminent in every respect, holds that no other means which can be employed will answer as well as the sponge tent. The tupelo and laminaria tents will expand the canal, but they will not allow the menstrual discharge to pass through them unless perforated, and they are apt to slip from the canal after they have been expanded. The sponge is porous and allows the discharge to escape, and its surface being rough it will not slip from the cavity. The most successful practice consists in introducing a sponge tent into the uterine cavity just previous to a menstrual period and allowing it to remain until the flow has passed through it, when it is to be removed.

If tents are used between the periods, they prevent coition, cause a loss of epithelinm, and the canal is likely to contract again either before or during the ensuing period. Authorities state that the uterus sheds the elements of its mucous membrane at every menstrual period. "Virchow" contends "that the detachment of the uterine mucous membrane during the menstrual period is more complete than is generally supposed, and that in normal menstrual blood, heaps of cells are often met with, which, by their structure, reveal their origin in the uterine glands." This being the case, a sponge tent used during the period would not interfere with the sexual act, nor cause extra loss of mucous tissue, and the mucous membrane would return to its natural condition before the period at which conception generally takes place. Those cases in which the uterine mucous membrane will not afford a nidus for the ovum, make up a numerous class. Chronic metritis, hypertrophy, ulceration, fungoid and other growths, as well as chronic disease of the mucous membrane itself, may be mentioned in this connection. The successful treatment in these cases consists in curing the patient's disease. The sponge tent answers the indications, as by its use we get rid of a morbid surface and stimulate the uterus to produce a healthy membrane, which will afford a nidus for the ovum.

The sponge tent is safe and effectual in destroying *intra-uterine granular growths*, owing to its disintegrating power over diseased surfaces. "The healthy tissue will contract again, but diseased structure will not contract, but will slough off, its vitality being destroyed." Dr. A. H. Smith reports that he has had cases of uterine disease resembling epithelioma, attended by profuse hemorrhage, which were cured by the use of sponge tents—(*New York Med. Jour.*, Nov. 1882, page 520). In chronic metritis and hyperplastic enlargement, the sponge tent is invaluable in the treatment. It has

a stimulant effect on the uterine parenchyma. Dr. Routh asserts that "the sponge tent itself suffices to cause absorption and diminution of volume of the uterus." Drs. A. H. Smith, P. F. Mundé and J. Cheston Morris unite in their testimonies as to the value of sponge tents in the treatment of hyperplasia. When the prolonged applications of iodine and acids have failed in curing the disease, the repeated use of sponge tents will reduce the bulk of the enlarged organ and, perhaps, effect a cure. In the treatment of chronic metritis, the tent acts in imitation of an abortion—first expansion, then contraction, assisted by the internal administration of ergot, will cure chronic metritis and enlargement.

In *dysmenorrhœa*, caused either by stenosis or morbid growth of intra-uterine membrane, uterine tents afford excellent means of cure. In dysmenorrhœa resulting from uncomplicated stenosis, the tupelo or laminaria tent should be preferred, as they dilate strongly and efficiently without lacerating the uterine walls. The tupelo tent causes the least pain. But in dysmenorrhœa complicated with diseased surface, the sponge tent answers the indications. The tent is employed just previously to a menstrual period, in the hope that the desired dilatation will be effected, or diseased surface removed, and the patient thereafter relieved.

We give the following cases to illustrate the treatment of morbid uterine conditions by means of tents:

CASE I.—*Hemorrhage.*—A lady had been bleeding profusely at every period for three years. Supposing a polypus to be the cause of trouble, a sponge tent was inserted to secure dilatation. On removing the tent no polypus was detected, and more tents were passed to fundus. On withdrawing these it was found that the tents had broken up fungoid growths, which were removed. The patient remained well after the uterus contracted.

CASE II.—*Sterility, stenosis.*—A lady, being sterile and suffering from dysmenorrhœa caused by stenosis, had a sponge tent introduced just previous to a menstrual period. The flow came on two days afterwards, "entirely without pain for the first time in the patient's experience; the flow escaped through the sponge, and the latter was then removed. Conception occurred before the next menstrual period."

CASE III. —*Fungoid growth.*—A patient was sent from Boston to Philadelphia for diagnosis only. The uterus was dilated with the largest sponge tent passed to the fundus. After removing tent the finger detected fungosities on anterior wall. The sponge had disintegrated the growths, and the means of exploration, resulted in a cure.

CASE. IV.—*Chronic Metritis, Hyperplastic enlargement.*—This case had been treated with local applications of iodine, nitric acid etc. without any perceptible effect for considerable length of time, "when the repeated use of sponge tents resulted in a complete restoration" of the organ "to its natural size."

CASE V.—*Polypus.*—This was a case of polypoid pedunculated growth. The uterus was dilated with a bougie, and afterwards with sponge tents. "The finger found a pedunculated growth as large as a hen's egg, but the tent had disintegrated it and it could be removed by the finger without instrumental aid.

CASE VI.—*Dysmenorrhœa, Convulsions.*—This patient had suffered severe pain attended by convulsions at every menstrual period for several years. She had exhausted all the medicines intended for the relief of such cases without benefit. An examination showed that the os uteri formed a small circular opening, which would only admit a No. 5 catheter, and the same entered the cervical canal about one and a half inches. A small uterine probe passed with some difficulty and discovered a firm growth creaking under pressure, situated on anterior wall of cavity at the site of internal os. Just previous to a menstrual period a small sponge tent was introduced. The flow came on next day and passed through the tent without pain. On the the second day uterine contractions expelled the sponge, together with pieces of membrane resembling cartilage. Just before next period a Simpson's sound passed easily into the uterine cavity two and a quarter inches, and met with none of the dense tissue before referred to. The patient continued afterwards to menstruate without pain or convulsions.

Correspondence.

To the Editor of the Canada Lancet.

SIR,—I find in looking over the report of the meeting of the Ontario Medical Council, in the address of the retiring president, Dr. Bray, a very

good suggestion, viz., "That the profession should agitate for a uniform bill for all the provinces, whereby the standard would be the same, so that a man having passed the Council of one province could register in another by paying merely the fee."

As the act reads, in British Columbia a graduate of the Ontario Medical Council would not be permitted to register in this province. He must be a graduate of a University in good standing; hence you see the injustice to those who only have passed the Council in Ontario, and are debarred from practising by the act. The provinces are in such alliance now that the laws of one should accord with the others. The inconvenience to graduates of the Council who may wish to go to the other provinces to practise is very great.

At next session of the local Parliament in this province, steps may be taken to obtain a new Medical Act, but if a Dominion Act is contemplated it would be useless to do so. I for one would like to see a uniform Medical Act for the Dominion; it would place the Medical profession on a better footing and keep the standard up in the younger provinces as well as in the older, and at the same time not interfere with the graduates of the provincial institutions. Hoping you will give this your consideration.

I remain, yours, etc.,

M. B.

Victoria, B. C., Aug. 6, '83.

Reports of Societies.

NEW BRUNSWICK MEDICAL SOCIETY.

The third annual meeting of the above named society was held in St. John, N. B., on the 17th of July, Dr. S. Z. Earle, president, in the chair; Dr. G. M. Duncan, secretary. There was a full attendance of members present.

After routine, Dr. Allison read the Report of the By-law Committee, which was adopted after certain amendments.

Dr. Inches, the treasurer, presented his report, which was adopted.

Dr. Coleman moved that the president appoint a committee to arrange a scale of fees for the N. B. Med. Soc'y. Drs. Coleman, Brown, Wilson, Jas. Christie, and Moore were appointed on the committee.

Dr. Coleman moved, seconded by Dr. Travers, that a committee be appointed to consider what means may be taken by the Society to assist the Council to induce physicians to register and to prevent unqualified persons from practising. Drs. Coleman, Allison, McFarlane, Duncan, D. E. Berryman, G. P. Caldwell, and Daniel were appointed that committee.

Dr. Patterson then read the report of the committee appointed to revise and amend the N. B. Med. Act, 1881. The report was, on motion of Dr. Inches, received and laid on the table.

The president, Dr. Earle, then delivered the annual address, taking for his subject "General Principles of Diet."

Election of officers was then proceeded with and the following members were elected:—Dr. Vail, president; Dr. Walker, 1st vice president; Dr. Patterson, 2nd vice-president; Dr. G. M. Duncan, general secretary; Dr. Coleman, corresponding secretary; Dr. Nevers, treasurer; Drs. Daniel, Allison and Berryman, trustees.

Dr. Bayard, president of the Council of Physicians and Surgeons of New Brunswick, then read a report which was, on motion of Dr. Daniel, seconded by Dr. Patterson, received and ordered to be entered on the minutes.

Dr. Currie then read a "Report of Cases in Practice": 1st. A case of Lupus Exedens of about nine years' standing, associated with Lupus Erythematodes; 2nd. Nævus of the Face treated by Electrolysis.

A conversazione was held in the evening. An excellent display of instruments was made by Drs. John and D. E. Berryman, Dr. Coleman, and others. Refreshments were served by a committee of St. John ladies and a pleasant time spent.

SECOND DAY.

The Association met at 9.30 a.m., Dr. Earle, president, in the chair.

Dr. J. G. Atkinson, Oakhill, read a paper on "Uterine Tents and their Uses," which is published in the present issue.

Dr. Patterson moved, seconded by Dr. Brown, that five minutes be allowed each member for discussion. Carried.

Dr. Musgrove highly appreciated Dr. Atkinson's paper.

Dr. Patterson said it was officiousness to use tents in many uterine diseases, *e.g.*, in sub-involu-

tion, potash salts with ergot were sufficient. It was highly objectionable to give a woman an idea she had uterine disease.

Dr. Brown related a case of "Fishbone in the Rectum." Twelve years before the patient had, while laughing, swallowed a mouthful of chowder without mastication. For a month there was pain in the stomach; removed then entirely after a glass of brandy; no further trouble till day of removal when there was the most excruciating pain calling for examination, which resulted in its discovery and removal.

Dr. Gaynor, Debec, read a paper on "Chloroform as an Anæsthetic—its Physiological Action and Therapeutic Value."

Dr. Coleman said that in his experience death came from the heart, and he failed to understand why it was recommended to study the breathing and pay no attention to the pulse. Ether is safer, because a cardiac stimulant.

Dr. Musgrove said in regard to stimulants administered before using chloroform, it added to the danger, and was now condemned.

Dr. Atherton said that as regards safety, *that* depended on purity. He believed death came from stoppage of respiration, which occurred before the pulse stopped. He recited a case of his own in which tracheotomy was performed and the patient's breathing was resumed. He deprecated the use of brandy before chloroform inhalation. In regard to food given before, better given three hours before than six.

Dr. McFarlane believed that the heart and lungs stopped simultaneously.

Dr. Inches pointed out that Dr. Atherton did not watch the pulse in the case related. He thought the pulse sounded the warning.

Dr. Gray said that in his experience the pulse slows first, and runs up when administration stopped. Careless administration had something to do with fatality.

Dr. Moore did not attend to either breathing or pulse particularly, but watched all the conditions and gave no undue importance to either. Extraction of teeth under either ether or chloroform is a reprehensible practice. He recited a case showing danger of food a short while before. Had assumed no food taken; vomiting ensued and danger of suffocation for some time.

Dr. Currie endorsed Dr. Moore's statements.

Dr. Brown had occasion to take chloroform many times, no difficulty till lately. Glass of brandy taken slowly overcame this. Stomach should be empty, or at least no food for five hours before.

Dr. Nevers had misgivings in regard to ether. At its first administration in Philadelphia death had occurred. Since then he had always given chloroform. Case given in which chloroform was used in extracting a tooth. Pulse was all right. Respiration stopped and there was considerable trouble to resuscitate.

Dr. Coulthard, in re heart v. pulse, said: In confinements there is little danger from chloroform. Why is this? Diaphragm is called into action to aid expulsive efforts of abdominal muscles, and respiration goes on regularly, and difficulty he therefore thought was from failure of respiration and not of heart.

Dr. Caldwell had experience as a dentist in giving both ether and chloroform, as well as gas. Preferred ether or chloroform when a large number of teeth had to be extracted. Effects more lasting than gas which was suited for short operations only. Does age influence? He thought chloroform less safe than ether in the aged, and vice versa.

Dr. Jonah related a case of Dr. Pancoast, of Philadelphia. Ether was being administered, those doing so were paying no attention to their duty. Dr. Pancoast noticed a cyanosed condition, sprang to his patient, and after much vigorous effort, danger was averted. May not death from chloroform in some instances be due to some idiosyncrasy? In some other cases drugs disagree, *e.g.*, tobacco. May not ether and chloroform disagree with particular patients, irrespective of purity or careful administration?

Dr. Walker spoke of death in the dentist's chair as due to the chair. Position should be horizontal. In regard to food before using anæsthetics, he related two cases of danger from suffocation. His practice was to operate early in the morning, before food could be taken.

In the afternoon session, Dr. Jonah read a paper on "Hydrocele," treated by carbolic acid injections. (See editorial note).

Dr. Allison moved "that the Council be requested to furnish each member of the society annually with a copy of the current Register, by such means as may be most convenient." Carried.

A motion was adopted, asking the president to name a committee of three, with permission to add to their number, to consider and report, at next annual meeting of the society, upon the advisability and practicability of establishing a quarterly medical journal. Drs. Steeves, Bayard and Atherton were appointed on the committee.

Dr. Currie, Registrar of the Council, said that the Council requested those who know of unregistered, or illegal practitioners, to report them to him, when action would be taken.

Dr. March then read a paper on "Plaster." Dr. Allison agreed with Dr. March, but thought that in some instances starch or dextrine suited

better, *e.g.*, fracture of limbs, where its lightness was preferable. Dr. Hamilton said that felt was even better than either.

Dr. G. P. Caldwell read a paper on "Fracture of Jaw" with apparatus.

The following papers were then, for lack of time, read by title :—"Hip-joint Disease"—Dr. M. C. Atkinson, Bristol. "Cases of Puerperal Septicæmia"—Dr. J. S. Benson, Chatham. "Diphtheria"—Dr. E. Cameron, Grand Manan. "Excision of Tongue"—Dr. G. M. Duncan, Bathurst. "Cases"—Dr. John Brady, Barnesville. "Tracheotomy"—Dr. H. H. Hanson, Andover. "Puerperal Septicæmia"—Dr. D. R. Moore, Sackville. "Pneumonia"—Dr. J. N. Smith, Hampton. "Treatment of Post-partum Hæmorrhage"—Dr. G. A. Hetherington, St. John. "Conservative Surgery in Compound Fractures"— Dr. McFarlane, Fairville. "Meningitis"—Dr. T. Walker, St. John. "Surgical Cases"—Dr. Atherton, Fredericton. "Venesection"—Dr. T. W. Musgrove, Carleton.

Dr. Coleman then read the report from the Committee on the Tariff of Fees. The report was adopted, except fee for post-mortem, which was made $20. Copies were ordered to be printed and distributed to members.

The meeting then adjourned to meet in St. John, on the 3rd Tuesday in July, 1884.

ONTARIO BOARD OF HEALTH.

The Board met August 14th ; members present, Drs. Oldright, Covernton, Cassidy, Rae, Yeomans, Bryce, and Prof. Galbraith.

After routine and the reading of communications, the Secretary read a report of the work during the past quarter, consisting of communications concerning the action of School Boards in cases of contagious diseases, as scarlatina in Perth school, diphtheria near Grimsby, diarrhœa in Cannington, etc.; also respecting epidemics, as smallpox near Claremont, diphtheria at Dickinson's Landing, typhoid at Niagara Falls ;—nuisances, as a fat-rendering establishment at Doncaster and Richmond Hill ; slaughter houses at Wales ; liquid refuse from cheese factory at Easten's Corners ; sawdust deposit at Parry Sound, etc.; excretal pollution of stream at Thorndale, etc.; jurisdiction and duties of local Boards of Health in Morrisburg, Markham, Parry Sound, Port Dalhousie, etc.

August 15th. The Board met at 10 a.m. Dr. Covernton read a report on the "Adulteration of Milk," which was adopted and ordered to be printed in the next Annual Report. He also read the translation of a paper read at the Geneva Congress in 1882.

Dr. Yeomans made a verbal Report of the Committee on "School Hygiene," and was requested to make a final report at next meeting of the Board, with a view to making certain recommendations to the Minister of Education, and that circulars be issued, asking for information from the various schools in the Province, for the use of the Committee in preparing the report.

The report of the Committee on Epidemics was read by Dr. Covernton, and adopted. The matter of publication of a pamphlet on Cholera was next considered in committee of the whole, and adopted.

The chairman then read a report concerning the steps which had been taken by the Committee of Markets and Health to improve the sanitary condition of Toronto, which was referred to the Committee on the disposal of sewage.

The following motion was also carried :—"The Board having learned that garbage—*i. e.*, street sweepings and other offensive materials—are being removed from the city to the Island opposite for the purpose of making soil, would earnestly recommend to the proper authorities that, previous to removal, these materials should be efficiently deodorized and disinfected."

On motion, the communication from Dr. McInnis, of Vittoria, was referred to the Committee on Accidents, and the Secretary was instructed to thank him for the interest manifested by him in the matter of preventing accidents from steam threshers.

On motion, the Board recommended to the Committee on Ventilation the consideration of some means by which the smoke nuisance at present complained of in Toronto may be removed or mitigated.

A communication was received from Dr. Essa Hunt, asking the chairman to attend officially the American Public Health Association at Detroit, on the 13th November. On motion, the Chairman aud Secretary were requested to attend.

A communication was also received from F. N. Boxer, Esq., regarding the proposed organization of the Canadian Sanitary Association. The Chairman and Dr. Yeomans were appointed to attend its first meeting, to be held at Kingston in September next.

It was then moved that the next Sanitary Association be held in London in November next, should

the medical men and municipal authorities of that city deem it desirable.

On motion, it was also decided that a Sanitary Convention be held in Ottawa during the next session of the House.

Dr. Rae then presented a partial report of the Committee on Poisons, which was referred to the Committee on Publication. The report of the Finance Committee was adopted, as also that of the Special Committee appointed to visit London in connection with the recent floods. Certain insanitary conditions in Mount Forest, owing to defective drainage, were referred to the Committee on Sewage. The Secretary was requested to investigate the causes of the extensive prevalence of malaria in the district lying along the Grand River, and was authorized to employ such help as he may deem necessary.

A committee was appointed to have an isolation tent hospital constructed according to approved plans, to be exhibited at the Toronto Industrial and other exhibitions, and that sanitary apparatus be placed on exhibition therein.

Ten thousand copies of the next annual report were ordered to be printed for distribution, after which the Board adjourned.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the Michigan State Board of Health was held at Lansing on July 10th. The Secretary read his report of work during the last quarter, which shewed that a successful sanitary convention had been carried on at Reed City, and arrangements had been made for a convention at Muskegon, August 23rd and 24th; that considerable correspondence had been had concerning the examination of plans for proposed buildings at various State Institutions; that the report for 1882 had been distributed to various societies, libraries, etc.; that the weekly bulletin of health in Michigan had been regularly prepared and issued; that returns of the names and addresses of about 1,200 health officers had been received and filed; that a circular relative to the danger to be anticipated from small-pox, and one relative to the reporting of contagious diseases, with appropriate blanks, had been devised and distributed to all local boards of health; that the article entitled "Disease in Michigan, in 1882," had been compiled; that the accumulated letters of the office for the years 1873-71, had been arranged and bound; that the compilation of the articles on "Meteorology in Michigan in 1882," and on "Weekly Reports of Disease in 1882," was well in hand; that circular 55, relative to the work of health officers, had been revised to conform to the new legislation of 1883, and, if approved by the Board, was ready for publication.

The Secretary read a resumè of the recent work of other State Boards of Health.

The Board then proceeded to examine plans for the proposed public buildings, under the law which requires all plans for State buildings to be submitted to the State Board of Charities, and to the State Board of Health. Plans were examined in detail, as follows: For wings to the present School for the Blind, at Lansing; for a proposed hospital at the Michigan Asylum for the Insane, at Kalamazoo; for a cottage hospital for the State Public School at Coldwater; and for a main building for the State Industrial School for girls at Adrian. Record was made of propositions which were approved, and several recommendations.

Dr. Avery reported a visit to Fremont, Newaygo Co., to examine into a nuisance caused by an extensive tannery, where five hundred tons of hides are annually tanned. He had made recommendations which in his opinion would abate the nuisance, and it had been promised that his recommendations should be complied with.

On motion of Dr. Lyster, the State Board's Committe on Buildings, including ventilation, etc., was requested to prepare a report on the best plans and methods of construction of hospitals suitable for the various State Institutions.

HURON MEDICAL ASSOCIATION.

A meeting of the above Association was held in Clinton, July 3rd, Dr. Hurlburt the president in the chair.

Dr. Sloan, of Blyth, showed a case of gunshot wound, caused by a 32-calibre revolver conical ball, at a distance of eight feet. The ball entered half an inch below the ensiform cartilage. Recovery perfect. Treatment by complete rest in horizontal position, bowels confined by opium for several days, urine removed by catheter, very little liquid given at a time, antiseptic treatment locally. No discharge from wound, which healed on the 28th day. He also showed a case of tumor in the

region of the liver. Aspiration was recommended by the members with a view to diagnosis.

Dr. Worthington, of Clinton, exhibited a case of Emphysema of the Lung, and read a report of a case of Exophthalmic Goître, accompanied by Polyuria also.

Dr. Hurlburt showed a case of Synovitis, with recovery. The patient had been kicked by a horse nearly a year ago. Severe synovitis followed, confining him to the house for months; can now walk with the aid of a stick or cane.

Selected Articles.

PULSATING TUMORS OF THE HAND.—ROBERTS.

Traumatic aneurism occurs after wounds of the arteries of the palm with comparative frequency; but such a pathological condition of the fingers is very unusual. Martin, however, records 17 cases of traumatic aneurism in 72 instances of wounds of the arteries of the palm. The only case of the kind connected with the fingers, of which I am cognizant, is that reported by Annandale. His patient had a small pulsating tumor, with a distinct thrill, on the ulnar side of the ring finger, following a punctured wound made with a sharp hook. The case passed from observation, uncured, after some weeks' treatment by pressure; whether the pressure was applied to the tumor or to the arteries of the wrist the author does not distinctly state. Spontaneous aneurism of the palmar or digital arteries is exceedingly rare, and pulsating tumors connected with these vessels are not common. It is on account of the infrequency of such conditions that I record the following cases:—

MULTIPLE ANEURISMS OF THE SECOND PALMAR INTEROSSEOUS ARTERY.

This case was reported and the specimen exhibited, at a meeting of the College of Physicians of Philadelphia, in May, 1882. I therefore epitomize the history. The boy, aged sixteen years, from his earliest childhood had had a small elongated tumor upon the *dorsal* surface of the first phalanx of the left ring-finger, while in the *palm*, at the junction of the bases of the middle and ring-fingers, was a larger swelling. These were considered masses of dilated veins, as they had a spongy feel, and at times showed a bluish color. There was no very definite connecting band of swelling between the dorsal and palmar enlargements. About two months or less before I saw him the growths seemed to enlarge, and became accompanied by considerable pain, so that Dr. C. H. Thomas advised the use of a compress in the palm and a bandage around the finger. This the boy wore at nights, and usually from Saturday to Monday morning, when he was not required to work. Recently there had been noticed pulsation in the palmar tumor, and a lobulated feel, and Dr. Thomas feared that an arterial aneurism existed. When I examined the boy I found on the back of the third finger a hard, fibrous-like tumor, as large as a watermelon-seed, with the long diameter corresponding to the length of the phalanx. In the palm was an illy-defined swelling, covered with skin thickened and stained by labor, very sensitive to pressure, and occupying about the area of a silver half-dollar. No swelling was evident connecting the two tumors. On the ulnar side of the palmar mass moderately distinct pulsation could be felt, which quickly stopped when the radial artery was compressed at the wrist, but merely decreased in force when the ulnar was pressed upon with the finger. No pulsation was felt in the dorsal tumor. The boy had severe pain even when no pressure was made upon the growth in the palm. I considered the growth an arterial angeioma connected with the second interosseous branch of the deep palmar arch; but determined to dissect it out, whether an angeioma or an aneurism. Hence, after applying the elastic bandage and tourniquet to the limb, I made an incision and excised the palmar tumor and the nodule on the back of the finger, which were apparently connected by some fibres or small vessels The tumor from the palm consisted of three lobules of rather unequal size, arranged somewhat as a trefoil. The largest one of them, when punctured, allowed the escape of soft clot. This sac was about one-half an inch in diameter. The three sacs seemed to be separate, because the head of a pin introduced into one did not pass into the others. The two smaller sacs or lobules were hard, as if the clot was old. One was laid open, and showed a white centre or nucleus, of cartilaginous consistence, surrounded by a layer of red clot. On the surface of this three-lobed tumor ran a nerve, which probably was the seat of pain from pressure, and parallel to it a small artery. The tumor from the back of the finger was hard, and on section showed an irregularly colored red surface. I believe the palmar tumors, therefore, to be small sacculated aneurisms evidently allied to the condition called cirsoid aneurism. The one on the back of the finger and the two smaller lobules in the palm were undergoing cure by coagulation, induced in the dorsal one, undoubtedly, by the pressure from the bandage used at intervals during six weeks or two months previous to the operation.* If the diagnosis had been more certain as to aneurism, digital compression of the

*This paragraph was written before the microscopic examination was made.

radial and ulnar arteries, or the use of an Esmarch elastic bandage to the forearm, would have been proper treatment before excision was attempted; but it would, I believe, have been unsuccessful. The microscopic examination of the nodule from the dorsal surface of the finger was made by Dr. Frederick P. Henry, and is as follows :—The tumor is a cavernous angeioma, in which the vessels vary greatly in diameter. The smallest are no larger than an ordinary capillary, while the largest more than fill the entire field of a quarter-inch objective. Their walls are so thin that many of them might be mistaken for adipose tissue, were it not that they include blood cells. Considerable hæmatoidine, mostly in granular form, is seen in the intercellular connective tissue." I have just seen this patient, who now, a year after operation, presents a tough cicatrix in the palm, which very slightly restricts full extension of the first phalanx of the finger. The second case was treated by me a few weeks ago, before my clinical class at the Philadelphia Polyclinic and College for Graduates in Medicine. I believe the tumor to be a sacculated or cirsoid aneurism, similar to that just described, but found it, after excision, to be an arterial angeioma.

ARTERIAL ANGEIOMA OF ONE OF THE DIGITAL ARTERIES.

The history, as taken from the notes of the College by my Registrar, Mr. Harry A. Stout, gives the following facts. The woman, aged 59 years, for ten years had had a small tumor, the size of a grain of canary seed, on the palmar and lateral aspect of the ulnar side of the right middle finger. It was the seat of no pain until a year or so ago; since that time occasional severe shooting pains, lasting from five to ten minutes, have been experienced, and have compelled her to cry out, from the intensity of the suffering. She asserts that the tumor varies in size, and that it causes less pain when large than when small. This is probably an erroneous observation. For ten days previous to her coming to my clinic no pain had existed. On examination I found an oval tumor with the long diameter corresponding with the axis of the finger, about the sixe of a large pea, located at the junction of the palmar and lateral surfaces of the finger, in the line of the digital artery of the ulnar surface. Pulsation synchronous with the ulnar artery was marked vertically and laterally, and ceased when the ulnar artery was compressed at the wrist. The artery was easily seen beating above the wrist, and evidently had an anomalous course over the deep fascia, instead of lying beneath it. It seemed to be nearer the long palmar tendon than usual. In the light of the previous case I advised excision, believing the growth to be either an arterial angeioma or an aneurism of the digital artery; probably the latter. As the patient objected to such a procedure, I attempted to secure obliteration by shutting off the blood supply. A pin was introduced through the tissues, close to the root of the finger, in such a way as to pass behind the artery going to the tumor. A tight ligature was then thrown around the ends of the pin. This greatly diminished the pulsation in the tumor, but gave much pain. The impossibility of avoiding compression of the corresponding digital nerve rendered me careful about making the ligature very tight or allowing it to remain when the patient was about to return to her home in the country. Pain became so severe that the pin was removed after the lapse of forty-five minutes. For five days subsequently I applied pressure to the ulnar artery, above the wrist joint, by means of a cork held in place with adhesive plaster. This was reinforced, during a considerable portion of the time, by digital pressure, exerted by the patient. It was thought that the tumor became softer and less pulsatile under this treatment. After some days it was discovered that pressure on the ulnar artery did not cause entire cessation of pulsatile movement, as it formerly had done; though this could be accomplished by moderate pressure on the radial in addition to the ulnar compression. I believed that increased radial anastomosis had been brought about by the continuous interference with the ulnar supply to the tumor, which I had effected by the pressure at the wrist. On the sixth day after applying pressure I and one of the pupil physicians dissected out the oval tumor, after having pushed aside the nerve which lay stretched over its surface. The wound was sutured, and afterwards healed slowly by second intention. The microscopic examination was made by Dr. Frederick P. Henry, and is given in his own words :—"The tumor is a simple angeioma, containing, in portions, a large amount of young connective tissue. Where the connective tissue is more fibrillar in character the vascular walls are well defined, with concentrically arranged fibres; whereas in many portions they are mere spaces between the young fibres; and where these are cut transversely, the resemblance to sarcomatous tissue is very great. The entire absence of blood cells from the vascular spaces is explained by the fact that the Esmarch bandage was applied before the operation." A somewhat similar case is recorded by James Wardrop as having occurred in the practice of Mr. Lawrence. A pulsating tumor occupied the ring finger of the right hand, causing a general fullness of the first phalanx, though the chief swelling was on the palmar and ulnar aspects of the finger. The circumference of the digit was increased by about one-third. Pain was present. From the full description, it is evident that this was a more diffused angeioma, or aneurism by anastomosis, than the pulsating tumor just described. Pressure on the main artery of the forearm was unavailing as a method of cure, and it, therefore, was followed

by ligation of both vessels by Mr. Hodgson. This also was unsuccessful in effecting a cure. Finally Mr. Lawrence made a circular incision around the growth, through all the soft parts except the blood supply, and thus caused atrophy of the pulsating and painful tumor. Numerous ligatures were required to arrest the bleeding from the wound.

The treatment of pulsating tumors of the hand is important, because of the disability and pain induced by the presence of the mass, and the possibility of sudden and dangerous hemorrhage. When there is pretty good evidence of the tumor being a true aneurism, and it is so situated as to make it probable that one of the palmar arches is the seat of dilation, ligation of the radial and ulnar arteries above the wrist is the proper treatment. I should try compression of these vessels first, but would soon abandon this method if no favorable result followed promptly, because prolonged pressure gives opportunity for the carpal or the median branch of the anterior interosseous to become enlarged, and, by the establishment of collateral circulation, to supply the tumor with blood. This would probably make the ligations at the wrist unsuccessful, and necessitate a second operation, such as excision of the sac, or ligation of the brachial artery. I have seen in the dissecting room an anomalous median artery about as large as the radial. This, however, is not a common anomaly; but if present in such a case of aneurism would render compression or ligation of the radial and ulnar arteries of little service. In all other cases of pulsating tumors, whether true aneurism of the smaller vessels, cirsoid aneurism or pulsating angeioma, it is better, as a rule, in my opinion, to excise them and ligate the bleeding points with catgut. The ease with which the dissection can be carried on with the aid of the elastic bandage makes the operation very satisfactory; and it is, of necessity, a radical method of cure. Lidell, indeed favors direct operative treatment in all palmar aneurisms. He advises to lay them open, turn out the clots, and tie the vessel at both ends. In cirsoid arterial tumors in any position, Wyeth believes that no method of treatment is as safe and sure as direct local treatment, which may be by excision, subcutaneous ligation, galvano-puncture, and injection of perchloride of iron. In hard tumors of this kind, excision is probably the best. Spence reports a case of pulsatile tumor of the palm, injected with perchloride of iron, in which amputation was finally demanded. Keen records a similar instance, after the introduction of subsulphate of iron into the sac of a traumatic aneurism of the hand. Hence, I prefer excision, which is so free of liability to such a contingency. My rule, then, would be this: *In pulsating tumors of the hand and finger, excision is the preferable mode of treatment, unless the condition is a true aneurism of one of the palmar arches; then compression of the radial and ulnar arteries, at the wrist, and ligation of the same, may be attempted before resort to excision.* I advocate, in aneurism of the arches, ligation of the arteries at the wrist, rather than excision of the tumor; because union by second intention will be the rule after the dissection of excision, whereas the clean cut incisions for ligation will probably heal primarily. Hence, as the probability of ligation curing aneurism of the arches is great, and the two incisions are more quickly repaired than the one in the palm, the method by ligature is to be preferred. In other pulsating tumors excision is better.—*Polyclinic.*

IRON DYED SURGICAL SILK.

BY H. PANCOAST A.M., M.D., PHILADELPHIA.

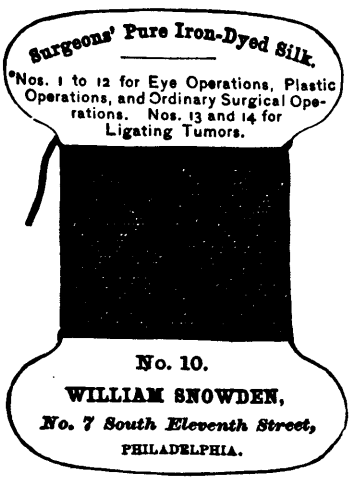
For several years past I have been in the habit of using black silk ligature, and for the past six years an iron dyed black silk. Its value I have demonstrated upon many occasions in my public clinics, and it has been reported upon in the medical journals, but I am earnestly requested to give a more detailed account of it. I was first led into its use by noticing in plastic surgery, and in operations upon the eyeball, that by employing the finest black silk from a lady's workbasket, the indications needed were best fulfilled. When flaps lie neatly and easily together, requiring simple, accurate juxtaposition, without any strain upon the suture, or where it was required to find the suture easily, a fine black silk ligature was strong enough for the purpose of support, and its color rendered it much more easily found, without the necessity of hunting beneath a scar or tearing flaps open. A pure black silk suture would cause very little irritation in its track, while a pure white silk of the same calibre would not only cause inflamation, but would become buried in the discharge and often hidden from view.

On enquiring among manufactures of silk, no pure white natural silk could be found. The natural hue varied from yellow to a dead white; the bright white color being produced by a lead dye. I believed that the lead was the cause of the irritation, and had some pure silk dyed with iron, which is fixed in the silk, and the silk finished with acetic acid. I also remembered that silk is an animal ligature, and that if properly prepared it might fulfil most of the animal ligature. With the assistance of Mr. Wm. Snowden, instrument maker, No. 7 South Eleventh street, various sizes of this iron dyed silk were made, as shown by the card, from No. 1, the most delicate, to No. 14 the strongest.

This pure iron dyed silk of these various sizes I have now been using with great satisfaction in clinical and private operations for the past six years.

The finest sizes are employed in plastic surgery and delicate operations, where great strength of the ligature is not needed; the medium sizes for ordinary operations, and the strongest when great strength is required. There is no stronger silk ligature than No. 14, and with it I have lifted heavy weights while testing its strength. Every surgeon appreciates the satisfaction of having a ligature upon the strength of which he can depend. The ligature silk is round, not plaited, strong, cheap, well finished, and durable.

In my operation for varicocele, which I have performed successfully at least three hundred times, I ligate the veins subcutaneously, tying the ligature No. 14 over a metal plate about the size of a silver dollar. I remove the plate as a rule in three days and withdraw the ligature. The shortness of time and success of the operation, I think, is greatly due to the strong ligature. I tie the veins as tightly as I can at the first operation, feeling confident that I may use all the force needed without fear of breaking the ligature. This first tie does the work. The



soft veins are thoroughly crushed against the metallic plate, and the consequent inflammation soon causes the effusion of the necessary plasma to block up the veins; the presence of this lump of plasma being an evidence of the cure by the destruction of the veins. The loop of silk which comes away is always very small, and contains only a small shred of cellular tissue. This subcutaneous ligature, with the strong ligature, is a certain cure, and my patients prefer it to the amputation of and shortening of the scrotum with the accompanying dangers of inflammation. The shortened scrotum after all must stretch and is only a support to the veins like a bandage, without curing the disease, the enlarged veins. This large, strong ligature is good for tying hæmorrhoids, if one prefers that form of operation. I use No. 14 for tying bleeding masses anywhere that I want strength. Some fifteen years ago I devised a bloodless way of dissecting out varicose and other tumors. I pass large, strong steel pins of the size of those with which ladies fasten on their bonnets, six to ten inches long, through the base of the tumor, and then encircling the tumor beneath the pins, strangulate it with this strong ligature. I can then easily dissect out the tumor without being annoyed with bleeding. I have cured completely many fistulas with this No. 14 silk, passing it through the fistula and out at the anus, and then tying as firmly as I wish. I let the patient walk about attending to his affairs. As the ligature by its weight and pressure slowly cuts its way out, the fistula heals up behind it. I am particular to give it plenty of time. In operations for strangulated inguinal and femoral hernia I have been in the habit, after returning the healthy bowel, of sewing up the deep facial margins of the ring with medium strong black silk sufficiently to prevent a protusion of the bowel, and then bringing together the overlaying soft parts, skin, and superficial fascia, with other interrupted sutures. The deep sutures I leave without any concern. Sometimes they become enlarged and sometimes they are discharged in the pus, after having remained long enough to help to close up the depth of the wound. In inguinal hernia in the male, on drawing the margins of the external abdominal ring together, I am always careful to leave room enough for the spermatic cord. I once performed this operation on a baby boy about a week old, born with double strangulated inguinal hernia. One hernia I reduced after a hot bath, the other I operated upon and sewed up the wound as stated. The operation was a success, and the patient is now a strong young man.

As silk is an animal ligature it never disturbs me if it does not come away, whether in a deep wound or the ligation of an artery. If it becomes encysted it will give no trouble; if any irritation arises it will be discharged in the pus. The finest ligature Nos. 1 and 2, I have frequently left in the face for weeks; on one occasion for six weeks as an experiment. While the pure white silk sutures sloughed out or had to be removed, the fine black ones remained without exciting inflammation. Even after the wound had completely healed, the little black suture could be seen and turned around in its bed without producing irritation. The black silk is used by me freely in all scalp wounds where formerly I always employed silver. Silver or iron sutures I only use when there is weight or strain, as in big heavy or tense flaps, then I prefer strong wire to make a ring on the same principle as a ring in a pig or bullock's nose.

In the operation for hare-lip I depend upon the black silk, and very little on pins of any form. If I use pins I generally take them out on the second day, or cut the ligature from around them. I am careful to make the lip tie easily by loosening the cheek flaps freely from the bones of the face. In

making my incision through the edges of the gaping fissure of the hare-lip, I turn my knife delicately so as to make an apex of a small triangle on each side, and as I bring the knife down I save the flaps, made as Malgaigne suggested. The edges of the wound I then draw neatly together with the fine silk Nos. 2, 3, or 4, sewing together even the mucous membrane. In some cases this is all that is needed. In the severe forms of hare-lip, I strengthen the flaps with another stronger black suture outside of and to support the first, or use a toilet pin, or insect pin, wrapping Nos. 12, 12, or 14 around the pins ovally, not in a figure-of-eight form. This last I cut away on the second day generally to examine the lip and prevent excoriation by the pressure of the ligature soaked in the discharges. If needed, I apply a ligature in the same way for another twenty-four hours. I think my succes in this operation is greatly due to my being able to closely unite the edges of the incisions by this one and non-inflammatory silk.

PEPTONIZED MILK IN ACUTE DYSPEPSIA.*

The following article by John W. Brannan, M.D., of Colorado Springs, appeared in the *Boston Med. and Surg. Jour.* for July 18th, 1883. Physicians are often baffled and discouraged in attempting to treat a stomach so disordered as to be absolutely intolerent of all food. The various drugs known as digestives are tried in turn, and the most easily assimilable food is given. Milk in small quantities, either alone or with the addition of lime water, is often well borne, and in such cases a favorable result is merely a question of time. But in other cases the stomach, incapable of performing its functions, demands not simply *digestible* food, but food already *digested.*

Physiology has taught us the nature and workings of the digestive ferments of the body, and physiological chemistry has given us the active principles of those ferments. In selecting a food for artificial digestion we may reasonably choose that one which is most easy of natural digestion—that is, milk. The albumen of meat and eggs can be digested artificially by a solution of pepsine and hydrochloric acid, but the process is of five to eight hours' duration, and the resulting product is far from tempting to a fastidious stomach. Milk however, by the process I am about to describe, can be digested sufficiently in one hour or even less to be readily taken up by the absorbent vessels of the body. Its taste, when thus prepared, is not at all disagreeable. Moreover, milk contains all the proximate principles necessary to the complete nutrition of the body. Of these principles the sugar, water and saline matters are already in a state fit for absorption. Milk sugar, though not absolutely identical with grape sugar, is closely allied to it, and, according to Pavy, behaves precisely like it in the alimentary canal. We have left then the casein and butter of milk, the former to be converted into albuminose or peptone, the latter to be emulsified. The pancreatic juice is the only ferment in the body which combines the properties of changing albuminoids into peptones, starch into sugar, and of emulsifying fats. The Extractum Pancreatis of FAIRCHILD BROTHERS & FOSTER, of New York, is the preparation I have employed in the following manner: Five grains of Extractum Pancreatis and twenty grains of bicarbonate of soda are dissolved in four ounces of tepid water. This is added to one pint of fresh milk, warmed to the temperature of the body, and the mixture is allowed to digest for about one hour at a temperature of 100° F. The milk, when ready, should have a slightly bitter taste, or rather after-taste. It is now raised to the boiling point, strained, and placed on ice, ready for use. In my experiments I found that the casein of the milk was not completely peptonized, nor the fat entirely emulsified, until the digestion had proceeded for two hours or more. But the milk becomes very bitter and disagreeable to the taste after such prolonged digestion, and in practice one hour's digestion seems to give the best results. As will be seen from the cases detailed below, this length of time suffices to render the milk easy of assimilation.

CASE I.—E. A., a child of nine years of age, is not yet very strong but has a fair digestion, as a rule, though with a tendency to constipation. In consequence of a succession of colds the child's strength became much reduced, and at the time of my first visit, subacute, passing into acute, dyspepsia had developed. The symptoms were nausea and vomiting, and epigastric pain on taking food. After trying a very simple diet and various digestives without good effect, peptonized milk was given as the sole food. All dyspeptic symptoms ceased at once, and after two days of this diet other articles of food were, one by one, permitted to be eaten, and were well borne. In five days from the beginning of the attack the child's digestion was apparently perfectly restored though she had not yet recovered her usual strength. There was marked constipation in this case, which was relieved by Seidlitz powders.

CASE II. is that of Miss B., a young woman of twenty-two, far advanced in consumption. Her digestion has always been rather weak. On the 10th of February, 1883, the patient complained of occasional nausea and vomiting, and also of a troublesome diarrhœa. The vomiting was checked for some time by milk and lime water, and the diarrhœa controlled by lead and opium. On Feb-

* Read before the El Paso County Medical Society, April 9, 1883.

ruary 23d the vomiting grew much worse, pepsine, lactopeptine, ingluvin, etc., were all tried, but to no purpose. At the same time the diarrhœa became almost uncontrollable, there being six or eight loose dejections daily. The stomach rejected all food, even of the simplest nature. Peptonized milk was now given, and was well borne by the stomach for two days, though the taste of the milk was disagreeable to the patient. There was no diarrhœa during these two days, although no astringent medicines were used. As the patient now began to have a strong repugnance to the peptonized milk it was discontinued, and a return to ordinary food was gradually made. During the month following her digestion remained very good, and but little medicine was required for the bowels. On the 21st of March there was again a little vomiting, accompanied with quite severe diarrhœa. Peptonized milk was at once ordered, but mutton and chicken broths were also allowed. The diarrhœa was checked with chalk and laudanum. Again the stomach responded to the milk treatment, though I had but little hope that it would. At the present time the patient's digestion remains fairly good, in spite of the steady advance of the disease in her lungs.

CASE III.—March 1, 1883, I was called to Mrs. C., a lady two months along in her second pregnancy. Her digestion had never been very strong. She was now suffering from almost constant nausea, which for a time was controlled by lactopeptine and ingluvin and a careful regulation of the diet. After a time these remedies failed of effect, and all kinds of food were vomited, though the patient maintained the recumbent position constantly. Previous to the advent of the nausea the patient had been taking six or seven glasses of ordinary milk daily, but now she could not bear even a very small quantity, having a great distaste to it. Peptonized milk was now given to the exclusion of all other forms of nourishment. The vomiting ceased almost immediately, and after a day or two there was no more nausea. Rest in bed was still maintained for three days; the patient was then able to get up and go about with no further dyspeptic symptoms. After five days of peptonized milk diet rare beefsteak was given once daily, and in a few days more the peptonized milk was given up entirely, the patient longing for plain milk and ordinary food. There has been no return of the dyspepsia, but the patient is, of course, very careful in her diet. She considers her digestion to be better now than it has been for years. In this case, as in the first, there was marked constipation. Pills of extract of nux vomica, hyoscyamus, and compound extract of colocynth were employed to combat it. As bearing upon the question of the rapidity of absorption of peptonized milk it may be well to note one incident in the history of this case. On the first day of the milk treatment the patient had left her bed for some reason twenty minutes after taking a full glass of the prepared milk. The movement was followed by the vomiting of about a tablespoonful of greenish fluid. There was not a trace in it of the milk so recently swallowed. According to the physiologists two hours is the time taken by ordinary milk in digestion.

There are a few points to which I shall refer briefly in closing.

First.—It is essential that the physician in charge, or at least some one more intelligent than the ordinary servant, should superintend the first preparation of the milk. In the second case given above the milk was made too bitter on the first day, hence the patient took a distaste to it which she could not afterwards overcome. In the course of the hour taken by its digestion the temperature of the milk may be allowed to rise as high as 105° F. or fall as low as 98° F., but only for a few minutes at a time. It is best to keep it as near to 100° F. as possible.

Second.—In the process I have described, the pancreatic extract is not the only factor in transforming the casein into albuminose. According to the experiments of T. Schmidt a solution of bicarbonate of soda added to cow,s milk diminishes the amount of casein and increases that of the hemi-albuminose. Again, the same observer proves that the process of boiling transforms a considerable amount of the casein into hemi-albuminose, and thus brings the composition of cow's milk nearer to that of woman's milk. We thus have three forces all tending to make the milk more assimilable for the stomach.

Third.—Though I have dwelt especially upon the utility of peptonized milk in acute dyspepsia, I am convinced that it would also be of service in many cases of chronic dyspepsia. The patient in Case III. had been a sufferer from greater or less dyspepsia for years. Less than one week of peptoniz ed milk diet not only relieved all her acute symptoms, but also improved her digestion to such an extent that she can now eat and assimilate all kinds of food.

Fourth.—From its readiness of absorption peptonized milk ought to be well fitted for rectal injection. When used for this purpose its digestion might with advantage be carried much further than when prepared for the stomach.

Fifth.—The three cases I have reported are all in which I have had an opportunity to try peptonized milk as an easily assimilated food. Though few in number, the uniform success of the treatment has led me to publish them, with the hope that further trial by other observers may verify the results I obtained.

IN PHTHISIS AND BRONCHITIS, Renzi and Rimuno report good results from the inhalation by spray of iodoform dissolved in turpentine.

ACTIONS AND USES OF ATROPIA.

One of the physiological effects of atropia is diminution or arrest of various secretions. Thus dryness of the mucous membranes of the throat, mouth and nares has been noted after the ingestion of this drug. The secretory function of the skin is also suspended. Therapeutics has taken advantage of this moderating action on secretion. Thus, in the treatment of coryza, Dr. Gentilhomme, of Geneva, taking his departure from the fact that atropine diminishes the secretion, even causes dryness of the nasal mucous membrane, prescribes pills containing each one half milligramme of sulphate of atropine. At the onset of the coryza one pill is taken, and in an hour's time the sneezing will have ceased, the secretion will have disappeared, and the respiration become free. Sometimes a quarter of a milligramme($\frac{1}{240}$ grain) is sufficient to produce this result. In chronic bronchitis the same favorable result has been obtained. In profuse salivation, from mercury, pregnancy (reflex salivation), etc., Gabler has derived benefit from atropine, in minute doses ; he prescribes powders of atropine, containing each one-quarter of a milligram rubbed up with white sugar ; one powder may be taken every four hours till the physiological effects of the drug are experienced.

This same authority has prescribed atropine with success in cattarrhal diarrhœa, giving from one-fourth to one-half a milligram every five hours till toxic manifestations appeared. There is, perhaps, no better remedy with which to combat the profuse night-sweats of phthisis. As an anhydrotic it has a high place in the practice of physicians all over the world. Dr. J. Milner Fothergill recommends doses varying from the seventy-fifth to the fiftieth of a grain. Vulpain (" *Clinique Méd* " p. 338) advises pills of sulphate of atropine, each containing one-half milligramme. Of these, two pills, one hour apart, in the evening. If this is not sufficient, give another about the middle of the afternoon. It is rare, he says, that more than three pills a day are necessary.

Bartholow, who prefers atropine to any other remedy for night-sweats, is much in the habit of prescribing a pill of $\frac{1}{200}$ of a grain three times a day ; besides acting as an anhydrotic it facilitates respiration.

That well-known sedative action which atropine exercises on the peripheral terminations of nerves, and on the elements of the nerve-centres, may, irrespective of any supposed constrictive effect on the vaso-motors—which is an effect by no means constant—explain the use of this medicament in affections of the cerebro-spinal nervous system characterized by phenomena of excitation, such as pain, spasm, convulsions, epilepsy. By this sedative action Gabler (also Trousseau and Pidoux) account for the remedial efficacy (so often noted) of belladonna and its alkaloid in rheumatismal and other inflammations of the spinal cord and its membranes. Under the influence of this drug, the pain and numbness and contracture of the extremities often give way rapidly.

In nocturnal incontinence of urine, atropine, by allaying irritability of the muscular fibre of the bladder, or producing stupefaction of the mucous membrane of that viscus (eminent authorities, as Gabler, believe that both effects are brought about as the result of the physiological action of the drug) proves an invaluable remedy. One grain of sulphate of atropine may be rubbed up with one hundred grains of white sugar and divided into a hundred powders. Of these, one may be taken at bedtime by a child twelve years old. Or one drop may be given at bedtime of the solution of sulphate of atropia of the British Ph., which consists of two grains sulphate of atropine to half a fluid ounce of distilled water. If this should be inefficacious, the second night two drops of the solution may be administered, which will, without doubt, give the physiological effect of the medicament. The dose must gradually be increased according to the necessity of the case.

In pertussis, one of the best remedies is sulphate of atropia, and, given according to Bartholow's formula, it is sure to give relief in the spasmodic stage where there is profuse bronchial secretion. One grain of sulphate of atropine is dissolved in an ounce of cherry-laurel water ; of this two drops may be given three or four times a day. We have used this remedy with advantage in whooping-cough in the form of spray ; the liquid in the atomizing cap of a spray-producer or steam atomizer being charged with five drops of Bartholow's solution. Atropia has a remarkable sedative or stupefying effect in irritable nerve-terminations when applied locally, and the quantities of the medicament that may be used with benefit are really infinitessimal. The above solution makes a good liniment in painful neuralgias, but must not be rubbed above the orbit for obvious reasons.—*N. Y. Med. Rec.*

HYDROBROMIC ACID AS A SUBSTITUTE FOR THE BROMIDES.—Dr. Dana stated at the annual meeting of the American Neurological Association, that this acid had been used by the profession chiefly with quinine, under the belief that it prevents or lessens cinchonism. The only extended record of clinical observations regarding this acid that he had been able to find was one by Massini, published two years ago, who used it in thirty-one cases of various kinds without special benefit. Dr. Dana was led to experiment with the drug, with the hope that it would produce the beneficial effects of the alkaline bromides in epilepsy without causing depression and scurvy. He had now used hydrobromic acid in the treatment of various nervous

affections for nearly two years at the Northeastern Dispensary, and he had the clinical notes of over fifty cases of various kinds. The officinal dilute acid is a ten per cent. solution, of which the dose would be from one drachm to two drachms and a half, well diluted. In *epilepsy* some patients received marked benefit from the use of the acid in doses of four to five drachms a day. Dr. Dana believed, however, that in epilepsy hydrobromic acid could not be used as a substitute for the bromides, except in the non-controllable cases, and yet it undoubtedly has a controlling influence over the disease. In *chorea* he thought the acid could be used advantageously as a medium for arsenic or strychnine when it is desired to give a sedative. In *alcoholism* it failed in two cases, the patients being on the verge of delirium, and the bromides with chloral were subsequently given with relief. Hydrobromic acid is a good solvent of quinine, but it *does not prevent cinchonism*, as has been asserted, certainly not in the small doses usually prescribed. In most cases of *insomnia* it also acts well. He could say positively that he could give the acid with just as much confidence that it would produce nervous sedation as when the alkaline bromides are prescribed. He had never seen any sign of bromism or any disagreeable constitutional effect other than some drowsiness. He believed that the ordinary custom of prescribing from twenty minims to one drachm of the three per cent. solution, the strength ordinarily employed, or of a ten per cent. solution, was generally much too small a quantity. Theoretically, in order to get the sedative action, from a drachm and a half to two drachms and a half of the ten per cent. solution must be prescribed. Practically he had found that very satisfactory sedative effects could be produced with drachm doses of the officinal dilute solution. In conclusion, the acid could be substituted for the bromides in all the milder affections for which the latter are used. It had appeared to him to be especially efficient in producing vascular and nervous sedation in the post- and prehemiplegic conditions. Unless given in very large doses, it takes several days to get its best sedative effects. Dr. W. A. Hammond stated that he used hydrobromic acid for seven or eight years, and then abandoned it because he did not see that it did any good. He had found, however, that it does prevent the unpleasant effects of sulphate of quinine; but in this respect it is not so efficacious as a corresponding dose of the alkaline bromides. Dr. Hammond's experience concerning the power of this acid to prevent cinchonism was corroborated by Dr. Eskridge, of Philadelphia, who also spoke of the good effects of the drug in typhoid fever.

MORBID CHANGES OF THE THROAT, LARYNX, AND AIR-PASSAGES IN SOME ACUTE INFECTIOUS DISEASES.—Dr. E. Löri, of Buda-Pesth, gives the following as some of the changes which may be observed. In measles, twelve to thirty-six hours before the appearance of the skin rash, there is a diffuse or macular hyperæmia of the mucous membrane of the throat, larynx, air-passages, diffuse usually in the mouth, macular on the tonsils and back of the throat. Within twelve hours from the appearance of this hyperæmia there occur small papules, first on the palato-glossal folds. About the time that the skin eruption appears there is profuse catarrh of the pharynx, larynx, and trachea, with rapid shedding of the epithelium, and frequent formation of superficial erosions. In the trachea the swelling around these latter may give rise to stenosis. According to the writer, the appearance of such ulcers in the larynx augurs the occurrence of tuberculosis. In scarlatina, the throat is affected twelve to thirty-six hours before the outbreak of the eruption. The writer states that there is often a sudden disappearance of the affection of the mouth and pharynx coincident with the eruption on the skin coming out. Frequently the eruption in the mouth closely resembles that found with measles. In rubeola there is also hyperæmia, diffuse or spotted, of the larynx and trachea. In smallpox the mouth is affected at the same time as the skin. The pustules are small and imperfectly filled, dry up in two or three days, and in six days are only represented by red spots. Bleeding from them is very common. The writer recommends the use of ice poultices round the neck, ice internally, and such astringents as tannin applied after puncture of the pustules. In chickenpox there occurs either diffuse hyperæmia of the mucous membrane, or a few scattered pustules. In typhus and typhoid, acute catarrh of the pharynx, larynx, and trachea is of frequent occurrence, and often proceeds in the larynx to the formation of ulcers, which have little tendency to heal, and occasionally, about the sixth or eighth week of the disease, cause perichondritis. For this latter condition, "when diagnosed with certainty," the writer recommends tracheotomy as early as possible. In whooping-cough there is usually some catarrh of larynx and trachea, and bleeding from the mucous membrane is frequent. The appearance, during the course of whooping-cough, of ulcers in the larynx, the writer regards as very suspicious of the onset of phthisis.—*Edinburgh Med. Journal.*

ACTION OF DRUGS ON SECRETION OF MILK.—We are already acquainted with the fact that a certain number of medicines when ingested by the ordinary channel were, in part, eliminated by the secretion of milk, but we do not possess precise information concerning the influence of the medicaments on the quantity and quality of the secretion. Observations recently made by M. Strumpf on the milk of goats as well as on the secretion in the human female during lactation have in a measure

supplied this want. Iodide of potassium was found to lead to a marked fall in the quantity of the fluid secreted, the proportion of proteid and saccharine principles were increased, whilst the proportion of fat was diminished. The quantity of iodide secreted was very small. so that the notion that iodide of potassium can be administered to children by way of their nurse is not sustained. Alcohol increased the richness of milk in fats, whilst the proportion of albuminoids and carbohydrates was not modified. Unaltered alcohol was not detected in the milk. Neither alcohol, morphia, nor the preparations of lead had any influence on the quantity of the secretion. Salicylic acid seemed to excite secretion a little; pilocarpine exercised no effect in this direction. The richness of the milk in sugar was increased by salicylic acid. which passes out of the milk secretion in greater quantities in the human female than in the herbivora. Traces of lead were also recognisable in the milk of those subjects who were ingesting the preparations of lead.—*Lancet.*

A Method of Rendering the Skin Insensible in Operations.—The *Medical Press* gives the following, reported at the Academie des Sciences :—A lady, aged sixty years, had a scirrhous tumor in the right breast of eight years' standing. The general health was bad, bronchial and cardiac troubles were manifest, and the kidneys were not in a satisfactory condition. The operation was urgent. Chloroform having been considered dangerous, M. Guérin applied around the tumor a circular layer of Vienna paste, limited by a double band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumor removed without the patient feeling the slightest pain, and who did not seem to be aware of the operation. The results were all that could be desired.

Curious Effect of a Cathartic Pill.—Professor, bowing courteously (to patient just arrived from the Old Country, and to whom he had ordered a c. c. pill the night before): "What sort of a passage did you have, madam?" "Beautiful, doctor; passed two schooners and a sloop."

The Dayton, O., Board of Health discharged the Health Officer and appointed a vigorous Democrat in his place. The Dayton *Journal* adds that "it was the deliberate opinion of the Board that the sanitary condition of their party demanded a Democratic doctor."

Something Worth Having. — "Dermatologists are well aware that soaps made from rancid fats or by careless methods act as irritants to the skin, and both set up and maintain diseased conditions of its surface. A pure soap, carefully made from vegetable oils, is something worth knowing and having. We can speak from personal experience that Packer's Tar Soap meets these requirements. It is exceedingly smooth and agreeable to the skin, and as it is combined with pine tar and glycerine, it is valuable as a remedy in skin diseases, as well as pleasant for toilet purposes. We commend it, without hesitation, as the most satisfactory soap, in both these respects, that we have ever used."—*Medical and Surgical Reporter, Phila.*

Treatment of Eczema of the Genitalia, Pruritus and Leucorrhœa.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful :

℞—Chlorate of potassium .....30 grains.
Wine of opium.....50 grains.
Pure water..... 1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar water (tar water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful :

℞—Chlorate of potassium.... 13 grams.
Wine of opium..... 10 grams.
Tar water..... .....300 grams.

Or,

℞—White vinegar (or wine)..300 grams.
Tinct. eucalyptus ..... 45 grams.
Acid, salicylic..... ..... 1 gram.
Salicylate of soda ..... 20 grams.

One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.—*Obstetric Gazette.*

The Treatment of Post-partum Hæmorrhage.—This note of Dr. Barnes's (*Lancet*, Jan. 27, 1883) was suggested by a recent article by Mr. Coates on "Two Cases of intra-venous Injections of Fluids for Severe Hæmorrhage," in which it was shown that injections of simple water had no bad effect upon the blood globules, He approves of this method of treatment, but thinks that saline injections are better. It is especially necessary to have a good canula. As might be expected, he has something to say in regard to the use of iron solutions for the arrest of post-partum hæmorrhage. The principle which he insists upon is that, when the diastaltic function of the heart is suspended,

"persistence in remedies which act through that function is useless, and may be injurious;" hence a local styptic action is desirable, and it is obtained from solutions of iron. He believes in strong persulphate, one to eight being the strength which he prefers. His concluding words are very valuable: "The first thing to do is to take care that the uterus is free from blood or clots. To insure this, a stream of hot water should be first sent through. This is a last appeal to the diastaltic force. If it check the hæmorrhage, the iron will not be used. But often it will fail; then the iron comes to the rescue as the last resource. About eight ounces should be injected slowly and gently. I have well weighed the advantages of swabbing, and prefer the method by injecting. With those who see no danger in hæmorrhage, or who argue that it can always be checked by 'ordinary means,' it is useless to reason. Nor can the dictum that the remedy is worse than the disease command respect. Hæmorrhage kills if not checked. It has often killed when the 'ordinary means' have failed."

CASCARA AS A LAXATIVE.—Dr. Carter of Liverpool, in an article on new therapeutic agents, writes to the following effect concerning cascara *(Rhamnus purshiana)*: The fluid extract prepared from the bark of this shrub, or small tree, is an excellent remedy in chronic constipation. I have used it now for two years, and have no doubt of its value. The fluid extract is reddish brown in color, and extremely bitter. A very good method of prescribing it is in a mixture, with twice its quantity of glycerine, or one of the flavored syrups. Of this a fluidrachm should be given three times a day, and the dose be diminished as soon as its aperient action is developed. It is what may be termed a tonic aperient, and seems to produce an effect somewhat like that caused by belladonna and nux vomica united with an ordinary aperient. It evacuates the whole canal. The motion is not watery, but usually semi-solid, truly feculent in character, and voided without difficulty, and so far from causing subsequent constipation, the bowels will often act regularly after its use has been entirely discontinued. I have used it so extensively, and the testimony to its value is so unmistakeable, that it would be difficult to select particular cases to prove this.—*Medical Record.*

NEW TEST FOR ALBUMEN IN URINE.—Arthur R. Haslam writes to the *Chemical News* as follows: While recently engaged in some experiments, I had occasion to add a solution of chloride of iron to a diluted solution of albumen into which, some time previously, a small quantity of chloride of sodium had been thrown. The result was the formation of a dense opaque white precipitate. This precipitate, when well washed and dried, still contained iron, from which circumstance I should suppose it to be a compound of albumen and iron. I have experimented on this reaction as a test for albumen, especially for that form which it assumes in urine, and it appears certain in its results, and has some advantages in its favor over the old nitric acid test, being much more delicate. After a series of experiments, I have adopted the following method of using the test: A portion of the urine supposed to contain albumen is poured into a test-tube, and a few drops of a solution of chloride of sodium added and well mixed; then a solution of chloride of iron is carefully poured down the tube, forming a layer. If the appearance of a whitish cone be noticed, albumen is present. If phosphates are present in the urine, care must be taken to add (before using the test) sufficient acetic acid to make the urine acid.

NOTE ON DISINFECTANTS.—In the *British Medical Journal* Dr. W. E. Buck writes: Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of sodium added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in it. The granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap

TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.—In a paper by Dr. Carl Breus, in the *Archiv für Gynækologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of chloral hydrate, were also employed. The convulsions set in at different periods during labour, and in the course of the first day after delivery. In four cases they came on at the beginning of labour, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There was present in all the cases albuminuria, together with more or less œdema. The baths were employed after the convulsions set in, during and after labour. A case is also mentioned in which forty-five hot

baths were given during pregnancy. The author believes that the immediate danger of life in these cases is due to the diseased state of the blood—hydræmia—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-state. This he believes is brought about by profuse sweating, which, he states, diminishes the quantity of albumen in the urine, and the œdema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labour when used during pregnancy, nor have they occasioned hæmorrhage when employed soon after labour.—*Lancet.*

DIPHTHERIA AND CROUP.—Dr. R. Wood, in *Midland Medical Miscellany*, translates the following from *Centrallblatt fur Med. Wissenschaften*, March 24th: "Dr. Kenock draws a strongly marked distinction between Diphtheria and Croup. He says (a) In diphtheria there is very little fever, whilst in croup the fever runs high. (b) In diphtheria both sides of the throat and posterior wall of the pharynx are affected, and even the uvula becomes covered with membranes sometimes; whilst in croup only one side is affected at first, and the uvula is comparatively free. (c) In diphtheria the mucous membrane of the nose seldom escapes, whilst in croup it always does.

ECZEMA.—Dr. Simon, in *Birmingham Medical Journal*, thus sums up a paper on Eczema:

1. Catarrh of the skin.
2. Its local manifestation may be Erythema, Papule, Pustule, or a Vesicle.
3. It may commence acutely and tend to spontaneous recovery, or to chronicity.
4. In chronic, not only are vesicles formed, but exudation takes place into true skin.
5. Such exudation must be removed, which must be by absorption of the medicine by the blood vessels.
6. Hard water must be always avoided.
7. Lotions do good, ointments do harm.
8. Air should be excluded.
9. Water should be used but little.
10. Crusts must be removed.

NASAL CATARRH.—Cubeb is the remedy most relied on in the Throat room, for constitutional impression in the ordinary form of the complaint. Fifteen or more drops of the oleo resin, on sugar, after meals; or a few grains of the recently prepared powder, with two or three grains of salicylate of cinchonidia, in pill or capsule, are the forms in which it is usually prescribed. Cleanliness, by douche or spray, is essential in giving the parts a chance to get well, which they often will do by cleanliness alone, without any topical medication. —*Polyclinic.*

LACTOPEPTINE in Gastric Disorders of Children. —By Aubrey Husband, M.B., F.R.C.S., Medical officer to Royal Dispensary, Edinburgh. "Of all the disorders to which young children are liable, those affecting the digestive organs are at once the most common and the most fatal. It has been calculated, from the Registrar-General's report, that one-quarter of the deaths among children under five years is due to diseases of the digestive organs, and this fatality is considerably greater under one year. Passing from these general considerations I would specialize one or two diseases which, from their constant recurrence, cannot fail to attract attention, and in which I was enabled to watch the effect of Lactopeptine.

"The cases are those of rickets, and of so-called atrophy with dyspepsia and diarrhœa. The following cases are of this type.

"1. C. D., æt. 3. The little patient had all the symptoms of rickets. She had a heavy, stupid look, the chest much contracted laterally, and the bones of both legs and arms much affected. She was ordered 5 grs. lactopeptine after each meal, and under this treatment the child gradually, and then rapidly, improved.

"2. M. W., æt. 2. This child was found suffering with symptoms of gastric derangement, colic, vomiting, and loss of flesh. As the diet had always consisted of anything that could be obtained, from dried cod and cheese, and as there was no chance of providing more suitable food for the child, it was hoped that by the aid of lactopeptine the diet might be made more digestible and nourishing. Accordingly 5 grs. lactopeptine was given daily after food, and the result was more favorable than was expected—the little patient after a short period becoming quite well.

"3. J. M., æt. 7½ years, was evidently of strumous habit, losing flesh rapidly, felt pain after taking meals. He could not take cod-liver oil. There were no chest symptoms. He was ordered 5 grs. lactopeptine three times daily, which was continued for a month, when he was able to take the oil and speedily recovered.

"The above cases serve to demonstrate the value of lactopeptine in the treatment of gastric disorders of young children. In two cases of children of a mother in the last stages of phthisis, the lives of the babes were saved by its use."—*The Medical Press and Circular, Lond.*

IODIA.—Dr. Carl Seiler, late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Phila.—Lecturer on Diseases of the Throat, University of Pennsylvania, Philadelphia, Pa., says: "I have used the preparation called Iodia, as manufactured by Battle & Co., of St. Louis, both internally and locally by means of a spray in cases of throat affections, and found it admirably suited to certain cases."

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, SEPTEMBER, 1883.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

CHOLERA INFANTUM.

The king of terrors has but few allies more powerful than cholera infantum. In all quarters of the globe it counts its innocent victims by thousands. It has cast its dark shadow on most households, and notwithstanding the boasted advance of medical science, it is the terror of the fond mother and the dread of the family physician. It is not on account of anything new or important we have to say that we take up this subject, but because it is proper that a disease so wide-spread and fatal should receive at least a passing notice at the season of its greatest prevalence.

Dentition and heat, especially the latter, being the leading factors in the production of cholera infantum, medicinal agents proper are comparatively powerless. No medicine can stop the teething process, nor moderate the heat of summer. We may lull to sleep dental irritation, and we may reduce the bodily heat, but we never can wholly remove the causes. Both the prevalence and fatality of this disease vary greatly from season to season Dry, and long-continued hot weather is most favorable to its development. This summer being moist and cool, the disease should not prevail to the same extent as in ordinary seasons. Should it do so in any particular locality, it must be owing to bad sanitary conditions. If medical science were a failure in all other respects, one great and grand thing it has done, it has taught man how, in a large measure to protect himself against the ravages of disease. If medicine furnishes no certain cure, it is a satisfaction to know that the disease may be in a large measure prevented. Due regard to diet, clothing, cleanliness and purity of air is a pretty effective safeguard. Over-feeding should be avoided, even in the case of infants at the breast. Nurses should regulate their own diet so as to avoid all articles of food known to have a disturbing tendency on digestion. During the heated term children fed on cow's milk should have their allowance mixed with barley-water, oatmeal-water, or a small quantity of lime-water. The reprehensible practice of giving infants "a little of whatever is going," cannot be too strongly condemned, at any time, but more especially during the hot weather. Next in importance to dieting is pure air. If, in addition to the depressing influence of heat, the child is made to breathe the atmosphere of a close room, occupied, perhaps, by one or more other persons, cholera is almost inevitable. A free interchange of air has a wonderful power in preventing diseases in general, but diseases of the digestive organs in particular. As another means of prevention, the child should be allowed to drink a moderate amount of cold water. Even infants of a few weeks old are greatly refreshed and benefited on a hot day by a little cold water. Bathing is another hygienic measure of great value, and should never be overlooked in health or disease.

It is much more difficult to be dogmatic in the matter of treatment. This naturally resolves itself into two parts, the hygienic and medicinal, the former being by far the most important. Much of what has been said in reference to prevention is applicable to treatment. The patient should be at once placed under sanitary conditions as favorable as possible. If the case is at all severe at the outset all food had better be withheld for a time, even breast-milk. It is not digested, and only increases irritation. The child craves for cold water, but experience teaches us that gastric and intestinal irritation of whatever kind, is not relieved, but rather increased, by draughts of cold water. But when the temperature is high, and thirst great, a teaspoonful of iced water repeated at short intervals will at least prove grateful. In this disease the drain on the circulating fluids is great. To compensate for this, it is necessary to give a good deal of liquid in some form. Sometimes the disease is ushered in with such suddenness and se-

verity as to cause death in a few hours. In such cases the vomiting and purging are excessive, the skin is cold and the distress is extreme. When death does not soon take place, reaction sets in, and instead of coldness there will be heat of body. These different conditions, of course, require different management. In the former we must endeavor to supply heat, by the hot bath, persistent friction, mustard sinapisms, tincture of capsicum rubbed along the spine and on the extremities, and warm drinks, with stimulants. These measures must not be carried to excess, and must be discontinued as soon as reaction is observable. It however, more frequently happens that the onset is more gradual. Instead of diminished, there is increased temperature calling for measures directly the opposite.

The judicious management of the child's food and drink is, without doubt, by far the most important part of the treatment. Medicine can do no good as long as materials are poured into the stomach which it is unable to appropriate. It is worse than useless to allow an infant to nurse simply that it may vomit immediately after. It surely cannot be right to administer milk or other food which we know will be rejected. The child, so far from being benefited, is made worse, and the symptoms which we are endeavouring to relieve are aggravated ten-fold. No food at all is to be preferred by far, to food which is taken only to be rejected by an exhausted stomach. Great irritability of the stomach may be regarded as proof positive of its inability to digest milk. In such cases we must rely mainly, for a time at least, on barley-water, which has been made somewhat as follows: To a pint of cold water add one or two teaspoonfuls (according to the age of the child) of barley which has been freshly ground or broken up in a coffee mill, or in some other way; let this be boiled down to one-half and strained whlle hot. This, like all else, should be given warm—simply warm. Salt should always be added. After the stomach has become more quiescent, and it is thought some degree of digestion can be performed, milk in varying proportions may be cautiously added to the barley-water, or milk and lime-water may be given. Barley-water and lime-water have the quality of preventing the solid curding of the milk, which usually takes place in these cases. We can also recommend with confidence the following: Beat up the white of two eggs in a goblet; fill the goblet two-thirds full of cold water and beat again. A few grains of sugar may be added, a little salt, together with a little orange or peppermint water to flavor. This may be given frequently in tablespoonful doses, throughout all stages of the disease. It is nutritious and palatable, and often retained when all else is rejected. It is very important to impress upon nurses that under no consideration are large draughts of any kind admissible, not even breast milk, when that is allowed. Small quantities frequently repeated is the true method of feeding in all severe cases.

The strictly medicinal part of the treatment has been considerably narrowed down of late years. Every practitioner of experience has been disappointed and humiliated by the inefficiency of his drugs. Astringents are constantly prescribed, but every one knows that they exercise no influence for good in the more severe cases. Pepsin, maltopepsin, lactopeptine and bismuth constitute the main remedies of the hour, and there can be no reasonable doubt of their value. Other remedies are added according to the fancy of the prescriber or as the symptoms seem to indicate. For nervous excitement and great restlessness, nothing is equal to chloral hydrate, given in one or two grain doses, according to age, and repeated as often as necessary. Given in this way, no evil will ensue. Children are very tolerant of this drug. In some quarters it is much vaunted as a remedy in Asiatic cholera. We can testify to its beneficial effects in some cases of cholera infantum.

BRITISH MEDICAL ASSOCIATION.

The fifty-first annual meeting of the British Medical Association was held in Liverpool, July 31st and three following days, under the presidency of Dr. Waters, and was a largely attended and most successful meeting. The subject of the president's address was the "Present condition and future prospects of the profession." Last year the Association celebrated its jubilee, and much retrospective oratory was indulged in; this year it seemed fitting to consider the present condition and future outlook of the profession, and this subject was handled with much ability by the learned gentleman. He alluded to the endeavor now being made to render our knowledge more defi-

nite and exact by the introduction of instruments of precision, as, the stethoscope, the thermometer, microscope, sphygmograph, and laryngoscope, and dwelt especially on the use of the stethoscope, thermometer, laryngoscope, and sphygmograph. He next referred to the improvements in therapeutics, ever bearing in mind that medicine must be judged by the therapeutic results which it achieves. In illustrating this point he alluded to the practice of tapping the chest in pleuritic effusion, the treatment of continued fevers, etc., but while we look with satisfaction upon our successes, we must deplore our imperfect knowledge of both the pathology and therapeutics of some diseases, as diabetes, rheumatism, etc. He alluded hopefully to the present and prospective labors of the "Collective Investigation Committee" of the Association as capable of accomplishing most valuable work in this direction. One line of enquiry he trusted would receive special attention at their hands, viz., the points of difference between functional disturbance and the early symptoms of organic affections, for, said he, "how difficult it is sometimes to say, when some slight symptom presents itself and when no objective signs of organic disease can be discovered, whether that symptom indicates incipient structural change or mere functional derangement." He then referred to the all-absorbing question of the dependence of certain diseases on micro-organisms, and classed these as the most striking discoveries of the present day, and fraught with bearings of a practical kind in the prevention and treatment of disease, in which he alluded especially to the *Bacillus tuberculosis*. He next referred to the introduction of substances by the chemist of the highest value to the physician in the treatment of disease, such as the bromine compounds, chloral, croton-chloral, pepsine, and the various forms of pancreatine, salts of salicylic acid, etc. In conclusion he ventured to think that amongst the many changes which revolving years would bring, and the higher status as a science which medicine would attain, and the higher estimation in which the profession would be held, there would come a fuller recognition of the claims of its members to some of the higher honors of the State; and perhaps the president of that occasion, or some who may listen to his words, may belong to that upper branch of our Legislature to which hitherto no practitioner of our art has reached.

The address on surgery was delivered by Reginald Harrison, F.R.C.S., who took for his subject "Some recent advances in the surgery of the urinary organs." He referred to such subjects as nephrectomy, Bigelow's method of lithotrity, cystotomy in vesical troubles, urethrotomy, etc. The address which is of a practical and interesting nature, was well received and his views in the main concurred in.

Dr. Creighton delivered the address on pathology, taking for his subject the "Autonomous life of the specific infections." In the course of his remarks he said that the central principle in the doctrine of disease is that diseased states are but modifications of healthy conditions, deviations from the physiological standard. Thus, he says, even in so formidable a malady as diabetes, we are still within sight of the line of health; there may be a physiological glycosuria, and that fact, says Dr. Bence Jones, proves that the disease is only a little way distant from health. There is no definite limit, where health ends and disease begins. In dealing with the subject of his address proper, he dwelt at length upon the autonomous life of cancer, bovine tubercle, and smallpox, the last of which he claimed possessed it in a high degree, inasmuch as it has preserved its unity and individuality in all races of men, in all ages, and all parts of the world. He next referred to the exogenous infections, as cholera, yellow fever, etc., and alluded to their capability of subsistence for long periods outside of the human body, but which require certain conditions to render them potent. The arguments in favor of his theory, though far from convincing, were fairly well sustained.

The Sections were largely attended, except those on Physiology and Pathology, in which the attendance was less numerous than it should have been. The entertainments were of the most hospitable and brilliant character. A soiree was given by the president and local committee, a reception by the mayor, and excursions were made to various points of interest in the vicinity, the affair being brought to a close by a grand banquet on the 3rd of August. Dr. Cuming, of Belfast, was elected president, and Belfast selected as the next place of meeting.

Dr. John Marshall has been elected President of the Royal College of Surgeons, England.

THE CHOLERA.

At a meeting convened by the National Health Society of London in reference to the probable outbreak of cholera, Dr. Ernest Hart, editor of the *Brit. Med. Journal*, made some very excellent and appropriate remarks. He was introduced to the meeting by Sir Richard Fayrer who presided. In introducing the lecturer he said it was an undoubted fact that cholera was prevailing in the Delta of the Nile and it therefore behooved the English people to be prepared for a possible extension of the disease to this country.

Dr. Ernest Hart said that materials for such a lecture abounded in every direction. With an increased knowledge of the laws of disease, we had been enabled to make each successive epidemic less severe. Cholera first invaded Europe after the introduction of steamboats, and in 1831-2 there was a very widespread epidemic which reached this country. In India our experience of it dated from 1808. The epidemic of 1831-2 first appeared in Russia, and despite quarantines and cordons, it gradually assailed every country in Europe. In 1848 there was a second great epidemic, and for the first time we rationally inves tigated—according to modern methods of investigation—the nature and causation of cholera. We then saw the clear connection between cholera and unhealthy conditions of life. It raged in different parts in proportion to the impurity of the water supply. The connection of water supply with cholera, Dr. Hart dealt with at considerable length. Pure water, he said, was a condition of primary importance in the prevention of an epidemic, and we had a right to expect thoroughly pure water from the monopolist companies. It was an anomaly that there were no penalties which could be enforced for the distribution of impure water. Others were not allowed to disseminate unhealthy things. A very small pollution of a vast body of water was capable of conveying to the whole of that body qualities which would produce an epidemic of cholera. To prevent the spread of the disease neither quarantines nor cordons were to be relied upon. Both had been proved by the experience of the whole of Europe in its calmer moments, and by the unanimous expressions of opinion of our Indian officers, to be cruel, selfish, morally wicked, and medically useless. Quarantine was an ancient and barbarous expedient which had been condemned by every authority which had examined into it. Common sense and cleanliness, were two far better things to fight cholera with than quarantines and cordons. At the Vienna Conference quarantine had been pronounced to be "impracticable and useless;" while a system of medical inspection was recommended to be adopted. Still more useless than quarantine was a system of cordons. There were four great things to be looked to—the air, the water, the soil, and personal precautions. As regarded infected air, it was known that cholera spread in precisely the same way as typhoid and enteric fever and diphtheria. Care must be taken after the ordinary means of ventilation, that houses were perfectly and properly drained, and that no sewer-gas could enter. Cholera was not a mysterious disease, passing from hand to hand, from individual to individual, and from distance to distance, by any unexplained means. English and European experience went to show that if pure air and pure water were obtained, and the pollution of the soil was prevented, cholera would be entirely escaped. Dust-bins, dirty linen, unhealthy food, and personal uncleanliness would all encourage and in fact lead to cholera. It was of vital importance to know that cholera was not a disease infective from person to person in a direct sense, as small-pox and some other diseases were, and this knowledge made the disease lose many of its terrors. The prevention of the cholera depended upon the public authorities acting with spirit and incurring the necessary expenditure upon making and keeping clear our soil and our water supply, and upon individuals exercising proper supervision over the households they could control, and the poor whom they could help. These things would rob cholera of all its terrors. It was no rash thing to say that if cholera did reach the metropolis or any town in this country, the authorities, the medical men, and the people generally were armed with so much knowledge, and had made such progress in the methods of defending themselves against it, that no such epidemic of cholera in the future as there had been in the past need be feared.

CANADA MEDICAL ASSOCIATION.—The sixteenth annual meeting of the Canada Medical Association

will be held in Queen's College, Kingston, commencing on Wednesday, the 5th of September, under the presidency of Dr. Mullin, of Hamilton. The committee of arrangements has made every provision for the comfort and convenience of members who will honor the "Limestone city" with their presence. A large meeting is confidently anticipated, and we trust our confrères in the western part of the Province, and from the entire country, will turn out in large numbers, Western members will reach most comfortably by taking the boat from Toronto on Tuesday, at 2 p.m. Return tickets will be issued by all railways at 1⅓ fare, and by the Intercolonial R. R. and Richelieu and Ontario Navigation Co. at one fare. Hotel accommodation in Kingston, from $1.50 to $2 per day. We give herewith a list of the papers to be read at the coming meeting, received up to the 25th ult. The secretary, Dr. Osler, Montreal, will be pleased to receive notice of papers to be read, up to the 4th inst.

Case of Chronic Suppuration, Dr. J. E Graham, Toronto. Diet as a Therapeutic agent, Dr. Playter, Toronto. Fractures of the Forearm, Dr. McNaughton, Erin, Ont. Digitalis, Squill and Strychniæ Combinations in Diseases of the Mucous Membranes, Dr. Kerr, Galt. Reminiscences of the Visitation to Canada of Asiatic Cholera, Dr. Workman, Toronto. Experiments in Resection of the Bowel, Dr. James Bell, Montreal. Retroversion and Retroflexion of the Uterus, Dr. Worthington, Clinton, Ont. Anomalous case of Femoral Hernia, Dr. Campbell, Seaforth, Ont. Paracentesis Pericardii, Dr. McDonald, Londonderry, N. S. Specimen of Gangrenous Intestine, Dr. Sheard, Toronto. Dropsy of the Amnion, Dr. Dorland, Milwaukee. Chronic Bright's Disease, Dr. Osler, Montreal. Papers have also been promised by Drs. Brouse, Gardner, Hingston and others.

ONTARIO MEDICAL ASSOCIATION.—The following are the names of the gentlemen forming the temporary committees nominated by the President, Dr. D. Clark :

MEDICINE.—*Chairman*, Dr. Harvey, Watford; Drs. Hunt, Clarksburg; Gillies, Teeswater; Caw, Parkhill; Beaton, Orillia; Battersby, Port Dover; Rae, Oshawa; Nation, Uxbridge; McTaggart, London; Orr, Hastings; Macdonald, Hamilton; and Barrett, Geikie, Davidson, W. H. Aikins, Carson, McFarlane, Playter, O'Reilly, and Sheard, of Toronto.

SURGERY.—*Chairman*, Dr. Burt, Paris; Drs. Campbell, Seaforth; Street, London; Christoe, Flesherton; Digby, Brantford; Yeomans, Mount Forest; McNaughton, Erin; Hurlburt, Brucefield; Dupuis, Kingston; Bascom, Uxbridge; Burrows, Lindsay; McLean, Goderich; and Drs. Fulton, Oldright, Aikins, Zimmerman, A. H. Wright, Thorburn, Wagner, and Burritt, of Toronto.

OBSTETRICS.—*Chairman*, D. J. Ross, Toronto; Drs. Ghent, Priceville; Bogart, Campbellford; Groves, Fergus; Hillary, Aurora; Smith, Sparta; Turver, Parkdale; Sinclair, Paris; Rosebrugh and Malloch, Hamilton; Lovett, Ayr; O'Gorman, Hastings; McCrimmon, Lucknow; Gould, King; Freeman, Milton; Baird, Packenham; Bray, Enfield; Kitchen, St. George; and Drs. Workman, H. H. Wright, Burns, Strange, Macdonald, and King, of Toronto.

OPHTHALMOLOGY AND OTOLOGY—*Chairman*, Dr. Palmer, Toronto; Drs. Freel, Stouffville; Henderson, Kingston; Hamilton, Port Hope; O'Reilly, Fergus; Powell, Edgar; Stalker, Ripley; McKechnie, Thorndale; Mitchell, Enniskillen; and Drs. Ryerson, Reeve, Rosebrugh, McPhedran, and Holmes, of Toronto.

NECROLOGY.—*Chairman*, Dr. Bryce, Toronto; Drs. Lepper, Meaford; Patterson, Markham; Smith, Pyne, and Martin, Toronto; Dickson, Day, Harrowsmith; Webster, Norval; Radford, Galt.

AUDIT.—*Chairman*, Dr. Elliott, Lindsay; Drs. Armstrong, Markdale; Irving, Kirkton; Miller, Woodhill; Robinson, Markham; Stutt, W. Flamboro'; Ward, Napanee; Wilson, Richmond Hill; and George Wright, Duncan, Sweetnam, Sinclair, Hunter, and Wallace, of Toronto.

PAPERS AND BUSINESS.—*Chairman*, Dr. Nevitt, Toronto; Drs. McLean, London; Hunter, Ballantrae; Fairchild, Brantford; Todd, Georgetown; Wood, Delhi; Thom, Streetsville; Duncan, Thamesville; Fraser, ——; and Drs. Canniff, Buchan, Riddel, Stark, and Ferguson, of Toronto.

ARRANGEMENTS.—*Chairman*, Dr. Mullin, Hamilton; Drs. Case, Leslie, Philp, and Woolverton, of Hamilton: Inksetter, Dundas; and Vanderburgh, Merriton.

PERSONAL.—Dr. G. H. Burnham, who has been resident surgeon at Moorfields, London, Eng., during the past six years, has settled in Toronto. He makes a specialty of diseases of the eye, ear and throat Although we appear to be pretty well supplied already, yet we welcome him to our city, and wish him every success.

Dr. D. Darrach, of Kensington, P. E. I., has retired from practice on account of ill-health, and has been succeeded by Dr. McNeill (McGill, '83).

We sincerely trust Dr. Darrach's health may shortly improve.

Dr. T. S. Covernton, of Winnipeg, left England on the 30th of July, on a voyage to Penang, Singapore, Shanghai, Amoy and Hong Kong. He expects to return in December.

Dr. Hamilton Meikle, son of Rev. Mr. Meikle, of Oakville, has successfully passed his examination as surgeon in the Royal Navy.

Dr. Thomas Gray, of Ontario, formerly of Brigus, N. F., has successfully passed his examination for the double qualification of L.R.C.P. and S., Edin.

Dr. Theophilus Parvin, of Indianopolis, has been elected Prof. of Obstetrics and Diseases of Women and Children at Jefferson Medical College, Philadelphia, in place of Dr. Ellerslie Wallace, resigned.

Dr. Phelan, of Kingston, has returned from the continent to resume his practice. While abroad he attended the Mater Misericordiæ Hospital at Dublin, the London Hospital, the Beaujon and Salpetriere in Paris, and the City Hospital at Brussels.

VICTORIA MEDICAL SCHOOL, MONTREAL.—This school which is in affiliation with Victoria College, Cobourg, has been in successful operation for several years; but a strong rivalry prevailed between her and the Laval University medical school. Instructions were issued by the authorities of the church that Laval should be supported. The professors and students of Victoria continued to act contrary to the spirit of the official declaration. An order was then issued to the sisters of Hotel Dieu to refuse admission to all professors and students, except those of Laval. The sisters appealed to Rome, and the professors to a committee of Provincial Bishops. The latter have decided that no Catholic can conscientiously form part of Victoria School or attend lectures there, and those who do so cannot be admitted to the sacrament of the church, and the former have been again ordered to close their doors to professors and students of Victoria. This mandate effectually disposes of the Victoria School of Medicine, which is much to be regretted, as the school was doing a good work and was besides a means of stimulating healthy rivalry in medical teaching.

Just as we go to press, we learn that a cablegram has been received from the Pope, ordering the Victoria school to be carried on as usual for the present.

CANADIAN SANITARY ASSOCIATION.—The first meeting of the Canadian Sanitary Association will take place in Kingston on the 6th of September, immediately after the meeting of the Canada Medical Association. A provisional committee has been elected, with Dr. Playter, of Toronto, as Chairman, and F. N. Boxer, C.E., as Secretary. The object of the association may be briefly stated as follows: To promote sanitary education; obtain joint legislative action when necessary between the several governments; to prevent the spread of infectious diseases; to secure the mutual co-operation of the boards of health, and to publish in a sanitary journal lectures on the laws of physics, chemistry of sewage, water pollution, etc.

LEPROSY AT TRACADIE.—A party of New York physicians, consisting of Drs. Fox, Williams, Pardee, Crosby and others, recently visited Tracadie, New Brunswick, to study the cases of leprosy in the lazaretto. A report on this subject will be made to the New York Dermatological Association. Dr. Fox remained several days in the institution, in order to watch more closely the condition and habits of the patients, and the nature of the disease. We are pleased to learn that the disease is dying out at Tracadie. Five years ago there were 36 cases in the lazaretto, whereas at present there are only 24.

ACTION FOR ALLEGED SLANDER.—The proprietors of the Throat and Lung Institute have brought suits against Dr. McCammon, of Kingston, and Dr. Bray, of Chatham, members of the Ontario Medical Council, for having, it is alleged, spoken in debate of the plaintiffs as quacks, medical prostitutes, etc. Damages are claimed to the extent of $10,000 against each of the defendants. Whether the cases do or do not come to a trial—they will serve in the meantime to advertise the "spirometer" men.

PREVENTION OF INFECTIOUS DISEASES.—The Manitoba Legislature, during the last session, passed a most stringent measure for the prevention of the spread of smallpox and other infectious diseases. The Manitoba *Free Press* gives a complete

digest of the new law in its issue for August 2nd and 3rd. From a perusal of these papers we are led to believe that the authorities have full power to ensure sanitation and effectually cope with epidemics. The want of such an enactment has been severely felt in that province, and the authorities and the public are to be congratulated upon the passage of the act.

BRITISH DIPLOMAS.—Dr. E. M. Hewish, of Toronto, has been admitted to the L.R.C.P. Edin. Drs. P. J. Strathy (Trinity College) and C. E. Cameron (McGill) were admitted to the M.R.C.S. Eng., on the 25th of July. Dr. J. S. Lathern has been admitted to the L.R.C.P. Lond. Drs. W. D. Oakley (McGill) and P. G. Meldrum (Toronto) passed the primary examination of the Royal College of Surgeons, Eng., in July last. Dr. W. F. Cleaver (Kingston) has been admitted to the L.R.C.P. Lond.

CARBOLIC ACID IN HYDROCELE.—A paper was read before the New Brunswick Medical Society, by Dr. Jonah, of Eastport, Me., in which he reported three cases of chronic hydrocele successfully treated by the injection of from 30 to 90 grains of crystallized carbolic acid dissolved in about ten per cent. of water. The plan he adopted is similar to that recommended by Dr. Levis, of Philadelphia, several years ago, and which was also successful in his hands.

ATROPINE IN MENINGITIS.—A writer in the *Atlantic Journal of Medicine* (a new aspirant for professional favor, by the way) recommends the use of atropine in the ordinary strength of 2 grs. to the ounce, two drops in each eye night and morning. It relieves the intense photophobia, quiets the restlessness, and has a soothing effect on the patient generally. It certainly seems worthy of trial in such cases.

THE ADMINISTRATION OF SANTONINE. — Dr. Lewin, of Berlin, states that santonine should be given in its least soluble form, as the desired effect is not a general, but a local one. He recommends the administration of it in some oil, such as cocoanut oil, olive oil, cod liver oil, or castor oil. Some of the æthereal oils, which are so destructive to the lower forms of animal life, would be suitable in this connection.

WOMEN'S MEDICAL COLLEGE, KINGSTON.—The following are the names of the Faculty :—Dr. M. Lavell, Obstetrics ; Dr. M. Sullivan, Surgery ; Dr. Garrett, Anatomy ; Dr. Oliver, Materia Medica ; Dr. Saunders, Medicine ; Dr. Fenwick, Medical Jurisprudence and Sanitary Science ; Dr. Phelan, Institutes of Medicine and Histology. Botany and Chemistry will be taught in Queen's College.

RESORCIN AS A DRESSING.—This new remedy promises to become not only the popular remedy for a number of ailments, but also to take the field as a dressing for chancres, chancroids, mucous patches, etc. It is said to be more efficient than iodoform, while it is free from the unpleasant odor of that drug. It may be applied in powder, or in twenty-five per cent. solution in water.

OBITUARIES.—The death of Dr. Joseph Bell of Edinburgh is announced in our British exchanges. The *Progrès Mèdical* also announces the death of Paul Dubois, of Paris. Prof. Pacini, of Florence, the discoverer of the corpuscle which bears his name, is dead. Dr. Jacob Mosher, of Albany, N. Y., died on the 13th ult.

RESIGNATIONS.—Dr. J. C. Dalton has resigned the chair of Physiology in the College of Physicians and Surgeons, New York, on account of ill health. Dr. J. A. Curtis is his successor.

Mr. Jonathan Hutchinson, F.R.S., has retired from the position of Senior Surgeon to the London Hospital, his term of office having expired.

INVESTIGATION OF CHOLERA.—Pasteur, at the head of a commission for the investigation of cholera, is about to start for Egypt. The following gentlemen accompany him : MM. Roux and Thuillier, of Pasteur's Laboratory ; Strauss, of the Faculté de Médicine, and Nolaco.

REMOVALS.—Dr. Orton, M.P., Fergus, has removed to Winnipeg. Dr. H. O'Keefe has removed to Minto, Dak. Dr. S. S. C. Phippen has removed to Owasso, Mich. Dr. Mattice, of Cornwall, has removed to Sioux Falls, Dak.

APPOINTMENTS.—Drs. F. W. Strange, Toronto, and F. W. Campbell, Montreal, have been appointed surgeons to the Militia Schools of Instruction in Ontario and Quebec respectively.

CORONER.—Dr. R. Lambert, of Windsor, Ont., has been appointed Coroner for the Co. of Essex.

Books and Pamphlets.

A Treatise on Diseases of the Eye. By J. Soelberg Wells, F.R.C.S., King's College, London, &c., &c. Fourth American, from the third English edition, by Charles S. Bull, A.M., M.D., New York. Philadelphia: H. C. Lea's Son & Co. Toronto: Willing & Williamson.

The present work has undergone many changes and additions which were necessary to bring it up to the present state of knowledge on the subject. The size of the book, however, remains about the same. The section on membranous conjunctivitis, and purulent conjunctivitis of new-born infants is entirely new. A full description of Landolt's method of blepharoplasty is given in the chapter on diseases of the lids. Sattler's views upon the nature of trachoma have also been given in their appropriate place, but no mention has been made regarding the use of the jequirity bean in the treatment of trachoma and obstinate pannus, owing, the editor states, to the MSS. having been in type before the observations on this subject were published. A very interesting article on optic neuritis in intra-cranial disease, by Hughlings-Jackson, will be found in the chapter on diseases of the optic nerve. This edition has been rendered as complete as possible, and the editor appears to have bestowed great care in incorporating all the important facts elucidated by recent researches in this branch of medical science.

The Popular Science Monthly for August, 1883. New York: D. Appleton & Co. $5 per annum.

The August number is the most vigorous and brilliant of the year. Its most important article is the monopoly of the Bell Telephone Company. They say to the public: "We hold the patents of a new art; we have patented talking through a wire, and the courts pronounce our patents valid; now help yourselves!" But, if the statements in this article are true, the whole claim is now exploded, and nothing remains for the courts but to reverse their decisions, and make the telephone free to the world. The art of talking through a wire was invented first, not by Bell, but by Reis, of Germany, who devised every one of the contrivances now used, in their essential principle and working effect. There is a masterly article by W. D. Le Sueur on "The Anarchy of Modern Politics," that will be read with profound interest. An account is given by Professor Tindall of his experiments to ascertain the effect of atmospheric moisture in restraining the radiation of heat from the earth's surface. Dr. Oswald continues his valuable papers on "The Remedies of Nature." Other articles of interest are on "The Geological Distribution of North American Forests," "Locusts as Food for Man," "The Chemistry of Cookery," "Technical Education," etc.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.C.S., Eng., London. 10th edition, just published. Philadelphia: H. C. Lea's Son & Co. Toronto: N. Ure & Co.

It gives us much pleasure to acknowledge the receipt of this valuable standard work on anatomy. There is probably no medical text book which has been so extensively used as "Gray's Anatomy." For years it has been almost the only work on anatomy in use by medical students, and the appearance of a new edition will be hailed with delight. It is almost unnecessary to say that the present edition is up to the standard in every respect.

The Essentials of Pathology, by D. Tod Gilliam, M.D., Prof. of General Pathology and Physiology, Columbus Medical College, Ohio. Philadelphia: P. Blakiston, Son & Co. Toronto: Willing & Williamson.

We are pleased to have to hand the Essentials of Pathology, by Prof. Gilliam. After a careful perusal of its contents, we feel justified in saying that it fills a long-felt want in that it contains in a concise form all that is required of the ordinary student of the present day. The chapter on general and local death we are especially pleased with, in that it puts very clearly the close pathological associations of molecular and general death. We would also especially notice the chapter on the pathology of the blood, which is put in a very concise and excellent manner. For students and practitioners who have not the time to wade through the more exhaustive treatises upon pathology, this work is one we can highly recommend.

Births, Marriages and Deaths.

At Walkerton, Ont., on the 26th of July, Wm. J. Cooper, Barrister, of Portage la Prairie, to Minerva H., only daughter of the late Wm. Henderson, M.D., of Napier, and step-daughter of L. Sinclair, M.D., of Walkerton.

On the 20th ult., Norman McGregor, M.D., of Lucknow, aged 50 years.

On the 22nd ult., Dr. Edward Laberge, M.P.P., of St. Philomene, Que., aged 54 years.