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.

- ☐ 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.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVII. TORONTO, DEC., 1884. No. 4

Original Communications.

NOTES ON FIVE CASES OF OVARIOTOMY.

BY A. B. ATHERTON, M.D., L.R.C.P. & S., ED, TORONTO,
(Formerly of Fredericton, N.B.)

CASE I, *March 12, 1876.* — Mrs. H., æt. 49, never menstruated but once in her life, when 17 years of age. Had distinct menstrual molimen every month, however, till four or five years ago. Married at 22 years. Husband died seven years ago. Three years ago noticed first a tumor in left inguinal region. Was examined by me about a year afterwards, when it was of size of adult head, and I diagnosed ovarian tumor and advised her to have it removed when it got somewhat larger. Nearly a year after I saw her it had become so large that another medical man who was consulted tapped her. Since then he has repeated the operation some six or seven times. As the tappings have of late been required at shorter intervals than at first, and as her health has been failing, she called me in again to see her. She was induced to do this, more particularly, because of the opinion of her attendant that the tumor could not be removed.

On examination I found the whole abdomen filled with a fluctuating tumor, also her legs were considerably œdematous, and she had become much emaciated. I advised her to submit to ovariotomy at once, but she begged me to postpone that operation for the present and tap her again. I complied with her request and drew off eight quarts of thick mucilaginous liquid. I tapped her again on May 4th, June 14th and July 16th, removing sixteen quarts in the last tapping.

August 20.—Thinks she is as large as before last tapping and consents to removal of tumor. To have castor oil to morrow to move the bowels.

Aug. 22, 11 a.m., Operation.—Chloroform administered, followed by ether; assistance rendered by Drs. Coulthard and Ellis, of Fredericton. A long incision had to be made, extending two or three inches above umbilicus, to get out the solid portion of the tumor, which weighed eight pounds, and was so firmly adherent to the omentum that about nine inches of the latter had to be ligatured. The adhesions to other parts were unimportant. About eighteen quarts of fluid matter were got away by tapping, making the whole tumor about forty-four pounds in weight. It grew from left side. Pedicle secured by clamp externally and sutures put in. Stump powdered with salicylic acid and wound dressed with carbolized oil, cotton wool pad, and bandage being applied over all. Half a grain of morphine suppository given after coming out of ether.

Aug. 30.—Wound has been dressed every day as at first. Temperature reached more than 100° F. only once since operation; 100.5° F. on second day. Has not suffered much pain; taken five or six opiates; no vomiting; sutures were all removed yesterday.

Sept. 2.—Doing well, but bowels have not been moved till to-day, although she has had several enemata during the last few days. A dose of castor oil yesterday, followed by another enema this morning, has had the desired effect.

Sept. 7.—Clamp came off this morning. Doing well.

Sept. 12.—Is up, dressed, and going about the room.

Sept. 18.—Has been down stairs the last two or three days. Some granulations still at site of stump; nitrate of silver applied.

Sept. 27.—Wound healed; has been out of doors.

Nov., 1884.—Has been living in Boston the last five or six years, and has been in good health ever since operation.

CASE II, *March 21, 1878.*—Mrs. R. D., æt. 49, mother of four children, youngest nine years of age; husband living. Health generally good till one year ago, when she felt a lump in hypogastrium, accompanied with soreness. During last summer had two attacks of severe pain in abdomen, which obliged her to keep her bed about a week each time. Tumor has gradually, though irregularly, increased up to the present. Catamenia have been somewhat irregular, both as regards time and quantity. For the last month the appetite and general condition have failed, and she

now presents an emaciated and careworn appearance. Has consulted five different medical men in towns of New Brunswick and the State of Maine, who all seemed agreed that she was suffering from a tumor which was "connected with the womb," and gave it as their opinion that it could not be removed. Her family physician called her husband to one side just as they were starting from home to consult me, and told him that if she was operated on she would be brought back a corpse.

On examination I found a large hard tumor occupying the whole of the lower abdomen, somewhat irregular on its surface, and at one or two points indistinctly fluctuating. Slight resonance in left lumbar region; dull elsewhere. Per vaginam: os tincæ felt directed somewhat posteriorly, and sufficiently patulous to admit the tip of forefinger. Fundus of uterus anteflexed, and tumor pressing closely down upon it; the two seemed to move together more or less in all directions. Sound could be passed only one inch. When the tumor was however lifted well upwards by Dr. Coburn, of Fredericton, who assisted me at the examination, I could enter sound the normal distance by directing it well anteriorly, and I then found that the uterus and tumor could be moved more or less independently of each other. On aspirating tumor at a point which seemed to be more fluctuating than the rest, a small quantity of thick mucilaginous fluid was got. I therefore diagnosed an ovarian tumor, and advised operation. While resting after her long journey for a few days, the catamenia came on.

March 31, 11 a.m., Operation.—Chloroform administered, assisted by Drs. Coburn and Ellis. Incision below umbilicus and tumor tapped. Only a pint or two of fluid got away, and I therefore extended incision upwards to above navel. Some adhesions on the front and left side, were readily broken down, and the tumor delivered. Clamp applied to pedicle and secured externally. Sutures; carbolized oil dressing, with cotton wool and bandage. Pedicle sopped with tinct. benz. co. Half a grain of morphine suppository after operation.

April 5.—Wound dressed every day as at first. Has required four or five opiates; considerable vomiting for the first thirty-six hours; attributed it partly to the milk given. Since then has eaten soda biscuit and tea. Temperature has not risen above 99.2° F. since operation. May chew a little beefsteak to-day. Two sutures removed.

April 7.—Abdomen has been considerably distended for the last day or two, and yesterday evening pulse and temperature ran up to about 100° F. No great pain or tenderness, however. All sutures removed yesterday. Patient feels as if bowels ought to be moved, and I therefore ordered oil, to be followed in a few hours by enema.

April 8.—Bowels moved twice with some griping last night, and I ordered quarter grain suppository of morphine, which caused her to rest well till morning. Pulse 76, temp. normal. Some suppuration in stitch holes.

April 18.—Has done well since last report. As clamp has not come away, and the stump is swelling rather badly, I cut the latter close beneath clamp and took it away. There was no bleeding, as the parts were completely dead.

Nov., 1884.—As far as known, continues well to date.

CASE III, *Oct. 24, 1878.*—Miss T. R., æt. 18. Health usually good; catamenia always regular since 13. First noticed some enlargement of abdomen last February. Consulted Dr. Holden, of St. John, N.B., in June, who diagnosed ovarian tumor, and treated her first with iodide and bromide of potassium; of late he has put her on tonics. Abdomen has steadily enlarged, till now it measures thirty-three inches around umbilicus. It fluctuates everywhere. No marked change from health in the general appearance, but she has suffered a good deal of pain in part for a few days past. Ordered opiates pro re nata.

Oct. 27.—Has required quarter grain doses of morphine two or three times in the twenty-four hours; vomiting has been somewhat troublesome from it. Pulse 96, temp. normal.

Oct. 30.—Pain not so severe; pulse 108, temp. normal.

Nov. 4.—Pain has subsided; pulse 96.

Nov. 9.—Chloroform given and a vaginal examination made. Cervix uteri was in normal position. Anteriorly, a firm mass filled roof of pelvis. The hymen being perfect, this examination was not very satisfactory.

Nov. 11.—To have half an ounce of castor oil to-night, followed by an enema in the morning.

Nov. 12, 11 a.m., Operation.—Chloroform ad-

ministered, assisted by Drs. Holden and Coburn. Incision made, under carbolic spray, four inches long, between umbilicus and pubes. Tumor tapped and about ten quarts of thick syrupy fluid removed. No adhesions. Tumor grew from right ovary. Pedicle ligatured with carbolized silk and dropped in. About half a dozen sutures put in, and dressed with carbolized gauze. Adhesive straps over this, and cotton wool and flannel bandage. Half a grain of morphine suppository, together with quarter grain hypodermically, was required to relieve pain after the operation.

Nov. 15.—Dressing changed for first time under spray. Wound looks well. Has complained a good deal of pain in abdomen and down right thigh since operation, for which she has had two or three opiates per day. This has seemed to keep up some vomiting, but the temperature has only been up to 100° F. once, on the morning of the 13th. Pulse now 104, temp. 99.5° F.

Nov. 18.—Doing well; no opiate since the 16th. An enema brought away some fæcal matter and a good deal of wind yesterday.

Nov. 19.—Wound dressed; sutures removed. Small spontaneous motion of bowels to-day.

Nov. 22.—Wound dressed with adhesive plaster. No pus has been seen at any time.

Nov. 29.—Sitting up for last two days. Pulse 100, temp. normal. As bowels have not moved for several days, some citrate of magnesia was ordered.

Dec. 4.—By dint of citrate of magnesia, castor oil, and enemata, a large quantity of hardened fæces has been got away during the last few days.

Dec. 14.—Doing well; is about house. Gaining in flesh and strength.

Nov., 1884.—Was married a little more than three years ago, and has since borne two children.

CASE IV, *March 13, 1879.*—Miss M., æt. 27. Came to me from the country yesterday; gives as a reason for not coming before, that the doctor in her neighborhood always told her that nothing could be done for her. As she began to think that death must soon come, she decided as a last resort to consult me. Was generally healthy till six years ago, when she first noticed an enlargement of the abdomen. No distinct lump ever felt. She has steadily increased in size till she now measures seventy-two inches around body at umbilicus, sixty-six inches around waist, and fifty-six from one anterior superior spinous process of ilium to the other. Has not suffered very much pain, and has had no difficulty with bladder or bowels. The catamenia grew gradually more and more scanty, till they ceased about two years ago. The upper part of her body is extremely emaciated, while the abdominal walls and legs are immensely swollen. Many large veins course over abdomen. The lower end of sternum is pressed so much outwards that it stands at right angles to axis of body. When standing on feet the œdematous abdomen reaches quite down to upper edge of patellae, and when she sits, it rests upon the seat of chair between the thighs. The upper half of abdomen distinctly fluctuates, but the great œdema below prevents my getting this sign clearly. Per vaginam, the hymen acts as an obstacle to a satisfactory exploration. Per anum, a soft doughy mass can just be touched with finger at roof of pelvis. Pulse 120, weak and thready.

March 14.—Thinking it better to tap the tumor, and thus take the pressure off the kidneys and allow them to remove the anasarcous condition somewhat before proceeding to abdominal section, I passed in a long curved trocar with point downwards, and drew off seven gallons of thick treacly-looking fluid. The size of patient did not seem much reduced by the operation. At the end of the flow there came away about an ounce of purulent-looking fluid.

March 15.—Patient rested pretty well last night, but complains a good deal of soreness, which she thinks is largely due to my keeping her quiet in bed since yesterday. She therefore asks to be up, as is her custom. I consented, with the understanding that she should not move about the room. Measurement is now sixty-two inches about umbilicus, and fifty-seven inches around waist. Pulse as before. A slight hacking cough, which has troubled her for a few months, has left her since the tapping. This is probably due to removal of pressure from lungs.

March 19.—As there seems to be little or no improvement in patient's general condition, and as she is urgent for an operation, I agree to remove tumor on the morrow; bowels to be freely opened previously.

March 20, 11.30 a m., Operation.—Ether administered, assisted by Drs. Coulthard, Coburn and Ellis. On making incision I found tumor exten-

sively and firmly adherent in front and right side, to abdominal wall; and this, together with the great size of the solid portion of tumor, necessitated a wound reaching nearly from ensiform cartilage to pubes. Several gallons were got away by tapping, and after three or four hours' hard work, the whole tumor was removed. Pedicle was ligated and dropped in, mass being cut away from left side where it grew. A considerable amount of blood was unavoidably lost during the operation, and brandy had to be given both by mouth and rectum while it was going on. Large rubber drainage tube put in at lower wound, and sutures introduced as usual. Operation was done under carbolic spray, and the wound was dressed with carbolized gauze. Strapping, cotton wool, and bandage over it. Ninety-one and a half pounds of tumor removed, thirty-nine and a half pounds constituting the solid portion. *6 p.m.*—Pulse feeble, and occasionally intermittent; a good deal of restlessness. Two drachms of laudanum and half an ounce of brandy given in water by the rectum. *7 p.m.*—Sleeping quietly. Pulse rather better.

March 21, 9 a.m.—Pulse 140, feeble, but regular. Extremities warm. Has had brandy, milk and egg, by both mouth and rectum during night. Urine drawn; it looks well. *12 m.*—Pulse 148. Considerable serous discharge on dressings, which were therefore changed. *3 p.m.*—Pulse more feeble. Some delirium. *4.30 p.m.*—Pulse absent at wrists. Extremities growing cold. *9 p.m.*—Died. Abdomen examined; no hæmorrhage.

CASE V, *March 28, 1883.*—Mrs. A. G., æt. 50. Multipara. Has not been very strong since marriage, thirty years ago. Had a "fever" when pregnant seven months with first child, and miscarried at eight months; child living. Thinks she has never entirely recovered from the effects of that illness. Has had more or less dysuria for years, though urine, she states, generally looks healthy. More troublesome than ever since two years ago, at which time she thought there was a tumor in the vaginal passage. Eighteen months ago, underwent an examination by a physician of a neighboring town, who told her that she had a "fibroid" tumor of size of fist at the back of womb. Catamenia have been tolerably regular, though she sometimes has gone beyond the four weeks. Appetite has been poor of late. Abdomen is now about size of that of a woman at full term. This enlargement is due to a hard irregular mass, most prominent on right side. Very little if any fluctuation can be detected in it, though in parts it seemed somewhat elastic. Per vaginam, uterus felt at right anterior pelvis. Sound enters normal distance. A mass, similar to that felt through abdominal wall, and apparently continuous with it, found pressing down well into pelvis posteriorly. Uterus moved independently of tumor. Lumbar and epigastric regions alone resonant on percussion. Pulse 84, temp. 99° F.

April 6.—Catamenia appeared the next day after last examination, being the proper period for them. Pulse 88, temp. 99.

April 9.—Took a cathartic yesterday evening, preparatory to an operation, and had two loose stools accompanied with some griping. Paregoric relieved latter. Pulse 92, temp. 100.

April 11, 12 m., Operation.—Chloroform administered, followed by ether. Assisted by Dr. Coburn, and Mr. J. G. Owens, my medical student. Carbolic spray used. Incision from just above umbilicus to near pubes. Tumor tapped and about three quarts of thick material got away. The solid portion, weighing about seven pounds, was then removed. No adhesions of importance. Tumor grew from left ovary. Pedicle ligatured with silk and dropped in. Wire sutures. About a dozen catgut ligatures had to be applied to various bleeding points of wound in abdominal wall, long continued pressure with forceps not controlling the hæmorrhage. Carbolized gauze, etc., as in cases 3 and 4. Suppository, containing half a grain each of morphine and ext. belladonna, administered. On examination of tumor nearly a pint of thick, flaky, purulent matter found scattered through its solid portion.

April 12, 9 a.m.—Rested fairly. Pulse 92, temp. 100. Vomited only once. *9 p.m.*—Pulse 96, temp. 100.8.

April 13, 8 p.m.—Pulse 76, temp. 99.4. Some menstrual flow appeared to-day.

April 14.—Pulse 72, temp. normal. Wound dressed under spray.

April 19.—Bowels were moved by enema two days ago. Sutures removed to-day under spray. Wound about healed. Pulse 76, temp. 98.6.

April 25, a m.—Patient sat up for an hour last evening; while up she suddenly got chilly, and was obliged to go to bed at once and be covered

up warmly to avoid a rigor. Some pain was complained of in left side running up towards axilla, which was relieved by half a grain of morphine suppository. Not much pain this morning, but pulse is 100 and temp. 101.4. *6.30 p.m.*—No great pain to-day. Pulse 110, temp. 103.4. Wound is all right, and there is little or no distension in, or marked tenderness of, abdomen. Nothing wrong per vaginam.

April 27, 9 a.m.—Has had half a grain of morphine suppository and rested fairly well. Pulse 104, temp. 101.4. *8 p.m.*—Pulse 100, temp. 103.2.

April 28, 9 a.m.—Has perspired rather freely this morning Pulse 80, temp. 99.2. *8 p.m.*—Pulse 84, temp. 101.6.

April 29, 10 a.m.—More free perspiration last night. Pulse 76, temp. 98. *9 p.m.*—Sweating continues. Pulse 72, temp. 98.

May 2.—Has been doing well since last report, and has returned to solid food with a relish.

May 12.—Left for home, about 90 miles away.

Nov., 1884.—As far as I am aware, has remained in good health up to the present time.

REMARKS. — There are several points in the above cases which are worthy of notice. In the first place, in four out of five the long incision had to be made in order to get out easily the solid portion of the tumor. The favorable result in three out of the four would rather indicate that the increase of risk is not so much as generally believed when the incision is extended above the umbilicus.

Secondly, the much abused clamp was used to secure the pedicle externally in the first two of these, and they both did exceedingly well.

Thirdly, the presence of pus in Cases 3 and 5, showed that before long there would have been an escape of matter into the peritoneal cavity, and consequent death.

Fourthly, the immense size of the tumor in the patient who died. I removed at least 147½ lbs. from her in six days; and supposing the sac re-filled to the extent of 20 lbs. during those days, the tumor must have originally weighed 127½ lbs. I may mention that Dr. Thomas Keith, to whom I related this case last April, considered 20 lbs. a liberal allowance for its increase during that period. My own impression is that I gained nothing by the preliminary tapping in that case, for I think that she was if anything weaker *after* it than *before* it; and I attribute her increased weakness (whether rightly or wrongly) to the rapid re-filling of the emptied cyst, causing a great drain upon the nutritive principles of the blood. If I should ever meet with such an enormous tumor again, I would at once proceed to ovariotomy.

Finally, the feverish turn which occurred in Case 5, was, I believe, due to some kind of blood poisoning, causing a short continued fever. I had noticed on several occasions, both before and after its occurrence, a foul smell in the hall adjoining her room. I had called the nurse's attention to it, but neither she nor I could ascertain the source of it. I can't help thinking that this had something to do with her febrile attack. There was nothing at any time in the wound, or, as far as I could detect, in the abdomen, to account for it. It will be observed that her temperature reached only one evening as high as 100.8° F., in the first week after the operation, while during the second week it had been normal. It could therefore be scarcely possible after such a period of favorable convalescence, that the operation had anything to do with the febrile attack. I may say that this patient was one of those who are very gloomy, and she fully expected not to live beyond the ninth day. She disclosed this fact to me only after that day had passed, although she had me sent for hastily on several occasions during the 8th and 9th days, imagining that her time was at hand.

I may further observe that in all these cases I had no skilled nurse to look after the patients, not even one who had done other kinds of nursing; so that it is evident one may get very fair results in ovariotomy in remote districts where such are hard to procure, as well as in hospitals peculiarly equipped for such operations. I am free to admit, however, that the assistance of a nurse accustomed to the care of such cases, would lessen materially one's own anxiety and the amount of attention required to be given to them.

A CASE OF DOUBLE NARCOTIC ADDICTION.—OPIUM AND ALCOHOL.—IMBECILITY—RECOVERY.

BY J. B. MATTISON, M.D., BROOKLYN, N.Y.

Through the courtesy of Drs. T. Gaillard Thomas, of New York, and Wm. Bayard, of St. John, N.B., there came under the writer's care last

year a case of combined opinm and alcohol taking, presenting a history and result of such importance as probably to render its recital one of interest to the readers of the LANCET.

Mrs. ——, of Canada, æt. 34, in the summer of 1881, passed through her second accouchement during the eighth month of gestation. Her recovery was tedious, involving four to five months, during which she had much discomfort from alvine torpor, and also underwent an operation for the relief of fistula in ano. The latter was attended by severe pain, to relieve which her medical adviser gave morphia hypodermically, and supplying her with a syringe instructed her and the attendant in its use. This was in July, and the initial dose of the morphia was ⅛ of a grain, repeated three or more times daily, when the pain was severe. She made a fair recovery from this illness, except that the power of her lower limbs was largely lost, due, it was thought, to the morphia—which she had steadily taken—and a lack of active exercise. She had now become a confirmed habitué, and during the next two years used her opiate in increasing quantity and frequency, often repeating it every three or four hours.

During the autumn of 1883 she came under the care of a medical gentleman who was called to relieve her of severe abdominal pain and nervous derangement. Prior to this time no attempt had been made to abandon the morphia. Her new medical adviser, appreciating the situation, strongly urged an effort in that direction, but without success. Her condition had steadily grown worse, aggravated as it was by an inordinate use of brandy, of which she took at times from 12 to 16 ounces daily. From October, 1883, her mental and physical decline was marked, the most prominent symptoms being anorexia, insomnia, nausea, incessant thirst, subsultus, loss of memory, delirium, hallucinations and partial imbecility. Her physician now insisted on stopping her stimulants, and succeeded with the brandy, while the morphia, which had been increased to several grains, three to five per diem, was reduced to one or two injections daily. Despite this treatment her mental and physical status steadily deteriorated until she became completely imbecilic, and in this condition, on December 21, 1883, she came under the writer's care.

So weak was she prior to leaving home that some of her friends deemed it hazardous to make the effort, fearing she would not survive the journey, but under the watchful care of Dr. Bayard, it was safely effected. Her physical debility on arriving was so great that she was carried from her carriage. Mentally she was a wreck. Delusions were prominent, and hallucinations of sight, sound and touch almost constant, that of touch being especially marked, patient fancying bugs and reptiles crawling over her. Her expression was idiotic; she was utterly unable to converse intelligibly, and her voice in speaking speedily sank to a whisper and was lost. In fact such mental ravages from opium we never met. Physically, she was partially prostrated, pulse frequent and feeble, marked anorexia, furred tongue and alvine torpor; in fine, all the symptoms before noted except delirium and subsultus. During her coming, in order to maintain her strength, she had taken milk punch freely, and was given one or two half grain injections of morphia daily. Such was her status on arrival. There was no history of hereditary insanity. The case seemed clearly one of profoundly pernicious results from her double addictions, aggravated by a laudable effort to remove the cause. This being our belief, the prognosis was favorable, an opinion endorsed by Dr. John C. Shaw, Superintendent of the King's Co. Insane Asylum, who was called in consultation, and verified by the result, as the further record of the case will show.

As a prelude to active treatment the patient was given a mild mercurial which acted well. No alcohol was allowed from the outset, and at the end of a week the morphia—which previously had been given in small doses by mouth at bed-time—was quite abandoned, and reliance placed on large doses of Indian hemp to secure sleep. As tonics she was given daily seances of electricity, with syr. of the hypophosphites of iron, strychnia and quinine, in two drachm doses, ter die, and full feeding. The good effect of this *regime* soon declared itself, for in less than a fortnight, signs of improvement presented. The earliest of these were mental. The delusions lessened and the hallucinations departed, the last to leave being those of touch which persisted for some time after the patient was able to realize that they were only the vagaries of her disordered brain. With this amendment came a better brain status in other

ways. The imbecilic look gave place to one of increasing intelligence; the power to converse rapidly returned, and within six weeks all mental aberration had vanished. Meantime, the physical condition gradually improved, though not so speedily as the mental. The appetite was slow in returning, but her muscular strength, especially in the lower limbs, the loss of which for two and a half years, had prevented exercise, increased steadily, so that at the end of eight weeks she was able to take walks, drives, go shopping, attend church, etc., in fact, more out of door exercise than she had enjoyed for years. Her improvement in every way was notable and persisted with little interruption until March 4—nearly eleven weeks from the date of her coming—when she left our care. Tidings, direct and indirect, of late received, report her doing well.

This case presents several points worthy of detail. Its origin affords added proof in support of views expressed in "The Genesis of Opium Addiction," Detroit *Lancet*, Jan. 1884. But it must also be said that, in our judgment, the course of the medical gentlemen in supplying this patient with a hypodermic syringe and solution of morphia, with instructions for self-taking, unless absolutely unavoidable, was—to put it mildly—exceedingly indiscreet. Such action and advice are almost certain to end in addiction; the effect, even under professional attention, is, too often, disastrous, and the chance of escaping, when left to caprice of the patient, is small indeed. We believe that patients should *never* be allowed to give themselves injections, if at all possible to avoid it.

When her initial illness ended, this patient was an opium habitué. A much more limited time than that will often suffice. We have repeatedly known as many weeks to beget addiction, and the most marked examples of this were among those in whom it might be supposed the least likely to occur—physicians. Increased experience serves only to strengthen the writer's opinion, as expressed in a paper on "Opium Addiction among Medical Men," that "any physician using morphia, daily or oftener—especially hypodermically—for four weeks incurs great risk of becoming an habitué; indeed we think a still shorter usage might, with some, prove a snare." This case adds another to the instances in which addiction to one narcotic tends to excess in another. While these are infrequent as compared with those in which one is used, they are sometimes quite notable. We recall that of a Canadian gentleman who some time ago consulted us, who had taken for several years 10 to 20 grains of morphia subcutaneously, 60 to 90 grains of chloral, and 1 to 2 pints of whiskey, daily. Physical examination disclosed organic heart lesion, and care of his case was declined. As a rule, the ruinous results exceed those of a single addiction, while the prospect of permanent cure is always less hopeful. In our patient the pernicious effect on the brain was notable—more so than we have ever seen. While deviations from normal cerebral action are sometimes observed in cases of confirmed opium taking, it is rare that they are so pronounced as in this instance. Doubtless they were aggravated by the alcohol, yet morphia was the main factor. And it is of interest to note that the attempt at renouncing the narcotics intensified the mental disorder. Obersteiner—*Brain*, Oct., '82—demurring to Levinstein's statement that the psychical disturbances caused by morphia cease within a few hours, affirms that "mental diseases arising in the course of morphinism are of the most intractable kind when once fully developed. Not only do they not disappear on depriving the patient of morphia, but they then usually get worse."

This case tends to prove the latter part of his statement. As one medical gentleman informed us—"The condition in which you saw her was the result of the addictions aggravated by the attempt to quit them." But the mental disorder was *not* of the "most intractable kind," for improvement was prompt and progressive, much more so than anticipated, as it was thought several months rather than weeks would be needed to repair the damaged brain.

Regarding alienation caused by opium, Obersteiner thinks it frequent, asserting that "a man who consumes large quantities of morphia during a number of years will display many nervous symptoms, and that the continued intoxication attacks the psychical much more constantly than the somatic life." He further states: "The degree of mental aberration arising from protracted use of the drug is very variable. There may, indeed, be individuals who retain their power of mind in spite of it, but the number is much greater of those who betray a marked alteration of their intellectual and

moral life; and in not a few cases finally the point of distinct aberration is reached. This usually consists of a depressed state, with suicidal tendencies, occasionally with violent excitement and hallucinations;" and he sums up his views with the statement that "In most cases the protracted use of morphia in large doses is followed by psychical alterations of a lasting nature, which may amount to decided insanity."

With these opinions we are not in full accord. Our experience has been much more favorable. We have observed many cases of opium addiction, among them those who had taken morphia in large amounts for several years, yet the number with marked mental derangement has been small. Depression has been common; so, too, irritability of temper; but we recall only one instance in which suicidal or homicidal tendency existed, and but a single case that we deemed "decided insanity." Far oftener physical symptoms presented. In some form, these have been almost constant, so that, on this score also, our observation has been at variance with Obersteiner.

Regarding treatment, one point deserves special mention—that is, the effect of Indian hemp in large doses. In this instance it quite maintained the power ascribed to it by Moreau of removing hallucinations. Again and again, often by the patient, was this noted. Its hypnotic action also was very satisfactory. As a soporific, in ex-opium habitués, cannabis indica is of great value. They may be peculiarly susceptible to its good effect, but certain it is we know of nothing equalling it, and employ it almost exclusively. For details regarding its use, *vide* "The Treatment of Opium Addiction," *Courier of Medicine*, Dec., 1884. Finally, the history of this case is of value as warranting hope of entire recovery under conditions that, seemingly, offer little promise of success.

COCAINE AS A LOCAL ANÆSTHETIC.

BY A. M. ROSEBRUGH, M.D.

Surgeon to the Eye and Ear Dispensary, Toronto.

The surprising effects which have been attained during the last few weeks, with the muriate of cocaine, has led me to collect some facts in regard to it, for the benefit of the general reader.

Cocaine hydrochlorate is prepared from the leaves of the *erythroxylon coca*. The plant grows wild in the mountains of Peru and Bolivia in South America, where it is used instead of tobacco. It is estimated that thirty millions of pounds per annum, are consumed by the natives who chew the leaves made into a ball mixed with lime. When used in moderate quantity, it is said to increase nervous energy, enliven the spirits, and enable the person to bear bodily exertion, exposure, and want of food to a surprising degree.

The physiological action of the alkaloid (cocaine formula $C_{17}\ H_{21}\ NO_4$) is apparently identical with that of theine, and caffeine. The alkaloid was discovered in 1855. In large doses it produces cerebral excitement, complete paralysis of sensibility, tetanic spasms, and death. It paralyzes the entire posterior column of the spinal cord and the entire system of peripheral sensory nerves.

The hydrochlorate of cocaine has been used for over two years for the purpose of reducing the sensitiveness of the larynx, but it was not until about the first of September last that its anæsthetic effect upon the conjunctiva and cornea was discovered. The honour of this discovery is due to Dr. Koller, a young physician of Vienna. The discovery was announced at the meeting of the International Ophthalmological Society, held in Heidelberg September 15th and 16th, the report of which appeared in the *N. Y. Medical Record*, October 11th, and in the *Ophthalmic Review*, a little later. Since then the anæsthetic properties of cocaine in ophthalmic as well as in some other branches of surgery has been very thoroughly tested, and with the most gratifying and surprising results. Up to the present, the only salt of cocaine used is the hydrochlorate which is used in solution of from 10 to 20 grains to the ounce. For producing anæsthesia of the conjunctiva and cornea, from two to four drops are applied every three or four minutes until from eight to twelve drops are used. Partial anæsthesia commences within two minutes of the first application, reaches the maximum in about fifteen minutes, and disappears in twenty-five or thirty minutes. Under its influence, the eye-speculum may be introduced, the conjunctiva seized with the fixation forceps, the eyeball fixed in any position, and all the ordinary operations may be performed without pain. When the solution is applied only superficially the anæsthesia does not seem to extend to the ocular muscles or to the iris. Before perform-

ing tenotomy ether for strabismus or for enucleation, the hypodermic syringe is used, and before excising a section of the iris the cocaine solution is allowed to enter the anterior chamber through the corneal wound. I have found cocaine useful in facilitating exploration of the eye. This is of special advantage in treating children and highly sensitive patients. It relieves photophobia and removes the dread of manipulation. Whether or not it possesses actual therapeutic value remains to be seen. It will be at least a valuable adjunct to other remedies.

In addition to its anæsthetic properties, it dilates the pupil and diminishes the power of accommodation. As these effects all disappear in a few hours, cocaine will probably supersede atropine for ophthalmoscopic examinations, and especially so as I find that the eye is more tolerant to the light of the mirror when under its influence.

Cocaine hydrochlorate has already been applied as an anæsthetic and with encouraging results, to the mucous lining of the nasal cavities, the pharynx, the urethra and vagina. Under its influence the actual cautery has been applied to the turbinated bones, the catheter has been introduced into an unusually sensitive male urethra, and operations have been performed upon the os uteri, with little or no pain.

Cocaine has been found to contract the venous sinuses underlying the Schneiderian membrane, hence it is suggested as a remedy in acute, coryza hayfever, and epistaxis. It also exerts a controlling effect upon the painful affections of the eye, as in iritis, in the phlyctenular diseases, and after operations and injuries; and it has been used with success in painful affections of the ear.

The price of the new remedy one month ago was as high as one dollar a grain, but it can now be obtained for 50 cents. The price is still too high to admit of its general use, but in important operations such as iridectomy and extraction of cataract, where general anæsthesia is attended with serious drawbacks, cocaine would not be too dear at one dollar a grain; and even at that price the cost would not be greater than in using the best sulphuric ether.

QUININE AND ERGOTINE.—Ergotine neutralizes the cerebral effects of quinine. Tinuitus may be entirely avoided by combining these two remedies.

COMPOUND FRACTURE OF THE SKULL, ESCAPE OF BRAIN SUBSTANCE, RECOVERY.

BY H. ROSS, M.D., CLIFFORD, ONT.

Permit me to give a few details of a case that occurred in my practice between three and four months ago. R. B., æt. four years, while playing on the lower steps of an outside basement stair at the rear of the dwelling, was struck on the head in the right frontal region by a brick which fell from a second storey window, a distance of eighteen feet. The child fell but rose again almost immediately, ascended the stair and was finding her way into the house, when met by her mother.

I saw the case a few minutes after the accident. The child had vomited two or three times before I arrived, but showed no other symptoms of having received a severe injury. On examination, I found a scalp wound about an inch and a half in length, which had bled freely, and amongst the hair a quantity of brain matter, in all about the size of a large marble. The mother had previously wiped a quantity of blood and brain matter from the wound. In the then excited state of the child, I found it impossible to make a proper examination of the wound, or with any degree of safety to ascertain the extent of fracture, without the use of an anæsthetic. I therefore sent for Dr. Stewart, of Palmerston, to assist me, and in the meantime placed the head in the position most favorable to drainage; applied cold to the head by means of iced water conducted through a bladder by rubber tubes of entrance and exit, provided with stopcocks to regulate the supply. And as there were no symptoms of depression or shock, except perhaps the vomiting, I gave a sharp purge of calomel and jalap. On the arrival of Dr. Stewart, we chloroformed the patient, and on examination found the fracture to be about one inch longer than the scalp wound and situated three or four lines lower on the frontal bone, owing probably to an oblique position of the head when struck. There still remained debris of brain matter between the edges of the wound, and on closer examination, the strongly pulsating torn end of an artery (a branch of the anterior or middle meningeal, most likely the latter), which had been ruptured by the injury, was seen projecting from between the edges of the

fracture. The lower edge of the line of fracture was found depressed the entire thickness of the skull, and the vessel appeared to be compressed by the edges of the fracture to an extent sufficient to prevent hæmorrhage. It is reasonable to suppose that the depressed edge of the fracture recovered its position to some extent after the injury, partly from its own resiliency and partly from brain pressure, so that the hæmorrhage which had apparently been free at first, was arrested by the pressure exerted on the bleeding vessel by the re-approximation of the edges of the fracture. The peculiarity of this case is, not the recovery of the child, for recovery is not so rare an occurrence, especially in children, after brain injuries with loss of brain substance; but what seems singular in the case is the fact, that with the one exception of vomiting, the child never gave any indication of having received a severy injury of any kind, from the day of the accident up to the present time. She never betrayed the slightest want of intelligence from first to last, and a few minutes after the accident, as well as throughout her confinement to the room up stairs, readily recognized the voices of her associates who were playing on the street below. It seems to me, the only reasonable explanation of the absence of brain symptoms, and one which is concurred in by Dr. S., is that the extrusion of brain substance caused by the continued action of the violence which produced the injury, while relieving to some extent the brain pressure, by carrying with it the already severed artery, also saved the child from the immediate and remote effects of extravasated blood in brain tissue. I need scarcely say, that in the absence of symptoms, and of any spicula of bone which might irritate the brain, we did not interfere with either the fracture or scalp wound, but secured perfect quiet in a moderately darkened room, a position favorable for drainage, the continuous application of cold to the head for many days, regular action of the bowels, and the use of cold water dressing to the wound, which healed kindly in a short time; and after a few days it was with difficulty that the little patient could be restrained from playing with the other children when she heard their voices on the street, and for the last two or three months she has been playing about the streets, as lively as the best of them.

CASE OF MOLAR PREGNANCY COMPLICATED WITH PUERPERAL URÆMIA.

BY E. H. WILLIAMS, M.D., C.M., L.R.C.P., LOND.
(Toronto General Hospital.)

N. A., æt. 21, admitted to hospital Oct. 4th, said to be suffering from rheumatism. It was soon ascertained that she was pregnant about three months. A dark, offensive discharge was observed from the vagina. A bath was carefully taken by patient, after which she soon began to flow, somewhat profusely. As she denied anything like labour pains, it was thought the progress might be stopped, and accordingly (the os being only slightly dilated), perfect quiet was enjoined, and full doses of black haw, opium and cannabis indica, administered. It soon became evident, however, that this was of no avail, and a plug, of the kite-tail form was introduced, and replaced by another in 6 hours, which second remained in 8 hours, when the os was found dilated. During this time ergot was given by the mouth, but provoked vomiting after a time. The uterus was then easily emptied of a mass having a feel of placenta, but which proved to be a much hypertrophied decidua containing an imperfectly formed amnion, with a number of black clots beneath it. No trace of what could be called an ovum could be found among the clots or anywhere in the mass. Several semi-organized clots were taken out of the uterus, and ½ a drachm of ergot (F. Ext.) administered hypodermically (into the gluteus). All went well for a while, but that night the patient was unable to sleep, so that small doses of pot. brom. and tr. lupuli. were given. About 2 a.m., however, was called up, and found patient very restless and irritable, trying to get out of bed.

A catheter was used, and about 2 ounces of urine drawn off, which was found to contain about ⅓ albumen, *sp. gr.* 1011. Pulse 145, and rather feeble; temperature 102⅘. Hot fomentations were applied over the loins, and more blankets put over her, and a mixture of liq. amm. acet., spts. æth. nit. and fl. ext. jaborandi given. Hot water bottles were applied to feet. Diarrhœa had by this time set in, and was not stopped. For a while perspiration was free, and in the morning she seemed better as regards pulse and temperature, but in a state of semi-delirium, which seemed to lessen towards noon, when she became suddenly comatose, with dilated pupils, stertorous breathing,

etc., and died in a very short time. There was no sign of a convulsion from beginning to end, and from the beginning of threatening symptoms until death (about 12 hours) there were about 7 oz. of urine secreted. She admitted having taken oil of juniper on one occasion to procure abortion. Had given birth to a healthy child 3 years before.

A *P. M. Examination* was made by Dr. Teskey, and the following conditions found: The *heart* weighed 11 oz., and the valves were healthy.

Lungs, œdematous and congested.

Liver (4 lbs, 8½ oz.) congested, edges thickened, and a tendency to fatty degeneration.

Spleen (16½ oz.) congested, soft and friable.

Uterus (8½ oz.)—no signs of peritoneal or cellular inflammation around uterus. Ovaries and corpus luteum normal. The os uteri was scarcely dilated, but slightly ecchymosed on its inner surface. A few small clots were found on the inner surface of the body of the uterus.

Kidneys,—capsules adherent in places, tissues markedly congested, light and dark streaks running from the centre peripherally. A small abscess was found in the right kidney near the pelvis.

The *cranium*. Vessels of dura mater congested, and a milky appearance of the pia mater at the upper part, the whole brain presented a "wet" appearance.

Considerable serum was found in the subarachnoid space, especially at the base, and also in the lateral ventricles, of which the lining membrane was opaque. The choroid plexuses were much congested. No emboli could be found in the cerebral vessels.

A microscopical examination of the kidneys was also made by Dr. Teskey.

Pathological changes were most marked in the cells of the convoluted tubules. These were found enlarged, angular, and mostly separated from the walls so that many had fallen out in the process of mounting, leaving the tubules naked. The cell contents were markedly granular, the nuclei not readily seen, and the lumen of the tubes small, irregular, and choked by broken epithelial cells in many places, especially near the boundary area. The glomeruli were somewhat enlarged and hypernucleated with thickening of Bowman's capsule. The inter-tubular tissue was also increased in thickness and nucleation. No marked changes were found in the tubules of the pyramids.

THE NEW LOCAL ANÆSTHETIC, HYDROCHLORATE OF COCAINE—EXPERIMENTS WITH CAFFEINE.

BY R. A. REEVE, B.A., M.D.

Senior Ophthalmic and Aural Surgeon, Toronto General Hospital—President, Toronto Medical Society, etc.

It is not surprising that the virtues of a drug which is at once absolutely non-irritant and equally anæsthetic to the urethra and conjunctiva, the cornea and drum-head, and the mucous membranes of the larynx, naso-pharynx, vagina, etc., should be promptly and widely tested and heralded. The various indications it fulfils will be so apparent as hardly to need specifying. The following cases illustrate in part its potency, and one is cited, not without interest, in which it proved useless. The solution used was of four per cent. strength, the two per cent. having been found too weak, as a rule, for operations upon the eye.

CASE 1.—J. A. Toronto General Hospital, Iridectomy, Nov. 11th. Four applications in fifteen minutes; operation begun five minutes after the last; no pain,—"just felt the doctor was doing something."

CASE 2.—J. T. T. Sclerotomy for secondary glaucoma,—drug useless. Six instillations (of several drops) in twenty-five minutes; operation attempted five minutes later, but patient not tolerating the use of knife or forceps, chloroform had to be used. The patient was a very nervous subject, and there was possibly idiosyncrasy in addition to evident hyperæsthesia.

CASE 3.—Mrs. McC. *Operation for secondary cataract:* solution applied three times in ten minutes; discission ten minutes later. The patient, a nervous lady, said she "felt not a bit of pain."

CASE 4.—Mrs. T. *Mucocele; Bowman's operation:* three applications on punctum and inwards; canaliculus slit as far as caruncle without pain, and into sac with but little; pupil moderately dilated, but contracting to light and on accommodation.

CASE 5.—Mrs. M. *Iridectomy for inflammatory glaucoma:* five instillations upon upper margin of cornea in fifteen minutes; five minutes later, section at sclero-corneal junction not felt; solution dropped upon wound holding knuckle of iris; two or three minutes later segment of iris excised. The patient, a delicate nervous lady, said "she only felt the operation a little."

CASE 6.—M. C. æt. 3½ years: *Staphyloma of cornea:* Fifteen minutes after a single instillation, the cornea was incised, without complaint.

CASE 7.—Mrs. C. The galvano-cautery was applied to several points on the septum and turbinates after the use of the solution, without other discomfort than fleeting neuralgia of superior dental nerves.

CASE 8.—Ulceration of larynx. A two per cent. solution gave marked relief of irritability.

CASE 9. — *Inflammation of auditory meatus.* Solution dropped into ear; tenderness and pain sensibly relieved—"a sort of numbness."

CASE 10.—E. L., Toronto General Hospital. *Iridectomy.* Five applications in forty minutes; operation ten minutes after the last; section of cornea not felt; the seizure and excision of iris gave some pain.

CASE 11.—F. G. H. *Pteryginm.* Four applications; abscission and suturing practically painless.

CASE 12.—N. McL. *Strabismus.* Four instillations in fifteen minutes; tenotomy five minutes later; moderate pain caused by traction upon muscle with hook, but none in cutting tendon; pupil not dilated in thirty minutes.

Under cocaine, extraction of cataract is not more painful than iridectomy; and more frequent droppings or stronger solutions than the four per cent. may be fonnd to anæsthetize the iris—a safer plan apparently than injecting into anterior chamber. Cocaine may be used to prevent (or mitigate) the after pain of operations in various parts and lessen risk of secondary inflammation. It will doubtless prove valuable for relief of pain, photophobia and spasm of orbicularis from corneal irritation, as well as of reflex ills elsewhere, of kindred origin. The writer has been disappointed in not finding an 8 or 10 per cent. solution of the alkaloid itself in oleic acid anæsthetic to the skin; but the aqueous solution of the salt can be utilized hypodermically for local anæsthesia, to some extent at least. In solution or unguents of various strengths, it should allay the pain of burns, &c., and the itching in some skin diseases.

EXPERIMENTS WITH CAFFEINE.—Influenced by the alleged identity of the general physiological, if not therapeutical, effects of caffeine and cocaine, the writer was led to test the former, hoping that it also might prove to possess local anæsthetic properties; but a four per cent. solution failed to appreciably lessen the sensitiveness of his own conjunctiva. Bearing in mind that caffeine is only one-sixth of the strength of cocaine as regards systemic effects, a much stronger solution of caffeine* was next tried, namely; twelve per cent. on the patient, case 1, in whom the anæsthetic properties of cocaine (4 per cent. sol.) had been quite decided; but the conjunctiva remained sensitive, and grasping it with forceps caused pain. This would seem to shew that caffeine is not a local anæsthetic; a fact to be regretted, because it can be had pure and cheap, and the supply is unfailing, while it would seem good coca leaves are seldom imported.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—To save other medical men from sharing the fate of Dr. Rabbeth, of the Royal Free Hospital, London, who recently lost his life by sucking through a tube the secretions from the trachea of a diphtheritic patient upon whom he had performed tracheotomy, I communicate to you the following. A few weeks ago I performed tracheotomy on a little girl about eight years of age, for relief from the consequences of acute laryngitis. Three days after the operation an attack of broncho-pneumonia supervened, and the secretions became so copious and were at the same time so tenacious, that it was found impossible to keep the tracheotomy tubes clear, and to prevent suffocation in a terrible paroxysm, I was obliged to withdraw the tubes entirely and trust to the larger opening thus secured for respiration and the escape of the secretions. After the removal of the tubes respiration continued very imperfect and labored, owing to a large quantity of mucus still remaining in the trachea, and for the extrusion of which the patient could not muster sufficient expulsive force. At this juncture I went to my office, a short distance, for an India-rubber bulb and tube, with which to suck out the accumulation, leaving my partner, Dr. Henderson, and a couple of students with the patient. During my absence, another violent paroxysm of suffocation came on, and Dr. H., by means of a rubber tube, sucked out some of the mucus, and one of

*Though bought from a reliable house it may prove on analysis to be impure.

the students did the same thing. Nothing more was thought of this until about three days after, when Dr. H. complained of a sore throat, the parts being highly inflamed, dark in color, and covered with diphtheritic patches. He continued very ill for eight days, and some part of the time fears were entertained as to the result. The student, a day or two later, was taken in a similar manner, though not so severely, and was a week sick. As the rubber bulb would not draw sufficiently to be effective, another means was thought of, as it was evident that the expulsion of the secretions would for a long time require external aid.

The aspirator came next to our minds, and on trying it we found that we had all we could desire. The needle was removed and a small rubber tube, about eighteen inches in length, was attached. Whenever the secretions collected so as to be troublesome, the tube was inserted through the wound into the trachea, the bottle exhausted, the stop-cock turned so as to open the entrance, and powerful and effectual suction was at once accomplished. As soon as the bottle became filled with air, it was again exhausted, the stop-cocks shut, and the apparatus thus prepared kept at hand ready for use. For several days and nights this contrivance was kept in almost constant demand, and most undoubtedly saved the patient's life.

This is not worthy of the appellation of a "new discovery," but it certainly is a new application of a most useful instrument, and one that should never be forgotten for cases requiring this kind of treatment. Valuable lives have been sacrificed by the act of sucking secretions out of diseased throats; and notwithstanding all the cautions against the practice given by our best authors, ambitious and impulsive young practitioners will occasionally risk their lives by performing it. In a late number of the *Brit. Med. Jour.* there is a cut showing the construction of an instrument for use in such cases, consisting of two rubber tubes connected by a hollow glass bulb for receiving the matter as it is sucked out, and to one end is a mouth-piece attached for the operator. But all this is useless, as long as we admit the germ theory of contagion; the air from the diseased parts, no more than the secretions, should pass into the mouth and throat of another. With the aspirator used as I have pointed out, all danger of contagion is avoided; by the use of a large bottle a more powerful suction can be exercised than can be by the mouth; and by regulating the stop-cock, it can be made to act powerfully or feebly, can be suddenly started and stopped, and the whole apparatus kept ready for instant use. Better than turning the stop-cock every time one wishes it to act, while sucking out collections of mucus, is to compress the tube between the thumb and finger with which it is held; for the suddenness with which it can thus be made to act renders it far more efficient in picking up partially hardened and isolated portions. The aspirator, then, should be one of the instruments of the laryngotomist, and of every one who attends cases in which matter has to be removed from the larynx and windpipe by external force.

Yours truly,

THOS. R. DUPUIS.

Kingston, Nov. 17, 1884.

[A writer in the *London Lancet*, Nov. 8th, 1884, after claiming to have used the aspirator in this way during the past nine years alludes to the defects in the apparatus owing to the air being drawn into the trachea by the side of the suction tube, and recommends the addition of a piece of wash-leather about 6 x 6 to the tube. A piece of vulcanite tube is passed through a small hole in the centre of the wash-leather, which is tied firmly. The suction tube is then passed through this and into the trachea. The wash-leather is moistened and spread over the neck of the patient, and effectually prevents the entrance of air alongside the tube. ED. LANCET.]

PROFESSIONAL ADVERTISING.

To the Editor of the CANADA LANCET.

SIR,—Under the above caption a recent number of the LANCET refers to an ex-president of the Nova Scotia Medical Society who occupies half a page in announcing his "Private Infirmary," in Belcher's Farmer's Almanac. It also states that, "this same gentleman issued a circular on the eve of his departure for Europe in which he modestly states that he expects to visit the larger special hospitals of England, France and Germany, and to bring back 'increased stores of knowledge' together with 'new surgical apparatus.'" And now the town of Amherst, N.S., scores another on this count. A medical man who practiced in a village in that section of country and achieved considera-

ble of a certain species of notoriety, finding it desirable to remove, also went to Europe, and in a short space of time comet-like returned with an immense appendage composed of a large number of the letters of the alphabet. He is now astounding the public and the profession by his announcements of "increased stores of knowledge," and the possession of a marvellous 'new surgical apparatus,' costing him "a thousand dollars, and which is unknown to the surgeons of Canada or the United States." By means of this 'instrument' he "will be enabled to successfully carry and apply infallible remedies directly to all or any of the internal organs of the human body."

Apropos of the above in the *Maritime Sentinel* newspaper there recently appeared the following: "Dr. H— successfully removed from the neck of Miss Marney a tumor of three year's standing. The difficulty of removing this tumor was from its being situated among the large blood vessels of the neck." The profession will doubtless be surprised at the surgical and anatomical knowledge possessed by our newspaper reporters, and their simplicity of description for popular reading and edification. The sources from which such articles usually originate are sufficiently apparent and the above is a good illustration. It will not be less surprising when it is stated having been positively ascertained from several practitioners who had been consulted, that the tumor was a very small fibrous growth situated just beneath the skin, about the middle, and below the margin of the left inferior maxilla, and which was "successfully removed" by making an incision at right angles to the jaw bone, leaving a cicatrix more disfiguring than the tumor, which was its greatest discomfort. This matter was allowed to pass unnoticed although perhaps by coincidence an article appeared in the following number of the *Lancet* dealing in general terms with such subjects as the above, and which would have been sufficient to deter any but the most unscrupulous and adventurous from the repetition of such acts.

Nevertheless in a more recent publication of the *Maritime Sentinel*, occurred the subjoined paragraph: — "Dr. H.— successfully removed from the mouth of Miss Austin of River Philip a tumor of four months' standing which had grown rapidly until it was the size of a hen's egg. Miss Austin had just returned from the hospital at Halifax where they declined to operate. She is doing well." Now this second flagrant violation of the code following so closely upon the other, cannot be permitted to pass, and after careful enquiry into the case, and observing correspondence in the public prints relating to the matter, the following references will place the subject in its proper light. A communication from a medical man to one of the papers calling attention to the repetition of such unprofessional conduct, elicited an answer from an anonymous correspondent, and which was refused publication on account of its "style and inuendoes," and it ultimately transpired that the "reporter" of the "surgical operation" and the anonymous correspondent, was a proxy, prompted and dictated to by the ubiquitous surgeon in question in order to shield himself from the responsibilities of his acts. By reference to the books of the hospital it cannot be found that such a patient ever applied for treatment, and careful enquiry from undoubtedly reliable sources goes to prove that the tumor was a ranula and the "successful removal" consisted in the introduction of the point of the lancet! And now applying the principle of "*similia similibus curantur*," we have decided to introduce the point of the *Canada Lancet* into this benign (?) surgical neoplasm. You have well written it, Mr. Editor, that "our confreres down by the sea are not to be outdone in the matter of advertising."

Yours truly,

A HALIFAX SURGEON.

Halifax, N.S., Nov. 14th, 1884.

[Professional, or rather unprofessional, advertising seems to be a growing evil, and is not confined to any particular Province or locallty. One of our city papers recently contained a most glowing account, in black letter heading, of "A Terrible Operation," "A man's tongue cut out to save him from an awful death," performed by one of our own colleagues of the Toronto Hospital staff. When such "things are done in the green tree, what shall be done in the dry"—ED. LANCET.]

Reports of Societies.

CHICAGO MEDICAL SOCIETY.

Reported for the Lancet.

At the regular semi-monthly meeting of this society, Dr. E. Andrews presented a report of the

following cases: Two cases of gastrotomy, two cases of excision of the rectum. Remarks on lithotomy, and exhibited a new instrument for varicocele.

Dr. S. V. Clevenger read an elaborate treatise under the head of "Political Abuse of the Insane."

Drs. B. and J. Bettman read interesting papers on hydrochlorate of cocaine, illustrating its use in ophthalmic and nasal surgery. The physiological and therapeutical effects of the alkaloid may be tabulated as follows:

(1) Hydrochlorate of cocaine is a powerful local anæsthetic, not penetrating in nature, rapid in its effects, which however are only temporary.

(2) It is a mydriatic, the effect of which is regulated by the strength of the solution.

(3) It produces paralysis of the ciliary muscle, the near point receding from the eye—distant vision is not influenced.

(4) By virtue of its benumbing powers it may be classified as an anodyne.

The following cases were cited, where the drug was used to produce local anæsthesia: Operation for dilatation of the nasal duct; removal of a piece of steel from the cornea, the same having been embedded for two days; operation for cataract; cauterization of the inferior turbinated bones; and to relieve the pain in otitis media acuta purulenta, in each of which it gave the most gratifying results.

The following report was presented by the Committee on "National Sanitation," and adopted. It is really written in the interest of the National Board of Health of the U.S., and was first suggested by Dr. Montgomery, the Secretary of the Society:

The committee appointed at the meeting of this society, Sept. 15th, 1884, to consider and report upon a series of resolutions presented by Dr. L. H. Montgomery, having reference to national sanitary matters, respectfully report the following That in the judgment of this Society, the sanitary interest of the United States demands the establishment of a permanent national health authority, which shall have for its main functions the detection of pestilential and epidemic diseases, and the enforcement where necessary of sanitary regulations tending to prevent, abate, or suppress them. That a committee of three be appointed by this Society, to collate facts tending to show the usefulness and necessity of a national sanitary organization, and to compile the same in such form as may be available for disseminating information upon, and creating an interest in national sanitary legislation. That the said committee be empowered and instructed to urge the importance of national legislation upon the attention of the congressional delegation from Illinois, and fittingly to present the subject to representatives of the people in both houses of Congress. All of which is respectfully submitted.

O. C. DeWolf, *Chairman.*

Selected Articles.

EXOPHTHALMIC GOITRE—CATARRHAL JAUNDICE—LYMPHADENOMA—CATARRHAL NEPHRITIS — INTERSTITIAL NEPHRITIS — SPECIFIC DISEASE OF THE SPINAL CORD.

CLINIC BY PROF. BARTHOLOW.

EXOPHTHALMIC GOITRE.

This case was also before the class a short time ago. It is a case of exophthalmic goitre, presenting the usual quarternary of symptoms, although the fourth was not so distinct as the others. There are present: protrusion of the eyes, enlargement of the thyroid, which, in this case, however, is not as great as it often is, and rapid action of the heart. The fourth symptom of this affection—dilatation of the vessels—was not so well marked. In severe cases the thyroid gland pulsates with the force of an aneurism. In addition to these symptoms there is, as a rule, marked anæmia. This was a prominent feature of this case.

The treatment which she received, and which acts very favorably in cases of even severe exophthalmic goitre, consisted in the administration of the following pill:—

℞. Extracti ergotæ,
Ferri sulphatis, *aa* gr. xxx
Strychnine sulph., gr. ss. M.
Ft. pil. No. xxx.
SIG.—One three times a day.

There has already occurred a marked improvement, and I have no doubt that by a persistence in this treatment the symptoms will gradually subside.

I also pointed out, when this patient was first before you, that in the treatment of uncomplicated cases of exophthalmic goitre there is no remedy so successful as galvanization of the cervical sympathetic. I have repeatedly seen symptoms of a violent character disappear under the use of galvanism,

the positive electrode being applied in the fossa, behind the angle of the jaw, and the negative on the epigastrium. A current of from ten to thirty cells is used, according to the condition of the patient and the amount of reaction. The stabile galvanic current is the proper one. The applications should be made daily for ten minutes at a time. This will tone up the sympathetic, which is the seat of the disorder; it will moderate the action of the heart, contract the dilated vessels and diminish the size of the thyroid. I am particular in saying that the constant galvanic current will cure uncomplicated cases of exophthalmic goitre, and I must insist on that proposition. There are many cases in which complications exist, the most usual being in the heart and great vessels. Such lesions, being permanent, cannot be removed by such a remedy. On the other hand, there are certain cases which are entirely uncomplicated, in which there is purely a functional derangement of the sympathetic system. That functional derangement is entirely removed by galvanic stimulation.

We must, however, not lose sight of the fact that the treatment is not directed solely to the ganglia of the sympathetic, for if one electrode be placed behind the angle of the jaw and the other on the epigastrium, there are within the circuit not only the cervical sympathetic, but the pneumogastric, the descendens noni and the cardiac branches of the sympathetic.

CATARRHAL JAUNDICE.

In this case the diagnosis is comparatively easily made. Looking at this patient, you see that he is jaundiced; the conjunctiva is very yellow, and the skin has a distinctly yellow tinge. Let us now turn to the history, for the history of every case needs to be very carefully investigated; and in a case like the present, the history may of itself furnish the data for a diagnosis.

Three weeks ago the patient began to feel distress in the epigastrium. Taking but a small quantity of food into the stomach sufficed to bring on a choking sensation, and caused him to feel filled up. There has been more or less nausea and occasional attacks of vomiting, and this was especially marked during the past week, when he vomited six times. The tongue is coated with a thick, yellowish fur, which is especially marked on the left side. The passages are whitish, and entirely wanting in their normal color. I inquired whether the stools were mal-odorous, for, as you know, bile prevents the decomposition of the food, and when the bile is wanting, the food may undergo ordinary putrefactive decomposition, and the stools in consequence, may be very offensive. The bile evidently does not flow into the intestine, and we see that it passed backward into the blood. It being eliminated by the kidneys, as shown by the appearance of the urine.

How much pressure is required in front to make the bile pass back into the blood? It has been ascertained by actual observation, that if there is catarrh of one-half an inch of the ductus communis choledochus, with swelling of the mucous membrane at its termination at the duodenum, this will produce sufficient obstruction to prevent the flow of bile into the intestine, and cause it to pass back into the blood.

There are supposed to be two forms of jaundice, hepatogenous and hematogenous. In the former the jaundice is due to reabsorption of the bile; in the latter to the disorganization of the red blood globules.

In the present case we have a history of gastro-intestinal trouble followed by jaundice. We know that these attacks of biliary disturbance are exceedingly common in malarious districts. This man has been living in a malarious section of the country until the past three months. Malarial poisoning may cause jaundice in two ways; first, by producing a catarrh of the ducts, and second, by its action on the hepatic cells. We know that in chronic malarial toxæmia, the hepatic cells are crowded with bile pigment. It is probable that the poison which causes malaria acts directly on the hepatic cells, increasing the formation of pigment, and favoring its deposit in the body. In this case there is a distinct malarial element, which has much to do with the disturbance. This has a practical bearing, for these cases, although they may present no obvious malarial trouble, are not readily cured without the administration of an antiperiodic.

Taking these things into account, we come to the conclusion that this is a case of catarrhal jaundice, and that there is also a malarial element.

Such is the therapeutical diagnosis. What are the most useful remedies? The phosphate of sodium is the most efficient remedy for causing the catarrhal process to disappear, and to favor the flow of the bile into the intestine. It will be given in drachm doses three times a day. In this case it will be advantageous to combine with it the arseniate of soda in the dose of $\frac{1}{50}$ of a grain three times a day. We must not disregard the malarial impression. I will direct the salicylate of cinchonidine five grains three times a day. This is a most efficient substitute for sulphate of quinine in ordinary malarial attacks.

LYMPHADENOMA.

At first sight this case may not seem of much importance, but in reality it is of great importance. There is, as you see, a bunch of enlarged glands on each side of the neck. The axillary glands are also enlarged, and I also find that the area of splenic dulness is increased.

That disease characterized by progressive enlargement of the lymphatic glands, by splenic changes and profound anæmia, is known as lym-

phadenoma. Such cases are progressive, going from bad to worse, and, ultimately, if not properly treated, have but one ending. Is this a case of that kind? At this stage it is almost impossible to say. It may be enlargement of the glands due to strumous disease. I am inclined, for two reasons, to doubt this. In the first place, there is no evidence of strumous disease in any other part of the body, and, in the next place, there is enlargement of the spleen; and the spleen is not only enlarged, but it is firm. Then the characteristic progressive anæmia is not wanting.

Lymphadenoma is a constitutional disease. The gland elements undergo the changes known as hyperplasia and hypertrophy– enlargement of existing elements and formation of new elements.

Various measures have been proposed for the relief of this disorder. It has been suggested that the hypertrophy of the glandular system may be arrested by the extirpation of those first affected. It has been found that if the glands be removed early, the disease being limited to one group, we can prevent its spread beyond the glands first involved, showing that there is something generated in the first set of glands which undergoes multiplication and which gradually affects the glands of the body generally.

The treatment must be both systemic and local, the latter being the most important. Internally, probably more good has been done by phosphorus than by any other remedy. It is best given in $\frac{1}{100}$ grain doses, dissolved in a drachm of cod-liver oil, three times a day. Good effects have also followed the use of the syrup of the iodide of iron and manganese. These may be given in combination with the phosphorus. I have found ergot to do great good in a case now in my hands.

As I have said, the most important part of the treatment is the local treatment. The best local remedy is injection of arsenic into the affected glands. The amount of arsenic said to have been used in some cases is almost incredible, as much as thirty to sixty drops of Fowler's solution having been injected at a time. In practicing the injection, ether spray or a piece of lint moistened with chloroform, is applied, to benumb the skin. The hypodermic needle is then inserted and a few drops of Fowler's solution thrown in. The injections should be practiced on alternate days. Various other things have been used locally. Injection of iodine has been employed, but it is much more painful and less efficacious than arsenic.

What is to be done for the enlarged spleen? Our German colleagues are in the habit of injecting arsenic into the spleen. They do this with apparent impunity and with great apparent good. I might enumerate many other remedies but the most important are phosphorus with cod-liver oil, and the injection of arsenic.

PARENCHYMATOUS NEPHRITIS, PROBABLY SPECIFIC.

The interesting cases now presented have such characteristic symptoms that you can almost make the diagnosis at a glance. The first patient is a woman, 47 years of age. The arteries are atheromatous. The tension of the vessels is very high. This is due not only to the deposit of calcareous matter, but also to hypertrophic thickening of the muscular layer in the walls of the vessels. Observe the expression of the face. The lips are bluish and the face is more or less swollen, and there is some difficulty in breathing. Examination of the heart shows that there is more or less atheromatous degeneration of its valves. Notwithstanding the fact that there is no distinct lesion of the lungs, she has at all times difficult breathing. Thi is not an ordinary case of asthma. There is also a peculiar cough. There is no reason to suspect hepatic derangement.

Examining the urine, we find that it contains albumen. The specific gravity of the urine is low, the amount of solids excreted small, and the quantity diminished. There is general œdema. There are uræmic asthma, and also headache and other symptoms indicating uræmia. Such is the morbid complexus. The patient has a well-marked eruption on the left chest and mamma. This has a peculiar appearance, and makes me suspect specific disease. There are also cicatrices about the mouth, which have the appearance of having been healed under the action of iodide of potassium. In other words, the kidney lesion is probably of specific origin.

Such being the conclusion, the treatment necessarily follows. As, in all probability, there has been no thorough specific treatment, we shall begin with the green iodide of mercury, in one-eighth of a grain dose, four times a day. If this acts on the bowels, a little opium will be combined with it.

Something must be done to relieve the suffering organ by derivation, either by purgatives or diaphoretics. We shall act upon the bowel in the present instance with compound jalap powder, in drachm doses, every morning. This has an effect, by reflex action, to increase the flow of urine. If this is not enough, pilocarpin, in sufficient amount to act energetically on the skin, will then be given.

INTERSTITIAL NEPHRITIS.

Here is another disease of the same kind, but of a different origin. This woman has not the expression of ill health seen in the other. She is not so pale, notwithstanding the fact that her urine contains a larger amount of albumen. The first woman has been made prematurely old by the specific trouble and the remedies used to relieve it. This patient has general œdema, which, however, is not considerable. The feet are swollen at night and the face is puffy. There is no change in the heart

or vessels, and apparently no alteration in the liver. This is a case of simple albuminuria, but, in order to say what its real nature is, a careful examination of the urinary secretion and a microscopical examination of its sediment will be required. This we have not yet had time to do. The probability is that, as the urine is of low specific gravity, and not diminished in amount, it is a case of interstitial nephritis, and not merely a croupous condition. It is essentially chronic in its course.

As regards the remedies, I shall apply here two which I have found very successful, and which I have repeatedly recommended. These are nitro-glycerine and the chloride of gold and sodium. The latter has the property of checking hyperplasia of connective tissue. The nitro-glycerine has been found by experiment to diminish decidedly the amount of albumen; it lessens congestion and limits the change going on in the kidney. Although nitro-glycerine causes dilatation of the peripheral vessels, it is still true that it relieves congestion. The area of dilated vessels in the kidneys is small as compared with the capillaries of the body, so that the mechanical result of dilatation of the arteries in general must be to relieve congestion of important organs.

This patient will begin with one drop of the centessimal solution of nitro-glycerine, three times a day, and one-twentieth of a grain of chloride of gold and sodium in combination with a simple bitter, as extract of nux vomica. Under this treatment decided improvement should be observed.

SPECIFIC DISEASE OF THE SPINAL CORD.

Here is another interesting case, but, as my time has almost expired, I shall have to go over it very rapidly. You notice the peculiar manner in which he stands when his eyes are closed. It is with difficulty that he can cross one leg over the other. The patellar reflex on the right side is well marked; on the left it is not quite so distinct. He has some pain in the calves of the legs. These first appeared ten weeks ago. He has never had any trouble in vision, and has never had double vision. The trouble in walking has developed within a year. He has nocturnal emissions. There is lessened sensation in the bottoms of the feet.

Now what is the explanation of the rapid development of this case, for these are in large part the symptoms of posterior spinal sclerosis? It has not been evolved in the ordinary manner. The symptoms have developed in an irregular way within the past twelve months. There must be some explanation of the rapid evolution of these symptoms and of their irregularity. This, I think, we find in the condition of the tongue. You see the characteristic mucous patches. In other words, this is a case of specific disease of the spinal cord.

As the spinal cord is in danger, it will be well to use mercurial inunctions in combination with the internal administration of the green iodide, one-sixth of a grain of which, with one-fourth of a grain of the extract of belladonna, will be given three times a day. A little opium will be added if it is necessary. One drachm of mercurial ointment will be rubbed into the groins and inner side of the thighs every day, attention being paid to the condition of the mouth, as it is important to avoid salivation, for these cases do better if the mercurial impression is not carried so far.—*Col. and Clin. Record.*

ABDOMINAL SECTION IN DISEASE OF THE UTERUS.

Abstract of a lecture delivered at the Jefferson Medical College Hospital, September 15, 1884 by Lawson Tait F.R.C.S.

OVARIAN TUMOR.

Here is a patient who, as far as I can see, is the victim of a disease which is very common with us and I suppose as common with you. At first sight, it looks like an ovarian tumor. The first thing which attracts my attention is a scar from a puncture, and here I see the remains of another puncture of an older date. I next notice the uniform shape of this abdomen. There is a symmetrical uniformity about this abdomen which is suspicious. When you see a perfectly uniform enlargement of the abdomen, begin by suspecting that it is not due to an ovarian tumor. The chances in such a case are greatly in favor of one of three things. In the first place, pregnancy, which you must always eliminate; in the second place, a small tumor with malignant growth and ascitic effusion, which is the most likely of the three; and, in the third place, the presence of a parovarian tumor. I next place my hand on the tumor,—and here let me give a caution. When you are dealing with abdominal disease either for the purpose of diagnosis or treatment, you cannot be too gentle in your manipulations. If at all rough in your manipulations, the first thing you do is to frighten the patient and obscure the diagnosis. The abominal muscles will be contracted, and you will not be able to learn a great many things which it is desirable that you should learn. If in treating abdominal disease you handle the parts roughly, you run a risk of doing harm. I touch the abdomen gently and I have already learned a good many things. I learn, in the first place, that this certainly is not pregnancy, although I knew that before. I learn, in the second place, that it is not a parovarian tumor. I learn, in the third place, that it is probably a small tumor with a large amount of ascitic effusion. I feel in the lower part of the abdomen a semi-solid mass, and above this a mass which is not solid. Our business is to

determine what relation the mass not solid bears to the mass which is solid. Above, we obtain on percussion the resonance of the intestine. There is a matter here which obscures the diagnosis. That is the fact she has been tapped. I get an intestinal note above, and there is evident fluctuation, but from these two factors I cannot positively determine which one of the two conditions is present, and it is a rather important thing to know which we have before giving advice.

The conditions to which we refer are the following: This may be a large cyst which has been emptied by tapping, or it may be merely ascitic fluid. If it is a large cyst which has been partially emptied, or which having been emptied, has become partially refilled, it is a case of multicystic cystoma, which can be dealt with in a satisfactory manner. In the second place, it may be a small cyst covered with a large effusion of ascitic fluid. If this be the case, it will be necessary to engage in the discussion of a number of points before making up our mind. I have looked at the patient's face but find nothing there to guide me. I have examined the pelvis, but I find nothing but negative indications. The uterus is small and tolerably free. On the left side there is a small tumor which may be one of two things, either the left ovary in a state of incipient enlargement, or a small mass of papilloma. This may be a single ovarian tumor and the condition here may be the result of malignant proliferation on the outside of the tumor, or on the parietal peritoneum, or the peritoneal coat of the viscera. It is important to know which of these is the more likely. With a half-full abdomen like this, one cannot pretend to to give an opinion. The fluid has been removed and reaccumulation is taking place. Although it is impossible to give a positive opinon, I have a suspicion that the fluid which was removed was not removed from a cyst. There is a small tumor in the lower part of the abdomen, and I think that the fluid which was removed was ascitic and that there is here a condition of papilloma. Suppose it is impossible to come to an exact conclusion, what ought to be done? Open the abdomen in either case; for, unless you are absolutely certain that the disease is incurable, it is, in my judgement, a surgical crime to allow a patient to go to the grave with an abdominal tumor, without an effort being made to save her. This should be done even when papilloma, which is a most unfavorable condition, is suspected.

As soon as an ovarian tumor is recognized, you should refrain altogether from tapping, and immediately remove the tumor. The patient whom we have had before us has been tapped. I do not know whether the fluid removed was ascitic or from a large cyst. My suspicion is, as I have already said, that the fluid was ascitic. At this point some critics might ask "What do you make of those cases in which tapping was done over and over under the old practice, and sometimes under the new, for some patients will not submit to the radical operation?" In regard to the latter point, there is no difficulty with that now. During the last five or six years I have not had a patient come to me with an ovarian tumor, who has refused to have it removed. I can assure her that the chances are 98 out of 100 that she will get well, no matter what the age, no matter what the appearance of the tumor, and no matter what complication may be present, provided it is not malignant disease and that there has been no previous tapping.

Suppose you get an ovarian tumor, when should it be removed? The arguments are all in favor of early operation. The patient is not distressed with the suffering entailed by carrying around a large mass; she is not subjected to the likelihood of the development of papilloma which we suspect in this case; she is not subjected to the anxiety and worry, especially if unmarried, which her appearance will always cause, and the incision will be shorter than when the abdomen is large. The mortality of early opertions is almost *nil*. If the tumor be removed before adhesions form or other complications occur, I believe that the mortality would be absolutely *nil*. My own experience leads me to believe that if the practice were uniform all over the world of removing ovarian tumors as soon as discovered, the mortality would not be one per cent. Suppose that we are certain that this patient was suffering from papilloma, that the disease of which we are so much afraid was developing around the tumor; even if I were certain that such was the case, and I were responsible for the treatment of this patient, I should proceed to the removal of the tumor. The reason for that is a very curious one, and one which I cannot pretend to explain, but the facts of which I am quite certain. I cannot say, without referring to my class-books, how many ovarian tumors I have removed, but in a considerable percentage both of parovarian and ovarian tumors, and also cases of myoma, and also in cases where there has been no tumor at all, I have opened the abdomen, sometimes knowing what I should find and at other times not knowing, and have found this curious velvety, warty condition of the peritoneum. One of the most extraordinary cases which I have ever met with, was one sent to me by Mr. Oliver Pemberton, of Birmingham, whose name is probably familiar to many of you. In this case there was enlargement of the abdomen, supposed by several who had examined her to be a parovarian tumor. As soon as I placed my hands upon the abdomen I was certain there was no tumor, but simply an enormous effusion of ascitic fluid. In such csaes as this I never tap, I always make an opening in the abdominal wall large enough to admit the introduc-

tion of two fingers, and obtain an intelligent idea of the condition of the abdomen, which cannot be obtained by gazing at the fluid falling from the end of a canula. There is no more danger in this than in tapping. So far as my own practice is concerned, tapping is absolutely discarded. In the case to which I have referred, I made the abdominal opening, and slipped in two fingers, and at once found that I had to deal with universal papilloma of the peritoneum. I inserted a drainage-tube, and allowed it to remain two or three weeks, and completely cured the patient. She is now in robust health some fours years after the operation. In another case, in a woman fifty-seven years of age, I removed a large ovarian tumor. Large masses of papilloma were also found. Two of these, each being larger than the fist, could not be removed, and after the operation could be distinctly felt through the abdominal wall. She is now sixty-five years old in good health, and the tumors have disappeared. It is certain there are two kinds of papilloma, one of which is malignant, and which will kill the patient in a few weeks or months, and another kind which is not malignant, and can be cured by removing the tumor or by opening and draining the cavity. I have submitted pieces of papilloma, some of which were obtained from cases which had been cured, while others had come from cases rapidly fatal, to the most experienced microscopists, and they have been unable to detect any difference between the two varieties. This curious condition, presenting as it does such extremely different features, so far as results are concerned, offers a very favorable field for careful research by pathologists. In this case, even if I knew positively that there was present an ovarian tumor com licated with ascitic fluid and large papilloma, I should still urge that if it is possible to remove the tumor, it should be done, for there is a chance that the patient will be cured.

REMOVAL OF THE UTERINE APPENDAGES.

The next case is one which would involve a great deal of talking, and one of which I cannot speak anything like exactly, for that would involve an intimate knowledge of the past history of the patient. For the purposes of instruction however, I may assume what is doubtless the fact, that this girl's sufferings are real and intense, and that everything short of surgical interference has been employed. I might with advantage talk of a case which I treated in the state of New York, in which the the condition was to some extent similar to that of the present case, and in which the history was more completely known. For that matter, a supposititious case might be discussed, for it would be easy to introduce into it those questions which are worthy of notice. This is all the more advisable because we have the tracks of very well cleared abdominal surgery on almost all points which are under discussion with the exception of one. The patient who has been admitted to me comes under this category. She is twenty-one years of age and has a pronounced crop of acne all over her face. When a woman enters my consulting-room, and I see acne, I always ask if she has been taking bromide of potassium. This is the fashionable drug for every conceivable uterine ailment, and yet I have never heard of any one who was willing to swear that he had ever cured anything with bromide of potassium that was worth curing. Still it is the one pump handle which we have, and we work it pretty hard.

How do you recognize the fact that a patient's sufferings are real? I cannot answer that question. All that I can say is, that never in my experience have I had a woman submit to an operation, without sufficient cause to justify it. Of course, I, as all ought to do, place my statement and views, with what I propose to do and the results of the operation, immediate and prospective, clearly before the patient, and, as I say I have never known a woman to submit herself to the operation without finding sufficient cause to justify its being done. You say this puts the responsibility on the patient. Well, that is what we do in every case. The patient cannot be relieved of all responsibility. A man comes to you with a diseased knee-joint. You lay before him the advantages and disadvantages of excision and of amputation, and then you ask him, "Will you have your limb amputated, or will you run the risks of excison?"

This girl is twenty-one years of age; she has to to make her own living, and this is a very important matter, indeed. If a woman comes to you whose husband has a large income, or whose friends are wealthy, the case presents altogether a different aspect. To the rich, luxury always contributes largely to the relief of pain. If a woman, whose husband has ten thousand a year, has a chronic inflammation of the ovaries, she will suffer far less than a woman who has to make her own living and has the same disease. If a woman comes to you stating that for one week out of every four she is unable to work, you are bound to perform an operation for her relief. This girl has gone through a long course of treatment. She suffers at her periods, but at other times is tolerably well. The indications for treatment are clear If a woman tells you that there is one week out of every four that she cannot work, it is clear that the arrest of menstruation will afford relief. As far as I can judge from the history of this patient, the operation which has been suggested is justifiable. You perform the operation, and what do you find? I have always found disease of the uterus or uterine appendages of some kind. These diseases are far more numerous than you imagine, and it would take a long series of lectures to discuss them thoroughly. On the left side, in this girl, there is

a feeling as though there was a mass. I think that, in all probability, it would be found that the ovaries, like the uterus, are infantile in size and probably adherent. Suppose however, that the appendages turn out to be absolutely healthy; I should still say that the operation was capable of being justified by the hisory of the case.

What are the results? In the great majority of cases there is an immediate relief from suffering and loss of blood. In some cases the relief does not come immediately; but after a time, in a few cases, relief may not come at all; but this is no argument against the operation, any more than it is against many other operations. Take the operation of cataract. This is not always a success. It is probable that in about ten per cent. of all operations for cataract, suppuration of the globe takes place, and the result may rank as mortality. In other cases escape of the vitreous or some damage to another structure will result in such chronic inflammatory change as to leave the consequential results of the operation so bad that it may be classed as a complete failure. There is no realm of surgery out of which I could not pick abundant illustrations to show that in no other branch is success any greater, if as great, as in that of which I have spoken. Immediately after the operation the patient suffers from the climacteric; but this is inevitable in the life-history of every woman who lives to the age of fifty-two. I do not think that these women, who go through these troubles in early life, suffer any more, or even as much, as those in whom it comes at the natural time. Some do not suffer much, while others suffer a great deal.

So far we have not had any trouble, except from one thing, and this is a distressing one. It occurs after all sorts of abdominal operations, after exploratory incisions, after the removal of one ovary for cystoma, after the removal of both ovaries for cystoma, and after hysterectomy. I refer to the occurrence of acute melancholia. All the cases of mental alienation that I have seen following these operations are seven in number, and all have taken the direction of this most unfavorable form of insanity—acute melancholia. I cannot say that any one of them is likely to recover. I do not know that this is a necessary result in a certain number of cases. I have performed abdominal section some 960 times, and in this number I have met with 7 cases of acute melancholia. Of course, a good many of these cases died, especially in the earlier years of my practice. We may state that acute melancholia occurs in about one per cent. of those submitted to abdominal section. I do not know that anything like this follows other surgical operations. This is the only after-result of an objectionable character with which I am acquainted.

MYOMA OF THE UTERUS.

The next subject which Dr. Parvin has submitted for consideration is that of myoma of the uterus. There are two patients outside, but I do not think that it is necessary to bring them in, for you cannot see anything, and you cannot feel anything. I have examined the patients in the waiting-room. One woman is forty-eight years of age, and does not suffer much from hemorrhage or very much in any way. The tumor is hard, shrivelled, and solid, and thus it is placed in the category of cases in which nature has cured the disease. In all probability, nature will not remove the tumor, but nature has relieved the symptoms and so diminished the size of the tumor by shrinkage that nothing more will be required. The other patient is forty years of age. She has had only two hemorrhages, and it is very likely that she can be tided over the climacteric without any surgical interference. Usually, we do not operate on women for fibroma after the age of forty-six or forty-seven unless it is perfectly clear that the use of ergot combined with absolute rest is insufficient to tide her over the climacteric. When, however, the disease appears in young women, say from thirty-five to forty, or as I have seen it in a girl of nineteen, an important question comes up for careful discussion, and here again the patient must accept a good deal of responsibility in the answer. If a patient spends one week of every month in bleeding and suffering pain, becoming anæmic, restless, and irritable, unable to look after her affairs, and you cannot relieve the sufferings or arrest the hemorrhage except by operation, then this question must be considered. Is it worth while for that patient to go on suffering for a series of years when by an operation, the mortality of which is only four or five per cent., she could be relieved? On this point different men will express different opinions. If I were the patient, I should have the operation done. Holding that opinion, I advise the patient to have the operation performed.

Concerning myoma of the uterus, we have a number of traditions which are being rapidly destroyed. One tradition is that myoma is not a serious thing. We have been in the habit of finding, at our post-mortem examinations, a large number of myomata which have never given any trouble, but I need not say that the tumors which do not give rise to trouble, are not the ones which trouble us. The tumors which cause trouble are the ones which we see. If a tumor gives rise to hemorrhage and pain, the woman consults a physician, who recognizes its presence.

There is another tradition, that the occurrence of the climacteric arrests the growth of the uterine myomata. It is now perfectly clear that a certain class of uterine myoma arrests the progress of the climacteric. Frequently we find women going on for years after the usual time of the climacteric,

without any appearance of diminution in the size of the tumor, or in any amount of the hemorrhage. There is a peculiar kind of uterine myoma which causes but little pain or hemorrhage, but which goes on indefinitely increasing in size, and seems to be unaffected by the the climacteric.

In uterine myoma, provided the use of ergot and rest does not give relief, one of two procedures may be adopted. The uterine appendages may be removed and menstruation, which seems to be the immediate process by which the growth is encouraged, arrested. It is a fact established beyond discussion that in the great majority of cases operated on hemorrhage is immediately arrested, and the tumor shrivels up, and may disappear. The removal of the uterine appendages is an operation to be recommnded in a certain class of cases. In some cases in which the disease is not arrested by the removal of the uterine appendages, there is the far more dangerous operation of removal of the entire uterus or hysterectomy.—*Med. News.*

TUMORS OF THE BLADDER; CYSTOTOMY—Dr. J. L. Little (N. Y. Surg. Society) presented a number of tumors which he had removed from the bladder of a patient in St. Luke's Hospital, who gave the following history, which was kindly furnished by Dr Ludlow of the house staff: "James McA., aged forty-nine, married, a car-driver by occupation, and a native of Ireland. His family history is good. About eight years ago he had a sudden hæmorrhage from the bladder while urinating. For two days previous he had micturition and pain at the symphysis pubis. From this time up to one year ago the hæmorrhages recurred at intervals of three or four months, and lasted about as many days. During all this time micturition was not very frequent, and he continued at work. About one year ago the quantity of urine voided steadily diminished for about one week, and then stopped altogether, and it was necessary to resort to catheterization. Since this time he has constantly used the catheter, as he has been unable at any time to pass more than a small quantity of urine, and that with great pain. The desire to urinate has become more frequent. The patient was sent to Dr. Little's clinic at the post-graduate school, by Dr. W. B. Wallace, about two months ago. "On examination, no calculus was found, and it was discovered that the introduction of a sound or a soft catheter was always followed by a fresh hæmorrhage into the bladder. He was able to hold his urine without pain for six or eight hours at a time. The symptoms indicating a growth in the bladder, he was sent to St. Luke's Hospital for an exploratory operation. A consultation was held and the operation advised. An examination of the urine showed pus, blood, mucus and triple phosphates. No casts or shreds of tumor were found.

"On October 27th Dr. Little performed median cystotomy. On introducing the finger, a number of soft tumors could be detected These were situated at the trigone of the bladder, between, and extending beyond, the orifices of ureters. A number could also be felt attached to the upper surface of the bladder. The situation of these growths being distinctly made out by the finger, Thompson's tumor forceps was introduced, and the tumors were seized and twisted or bitten off from their attachments. It was found necessary to enlarge the opening in the bladder by a slight incision downward toward the prostate in order to introduce the forceps with facility. Twenty distinct masses. most of them seeming to be separate tumors, were removed. These varied from the size of a hazel-nut to that of a hickory-nut. They all seemed to be villous in character. A large number of small pieces, evidently torn off from the larger tumors, were also removed. The surface of the bladder, after the removal of these growths, was left considerably roughened. Two orifices, large enough to allow of the introduction of the tip of the finger, could be felt in the situation of the openings of the ureters. These seemed to be the dilated orifices of the ureters. The hæmorrhage during the operation was considerable, but not enough to be alarming at any time. After the operation was completed, the bladder was thoroughly washed out with hot boro-salicylic acid solution. This seemed to greatly lessen the hæmorrhage. The wound was left open, no tube or catheter being used. During the evening following the operation the hæmorrhage was very free at times. Dr. Hance, the house surgeon, tried injecting a solution of tannic acid without effect; finally he succeeded in controlling the hæmorrhage by packing the rectum with ice, and applying ice-bags over the pubes.

"*October 28th.*—Patient's condition is good. Temperature 99° F., urine stained with blood." Since the last notes in the history furnished by Dr. Ludlow, and read the society, the patient had been steadily improving, passing all his urine from the penis without pain, free from hæmorrhage, and without recourse to a catheter. The microscopic examination, of the tumor would be reported at the next meeting.—*N. Y. Med. Journal.*

FOREIGN BODIES IN THE EYE.—Dr. Agnew, of New York, writes;—*Am. Prac.*—"When a patient comes to you complaining of a sensation as if a foreign body were in the eye, you first examine the eyeball from every point of view. You should then turn over the eyelids and examine their inner surface. And here I am reminded of a source of error to which I would call your attention. A few days ago a case came under my observation which illustrates the point. The gentleman had had occasional attacks of conjunctivitis for a year or more. He had then a sensation as if a foreign

body were in the eye. On turning out the right lower eyelid, all that was revealed to sight was a slight redness of the conjunctiva. But there was something in the way in which the sensation of a foreign body in the eye was exaggerated that made me suspect he had a single inverted eyelash. Ordinarly he felt as if some irritant was there which was tolerable, but suddenly there would be a cramp-like action of the eyelid, the irritation would grow rapidly worse, and the eye would fill with tears, followed by the discharge of a little mucus, and temporary relief. His beard was of a sandy color, his hair was light brown, and his eyelashes were almost colorless. I looked very carefully along the edges of the lids in search of inverted eyelashes, and saw, on the innermost edge of the lower lid, a slight curving of the inner angle. By allowihg a tear to gather upon this inner edge, I saw there was a difference in refraction in different portions of the tear, and it soon became evident that a delicate decolorised eyelash was there, which, instead of growing from the outer edge of the lid, sprang from the free edge of its inner border. I turned the lid over, and found that this delicate eyelash, which was between the edge of the lid and the eyeball, had been so long caught in that position that it had worn a little groove in the edge of the eyelid; the spasmodic action of the orbicularis, from time to time, so long continued, had embedded the eyelash in the substance of the lid. I removed it, and no further trouble was experienced. This patient had been treated in Europe for acute conjunctivitis several times, and it is possible that the eyelash was on those occasions the cause of all the trouble. An operation will be required to destroy the follicle which produced the misplaced eyelash. So, when a patient comes to you complaining of a sensation as though there were a foreign body in the eye, between the eyelids and the eyeball, you must first look for conjunctivitis. Whether this be present or not, you should then proceed to examine the eye very carefully to see whether a foreign body be present or not. Scan carefully the whole surface of the cornea and of the scleral conjunctiva, and then turn over the upper eyelid and carefully inspect its inner surface. You may then scrutinize the edges of the lids, as I have described, in order to see whether the source of the irritation be an inverted eyelash."

COMBINED VERSION IN PLACENTA PRÆVIA.—C. Behm (*Med. News*, Aug. 16, 1884) has used combined version in forty cases of placenta prævia, without a single death. This must be regarded as an extraordinarily good result for a condition which ordinarily gives a mortality of forty per cent. Hofmeier has already obtained similar results in the treatment of placenta prævia.

The operation is performed as follows: When dangerous hæmorrhage comes on the vagina should be tamponed until the cervix is dilated. This being done, and the woman anæsthetised, the whole hand is introduced into the vagina, and two fingers into the cervix. If the membranes present, the operator endeavors to rupture them with the finger, then draws the presenting part (unless it be the buttocks) to one side, at the same time making pressure from without so as to carry the buttocks down until he can grasp a foot. This is drawn through the cervix, so that the breech acts as a tampon on the lower segmant of the uterus, and the placenta is pressed against the sides of the uterus. In central implantation of the placenta the finger should be pushed through the centre.

After this version the operator waits for the spontaneous expulsion of the child, or at least complete spontaneous dilatation of the cervix, in order to complete delivery. The duration of labor after version is between one half an hour and eleven hours, the average being one or two hours.

The mortality for the children by this procedure is very great, but the chances for the mother are better. The mortality for the children is, however, no greater than by the old operation.

The causes of the great mortality of the mother under the use of the continuous tamponade is the infection through the blood and other matters adhering to the tampon.

THE USE AND ABUSE OF THE FORCEPS.—Professor Goodell made the following remarks in a recent clinical lecture (*Med. and Surg. Reporter*, June 14th): Tears of the perinæum will occur whether the physician uses the forceps or not, but in the majority of cases they come from the use of the forceps, or rather from the abuse of the forceps. Let me give a piece of advice to you as young men. When the proper time comes put on the forceps and boldly bring down the head, but when it begins to bulge the perinæum, take off the forceps. I do not think that any of you are competent to deliver the head over the perinæum with forceps. The temptation is to turn the head out to quickly, If you take off the forceps you will rarely have a bad tear, and if it does occur you will not get the blame for it. It is a very rare thing for me to end a labor with the forceps on. When the perinæum begins to bulge, I support the handles to see whether the pains are strong enough to end the labor. If so, I remove the forceps. There is such an abuse of this instrument that I sometimes think that Baudelocque was right when he said that the forceps had done more harm than good. It requires great skill and judgment to end a labor with the forceps. A physician from inexperience, or being demoralized by a long and tedious labor, is liable to use undue violence and deliver the head too quickly, or to make a traction in the wrong direction. I have myself torn the perinæum and seen many good physicians do the same. From this experience

I should recommend that, unless their be an excellent reason for contrary action, the forceps be taken off when the head reaches the perinæum. Occasionally one blade will catch over an ear and you cannot get it off; but in the majority of cases it can be removed, and that is the proper thing to do.

PRESERVATION OF BODIES FOR DISSECTION.—O. T. Freer writes from Munich that, in the anatomical department of the University, the material used for dissection seems to keep fresh much longer than he has found to be the case in the medical colleges. He learned from Prof. Rudinger that the injecting fluid used in the preparation of the bodies is a mixture of carbolic acid, glycerine and alcohol, and this method has been in use since 1882. Subjects injected with this mixture will keep fresh from two to six months, according to the quantity of injection used. For preserving bodies three to six months, the solution is composed of glycerine, 40 parts; carbolic acid, crystalized, 11; alcohol, 8. For preserving them two to three months, glycerine, 80 parts; carbolic acid, 17; alcohol, 13. The injection is made into the femoral artery, and the amount used is two to four litres, or quarts, though an ordinary subject will readily contain fifty per cent. more than the larger quantity.—*Chic. Med. Jour. and Ex.*, July. 1884.

CHRONIC NASAL CATARRH.—Dr. M. M. Brown, M.D. of Ithaca, N. Y. *(Med. Summary)* gives the following treatment for chronic nasal catarrh—where hard scabs are formed.

℞	Acid carbolic,	gtts. xv,
	Potass permang.,	grs. v,
	Aqua.	ʒ ij,
	Glycerine, q. s. ad.,	℥ ij M

To be applied to nostrils in the following manner with a camel's hair brush, nightly. Saturate a long camel's hair brush in a sufficient quantity of the fluid, push the brush well into the nostrils after having blown the passages clear of crusts, allow the brush to remain for five minutes in each nostril, or until the preparation can be tasted in the fauces. Repeat this until all signs of disease have disappeared. Constitutional remedies should also be used, such as iodine, iodide of potass, in syrup of ginger, etc. Dyspepsia and mal-assimilation of the ingestæ should be corrected in every case. When there is much discharge of an offensive nature, mingled oftentimes with bloody matter dropping into the fauces after meals and on getting up from bed, I apply the following powder once a day to the fauces and nasal passages with an insufflator:

℞	Potass permang.,	grs. x,
	Talc	℥ j,
	Bismuth Subnit.,	ʒ j,
	Hydrar. chlor. corrosiv.,	grs. ij. M.
	Ft. in pulv.	

Ten grains of this powder blown upon the diseased surface behind the velum and into the anterior nares every evening works like a charm. Prepare the powder carefully. Still another formula, when the fetor is intense:

℞	Iodoform,		
	Calomel,		
	Bismuth subnit.,	aa	ʒ j,
	Talc,		℥ ij. M.
	Ft. in pulv.		

I prefer this powder to the first named in nearly all cases. For chronic sore throat I use the following solution:

℞	Hydrarg chlor. corrosiv.,	grs. ij,
	Alcohol,	ʒ ij,
	Aqua q. s. ad.,	℥ ij. M.

Apply with camel's hair brush to the enlarged follicles two or three times a week. If smarting is intense mitigate it with glycerine or a little vaseline.

PRURITUS VULVÆ.—Itching of the external genetalia is one of the most prevalent and tormenting conditions with which a woman can be afflicted. Hence, any remedy that will palliate this disorder is gratefully received by both patient and physician.

Dr. C. J. Smith of New York says:—The following formula has, in my hands, given relief when nothing else has been of the slightest benefit:

℞	Ext. geranii mas. fluid,	gtts. xx,
	Ext. belladonæ fluid,	gtts. iij,
	Zinc. sulph.,	gr. j.
	Vaseline,	ʒ. j M.

Sig.—For external application.

If the parts are not much inflamed I usually omit the belladonna. I have prescribed this in many cases, and with few exceptions, it has afforded immediate, and, in some instances, permanent relief. I have found it of value in pruritus ani.—*Medical Advocate.*

STRANGULATED HERNIA.—The *British Medical Journal* gives us the following points on the diagnosis of strangulated hernia. Dr. Englisch, of Vienna, on examining the urine of patients under treatment for strangulated hernia, has ascertained that it always presents albumen in proportion to the duration of the strangulation. If surgical means be not adopted, the albuminuria continues until the death of the patient. The quantity of albumen is not affected either by the date of the hernia, the size of the sac, the frequency of the anterior strangulations, nor by a febrile condition. When there is simple protrusion of the omentum, albumen is absent. Prof. Nothnagel attributes this albuminuria to diminished intravascular pressure resulting from the presence of a strangulated hernia. —*Kansas City Medical Record.*

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, DECEMBER, 1884.

The LANCET *has the largest circulation of any Medica Journal in Canada, comprising four-fifths of the entire Medical Profession.*

THE PHYSICIANS OF THE FUTURE.

Physicians and Surgeons in the British Isles, we are aware, are averse to specialism. Even those who pre-eminently excel in the treatment of particular classes of diseases, strive, by avoiding the habit of devoting themselves to these single classes, to set an example of a general rather than a limited practice. Despite this tendency, however, we cannot but think that specialism is the feature of the age. As the population increases, the amount of labour and competition proportionately increases. The result is that the law of the division of labour is now carried to its extreme limits. Nor is this law confined by any means to manual labour; intellectual labour comes equally under its operation. In short, specialism in every form is the salient characteristic of the nineteenth century. Grant Allen, in an article in the *Nineteenth Century* some months ago, very wittily pointed this out in an imaginary dialogue in which an Oxford graduate, despairing of fame in a life devoted to Greek, or Latin, or even Hebrew, Chaldee, or Syriac, vowed that he was "going in for the Ostiak dialect of Tungusian." The richness of the joke is only apparent when it is known that the Tungusks are an obscure little tribe of fishermen living on the almost unknown banks of the Yenisei, and that the Ostiak dialect is a corruption of their language by a yet more obscure neighbouring tribe.

In the science and practice of medicine and surgery specialism certainly is a most marked feature. Should it continue to increase at the same pace as it has done for some years past, it is no uninteresting and certainly no uninstructive task to see where it will eventually land the profession. And indeed, the consideration of this subject is almost a duty. The young practitioner, and especially the student, must look ahead and endeavour to foretell, and to adjust his methods to the profession as it will be, when he hopes to be in its front ranks.

What, in broad outline, has been the history of specialism during the lifetime of the medical man who was "capped," say fifty years ago? The first step in this direction was, probably, the separation of wards in a hospital for distinct diseases. Then followed entire hospitals devoted to a single class of diseases. These gave opportunities for special study, and from these arose the famed specialists of to-day. The effect of this upon the profession at large is, that the class of cases treated by the general practitioner—and by general practitioner we do not refer to those who, as Bacon says, "take all knowledge to be their province," the "physician, surgeon and accoucheur"—will gradually become more and more limited. A patient has ear-ache; he calls in a general practitioner, who prescribes morphine. The effects of the morphine wear off, the ear ache returns. He then goes to an aurist. The aurist diagnoses catarrh of the middle ear, punctures the membrana tympani, and cures the ear-ache. Any medical man could multiply such instances a hundred fold. And it is instances like this, daily occurring, that will soon teach the public to forsake the "family doctor" and resort to the "eye, ear, throat, lung, and nose doctor." The family doctor will soon be an institution of the past, and his place will be taken by a circle of doctors. Materfamilias will go to her gynecologist; paterfamilias probably to the whole round, according as he imagines it is his liver, or his heart, or his lungs, or his spleen that is affected.

We are by no means treating the subject lightly. But to come to a sober view of the case, and seriously to conjecture, on scientific principles, what will be the character of the physicians of the future. We think we shall express the opinion of the majority of the faculty in the following prophecy:—First, there undoubtedly will be men who by their fame as diagnosticians will be resorted to on the first appearance of any malady. Finding his forte

lies solely in diagnosis, and finding it impossible to be thoroughly *au fait* in other branches, *e. g.*, therapeutics, treatment, posology, etc., in the then enormously wide areas that these will cover (we speak, say of fifty years from now), the diagnostician will hand his patient over to the specialist for the lungs, liver, stomach, nervous system, and so on, just as now the ordinary practitioner hands him over to the oculist or aurist. These will in turn hand him over to the therapeutist with minute directions as to the effects he wishes to be produced upon the system and the tissues. Still more in the future, probably, there will be classes of diagnosticians and therapeutists. This is no visionary theory; the germs of such a system exist all around us if we will but recognize them. The same process is obtaining in kindred sciences; for example, in biology there are men who not only devote themselves entirely to one of the two great branches into which it is divided, morphological and functional biology, but go so far as to give themselves up to the study of one minute part of the many divisions into which each of these is broken up—as myological or osteological development, etc.

If then, we are not altogether incorrect in our surmises, the lesson for the student is that if specialism is the tendency of the day, and the all-in-all of the near future, to specialism he must devote himself—with this caution: that no specialism is possible except that which is built upon the broad foundation of a thorough knowledge of anatomy, physiology, chemistry, etc., etc.

THE ANNUAL MEDICAL BANQUETS.

The occurrence of the annual dinners of the graduates, under-graduates and professors of the various medical schools is looked forward to with much interest and pleasure. These occasions are made the opportunity of eliciting the expression of opinion of competent persons on matters connected with education generally, and medical education in particular. That this is recognized by the students themselves is evident from the large number of complimentary tickets issued, and also by the prominence given to those toasts which call forth speeches from eminent educationists and politicians. The banquets this year have been no exception in this respect, and we have been treated to some very valuable remarks by those best qualified, both from ability and experience to express an opinion. These banquets, according to the custom of the medical dinners for many years, were conducted on strictly temperance principles, and the toasts were drunk in cold water.

The annual banquet of the Toronto School of Medicine was held on the 12th ult., and was well attended. The chair was occupied by Dr. H. Bascom, supported on his right by the Lieut.-Governor of Ontario and Dr. McVicar, and on his left by Mayor Boswell, Prof. Clarke, and others. After justice had been done to the good things provided for the occasion, toast, song and sentiment followed each other in rapid succession, until far into the evening. The Lieut.-Governor in his speech, which was witty and well received, alluded to the obligation which the schools were under to the Hospital, and also gave a short sketch of the history of that institution. Prof. Clarke, of Trinity College, in responding for the "Universities and Colleges," said that in spite of expressions to the contrary there was the best possible feeling between the several universities in Canada. A scheme for the federation of the different universities is now very widely talked about, and he hoped that some such scheme would be effected so that a common standard might be obtained which would ensure degrees of fixed worth. He thought that while a multiplication of colleges was good, a multiplication of universities was an evil. He referred to Dr. Wilson's recent letter in defence of University College, and wished that Dr. Wilson had been more specific in his references to the persons who had made the charges which he combats. He hardly thought that Dr. Wilson placed Trinity University among the number, for Trinity was a non-sectarian university. Prof. Ramsay Wright responded for University College, and Principal Buchan, for Upper Canada College. The "Dominion and Local Legislatures" was responded to by H. E. Clarke, M.P.P. The "Learned Professions," "Graduates and Graduating Class," "General Hospital," "Freshmen," "Ladies," and the "Press," concluded the list of toasts, and a very pleasant evening's entertainment was brought to a close.

The Trinity Medical College banquet took place on the 20th ult., and was very largely attended. The chair was occupied by Mr. P. A. Dewar, sup-

ported on his right by Lieut.-Governor Robinson, Hon. Senator Allan, and Provost Body, and on his left by Hon. Edward Blake, Mayor Boswell, Dr. Widdifield, and others. After dinner was served the sound of the bugle announced the commencement of the toasts. The chairman delivered the opening speech, and in doing so referred to the large increase in the number of Trinity students, which made it the largest medical school in Canada, and also to the honor and success which her graduates had gained in other lands. He made a humorous defence of the students against the charge that they were a noisy, reckless crew, and concluded by proposing the health of "The Queen." "The Governor-General and Lieut.-Governor of Ontario," was responded to by Lieut.-Gov. Robinson. He referred to the large number of medical students about him but said that our vast country would give wide field and scope for their talents. Every profession in Canada had to contribute its portion to the welfare of the State, and he had no doubt the medical fraternity would do its full share thereto. "The Dominion and Provincial Legislatures," was the next toast. Hon. E. Blake, who was cordially received, said he was afraid that in the ranks of the political doctors there were more quacks than among the medical profession. Some people believed that their patient—Canada—was in rather a critical condition. It was said she had been bled too freely; that there were some organic defects in the system which ought even to render an operation necessary. But he was inclined to think that she would stand a good deal of killing. The legislators of this country had serious duties to discharge in welding the various parts of this country into one nation, and creating that unity of feeling essential to make Canada the country she ought to be. To its success was essential a widely diffused education, and a widely diffused public spirit. No man in Canada made a stronger candidate for Parliament than a popular country doctor. No man had more influence, and with the influence came responsibility. The medical profession was indeed a noble one. In the strict line of duty, it was a business of blessing. After referring to the great advances made in recent years in medical science, he concluded by wishing the profession all prosperity. Senator O'Donohoe also responded.

Dr. Widdifield responded on behalf of the "Provincial Legislature." He referred in feeling terms to several of his old friends on the staff of Trinity Medical College, and especially to one who was absent owing to recent family bereavement. He also said that he had had an opportunity of visiting the medical schools of the United States and Europe, and could say that the medical schools of Canada compared favorably with any he had seen. The "Mayor and Corporation" was responded to by Mayor Boswell, who told the students that if they went home singing their songs without shouting he would guarantee they would not be molested by the police. The "Universities and Sister Institutions" was responded to by Chancellor Allan, Drs. Aikins, Barrett and and others; "Trinity Medical School," by Dr. Geikie, the Dean; "Toronto General Hospital," by Dr. O'Reilly; and the "College of Physicians and Surgeons, Ontario," by Dr. Morton. The "Learned Professions," "The Ladies," and the "Press," were duly honored. A number of College songs, solos and glees enlivened the proceedings.

ONTARIO MEDICAL ACT AMENDMENTS.

The Committee appointed by the Ontario Medical Council at its last meeting to draft certain amendments to the Ontario Medical Act, met on the 4th ult., and after discussing certain proposed amendments, had an interview with the Attorney-General and other members of the Government, with reference to the same. The Attorney-General promised to give the matter his careful consideration. The proposed amendments were published in the daily press so that we need not reproduce them here. There can be no doubt about the propriety, nay the necessity, for the enactment of some of the clauses. Others, however, are more open to question. The first provides that no College or University shall be entitled to send a representative to the Council unless it has a medical staff of teachers actively engaged in teaching. This clause seems necessary inasmuch as there is a preponderance of college representatives, out of all proportion to the number of territorial members so that in justice to all parties it became necessary either to increase the number of territorial members or lessen the number of College representatives. Another clause which it is most desirable to have placed on the statute book provides,

"That all actions brought against medical practitioners for malpractice must be instituted not later than one year from the date of such so-called malpractice, and also that security for costs in suits for damages be given by plaintiff." It is suggested in regard to the latter that a private examination might be held before a judge of the Superior Court, and if he thought it doubtful that a conviction would be obtained against the defendant he might order the plaintiff to give security for costs. We are somewhat doubtful, however, whether such a provision can be successfully carried through the House, inasmuch as it may be considered class legislation, but it is well worth the effort. The proper payment of medical witnesses in courts of law or equity constitutes another important clause which we hope to see enacted.

One very important clause referring to the internal discipline of members of the College is urgently required. It is useless for the Ontario Medical Council to proceed against unlicensed practitioners and enforce the penalties of the Act, so long as impecunious registered practitioners are permitted to prostitute their high calling by accepting salaries from the ignorant pretenders who infest the country. The following clause, taken from the British Medical Act, giving the Council power to erase or suspend the name of any one who has been "guilty of any infamous or disgraceful conduct in a professional respect," might without any difficulty be passed through the House. There appears to be considerable objection to the proposed clause relating to the annual fees payable to the Council. Many object to the payment of an annual fee of $5, and also to the commutation life payment of $20, less the amount already paid in annual assessment dues, claiming that it is an interference with vested rights. The main difficulty appears to arise out of the inconvenience of collecting the small annual fee of $1 under the present working of the Act. If, therefore, the following clause were added, leaving the annual assessment as at present, the matter would be placed on a more satisfactory footing, viz.: that such fee shall be deemed to be a debt due by the member to the College, and be recoverable with costs of suit in the name of the College of Physicians and Surgeons of Ontario, in the Division Court in the City of Toronto.

EDWARD M. HOOPLE, M.D. L.R.C.P. etc.

Dr. Hoople of Atlanta, Ga., formerly of Toronto, who died on the 3rd of last month of typhoid fever complicated with hemorrhage of the bowels, was a young man of great promise. He graduated with honors in Trinity Medical College in 1883, and after obtaining the above mentioned British qualifications, settled in Atlanta, Ga. We have received a long letter from Dr. G. G. Roy, Prof. of Materia Medica in the Southern Medical College, giving a detailed history of his illness, and speaking in the highest terms of his professional abilities, kindness of heart, and amiability of character. We regret that the letter is too long for the space at our disposal. Dr. H. was rapidly gaining the confidence of the people in his new-found southern home, and had he lived would soon have secured a lucrative practice. His family and friends have our deepest sympathy in their affliction.

GEO. W. NELSON, M.D. C.M.

The subject of this notice was resident surgeon of the Panama Canal Company's Hospital. He came of a family of doctors, being the ninth in direct descent, and the second son of the late Dr. Horace Nelson of Montreal. He graduated with honors in Bishop's Medical College in 1879, taking the final prize. After graduation he practiced a short time in Mount Forest, Ont., and then in Marbleton, Que. His health having given way he removed to a warmer climate, and being offered the appointment in the Canal Company's service he accepted it. He filled the position not only most ably, but also amassed a valuable collection of clinical notes on the fevers of the country; and a series of meterological observations conducted by him, will throw some valuable light on the influence of atmospheric conditions on yellow fever. They will be published for the benefit of the profession, in the near future. He was a man of genial and kindly nature, frank and manly in his social relations, and much loved and respected. We tender Dr. Wolfred Nelson, and the other members of the family, our warmest sympathy in their sorrow and loss.

EDWARD JENNINGS, M.D.

We regret to announce the death of Dr. Edward

Jennings, of Halifax, N.S., at the age of 68 years. He graduated in 1843, and was probably one of the best known physicians in that city. Although brusque in manner, few men were more kindly disposed or did more charity work than Dr. Jennings. He was coroner for many years, and his positiou gave him opportunities of doing good which he availed himself of in endeavoring to bring about reforms in the social and sanitary condition of his fellow-citizens. His death will be deeply regretted by a large circle of acquaintances.

GEORGE WILLCOCK, M. D., L.R.CP., ED.

The sudden and unexpected death of Dr. Willcock of this city, in the prime of active professional life, was a surprise to his many warm friends. He was a man of great promise, and had his life been spared a few years, he would have risen to eminence in his chosen profession. He was greatly beloved and respected, and leaves a wife (a relative of W. W. Ogden, M.D.) and one child to mourn his untimely loss.

MURIATE OF COCAINE.—In our last number we made a short note of this new and valuable anæsthetic. Since then it has been tried extensively in nearly all the cities of the new world, and the medical journals are filled with reports of its use, and the satisfactory nature of the results obtained. Its peculiar properties have been known to the profession for about a year, its use being to diminish sensibility in operations on the larynx. Dr. Koller first demonstrated its anæsthetic properties on the eye at the Ophthalmological Congress in Heidelberg, in September last. Since that time it has been tested by ophthalmologists in Europe and America with the most satisfactory results. Cocaine is an alkaloid obtained from the leaves of the erythroxylon coca. The drug is applied by instilling into (or brushing over) the part a four per cent. solution at short intervals until complete insensibility is produced, when the operation may at once be proceeded with. Reports of its use in practice by Drs. Rosebrugh and Reeve of this city will be found in another column.

AS OTHERS SEE US.—Prof. Struthers who visited Canada with the British Science Association, in his opening address in Aberdeen University, stated that he never heard better speaking than at the dinner of the Canadian Medical Association in Montreal, or more evidence of culture in the profession of any country. He also spoke very highly of our preliminary and professional examinations, and the excellent character of the teaching and examinations of our Universities. In his opinion however, better endowments were required for our scientific chairs. In conclusion he said that upon the whole the medical profession in Canada deserve the best sympathy and support from Great Britain in its efforts to maintain a good standard in the face of the depressing tendencies of the system of the neighbouring States of America.

A MATTER OF OPINION.—We have again been favored with one of those magnificeut works of art by John Rogers, 23 Union Square, New York. The following cut gives a faint idea of the design of the artist. It represents two physicians in consultation over a lady patient. One of them is ex-

amining the pulse and apparently explaining his view of the case. The other plainly shows his scorn and contempt for such a gross breach of professional etiquette and is buttoning up his coat and preparing to leave. The work must be seen to be fully appreciated. It would be most suitable as a Christmas or wedding present, or as an ornament in a doctor's office.

OTTAWA MEDICO-CHIURGICAL SOCIETY.—This Society held its first meeting of the season on Fri-

day, October 31st; the President, Dr. Powell, in the chair. The Secretary's report was read, showing the affairs of the society to be prosperous. It was unanimously decided to hold the regular meetings twice a month during the coming year. The following officers were then elected:—President, Dr. J. A. Grant; Vice-Presidents, Drs. Horsey and S. Wright; Secretary-Treasurer, Dr. Grant, Jr.

At the regular meeting, November 14th, the President delivered the annual address, which will appear in our next issue. At the next meeting the city health and local sanitary matters will be considered, the Board of Health being invited to be present.

BRITISH DIPLOMAS.—Dr. E. M. Hewish (Toronto), has received his Diploma of the Royal College of Surgeons, England.

Drs. Dorland, Davy, Lawton and Stalker (Trin.) have taken the L. R. C.P., Edin., and Dr. W. F. Freeman (Trin.) has taken the triple qualification of the Colleges of Physicians and Surgeons of Edinburgh and Glasgow.

T. S. Covernton, M.D., L.R.C.P., Edin., son of Dr. C. W. Covernton of this city, has recently passed the examination for the Diploma of Sanitary Science in the University of Cambridge. This examination is the most severe of any of the kind in any part of the world.

APPOINTMENTS.—Dr. J. J. Gardner has been appointed Visiting Physician to the General Hospital *vice* Dr. Burland, resigned.

Drs. C. A. Sharpe and D. A. Cameron have been appointed on the assistant staff of the Montreal General Hospital *vice* Drs. Graham and Ferguson, resigned.

Dr. J. E. Jenner has been appointed on the assistant staff of the Toronto General Hospital.

Dr. A. T. Carson has been appointed lecturer on Botany in the Women's Medical College, Toronto.

PERSONAL.—The friends of the Rev. Dr. Johnston of Brownstown, Jamaica, the well-known missionary, will be pleased to learn that he has finished his medical course at Edinburgh, and has returned to the scene of his labors. He was greeted on his return most enthusiastically by his people and congregation. He took the degree of M.D. C.M. in Trinity Medical College, Toronto, and subsequently obtained the double qualification of L.R.C.P. & S. Edin. We wish him continued success and prosperity in his good work.

THE NEW SPECIFIC FOR RHEUMATISM.—In the *N. Y. Med. Journal* for Nov. 8th, 1884, Dr. Seelye, of Amherst, Mass., gives an analysis of 118 cases of rheumatism treated with the new specific—the oil of gaultheria, or oil of wintergreen. His experience of its use has led him to place great reliance upon it in the treatment of all rheumatoid affections. It may be administered in capsules or combined with salicylate of sodium or in an emulsion of ten minims of the oil to half a drachm each of glycerine and water. Relief was usually obtained within from twelve to twenty-four hours.

PICROTOXIN IN NIGHT-SWEATS.—In the hope of obtaining a remedy that would control the exhausting night-sweats of phthisis, Dr. Cauldwell of St. Joseph's Hospital, New York, has made a series of experiments with several recognized remedies and has arrived at the conclusion that picrotoxin comes nearer the ideal than any other drug. It was prescribed in twenty cases, in seventeen of which the perspirations were either entirely checked or materially diminished. A single full dose $\frac{1}{10}$ of a grain at bed-time was generally sufficient to control the sweating.

HONOR TO WHOM HONOR IS DUE.—We are pleased to announce that Dr. Joseph Workman of this city was elected an honorary member of the Phreniatric Society of Italy in September, 1883; also an honorary member of the British Medico-Psychological Association in July, 1884. We congratulate the worthy gentleman upon the appreciation of his labours by his confréres both at home and abroad.

IMPOTENCE IN THE MALE.—The following is highly recommended by Dr. Hammond, of New York:

℞ Strychniæ sulph.....gr. i.
Acid phos. dil. .... ʒ i. M.

Sig.—Ten drops to be taken in a teaspoonful of fluid extract of coca before meals.

Dr. H. O. McLatchy, of Wolfville, N.S., has received a silver cup as a special prize for a specimen of apples at the fruit and vegetable show in the Crystal Palace, London, Eng.

SCHOOL HYGIENE.—A most excellent paper on "School Hygiene" was read at the Teachers' Association in the County of Essex, on the 23rd of October, by Dr. Coventry, of Windsor, Ont. It is published in the *Essex Record* for Nov. 7, 1884.

MEDICAL COUNCIL ELECTIONS.—We have been requested to state that Dr. Burritt, the present member for Newcastle and Trent, will not be a candidate for re-election. Having removed from the Territorial Division he is not eligible under the Act.

In Memoriam.

ISABELLA C. FULTON.

Born May 20th, 1844.
Died Oct. 28th, 1884.

In kind and loving remembrance of a devoted wife, and a kind, loving and affectionate Christian mother, these lines are dedicated. Words can but feebly express the many good qualities of head and heart by which her life was so distinguished. The highest welfare and happiness of her husband and family were her constant solicitude and care, and no sacrifice was too great to accomplish her desires in these respects. Her memory will ever live in their affections, and her prayers will be taken up and repeated by those who were taught them so faithfully as soon as they were able to lisp. Her husband has lost a true and devoted wife, and her children have sustained the greatest of all losses—the influence, care, and example of a Christian mother. Her goodness of heart and faithful motherly example, won for her the deepest love and admiration of all who knew her intimately. Many a poor family will sadly miss her kind ministrations during this inclement season. Though not customary to use these columns for obituary notices except for medical men who have distinguished themselves in some way, it seems only a fitting memorial to one who contributed so much to the success of this journal, by the assistance she gave her husband in his labor, to consecrate a small space to her memory.

Books and Pamphlets.

THE POPULAR SCIENCE MONTHLY FOR NOVEMBER, 1884. New York: D. Appleton & Company. Fifty cents a number, $5 a year.

"The Relations between the Mind and the Nervous System, by Dr. W. A. Hammond, occupies the leading place in the November "Popular Science Monthly." He defines mind as a force developed by gray nerve-tissue, and maintains that this force is generated wherever in the living organism gray nerve-tissue is found, citing many striking cases in support of this view. He denies that either the absolute or the proportionate weight of the brain indicates a definite rank in intelligence. This number contains also Herbert Spencer's replies to recent statements made by Frederick Harrison as to the "Origin of the Synthetic Philosophy." Two thoughtful addresses delivered at the recent meeting of the American Association are given in full —"Pending Problems of Astronomy," by Professor C. A. Young, and "What is Electricity?" by Professor John Trowbridge. "The Future of the Negro in the South" is treated in a witty but convincing manner by J. B. Craighead, who evidently knows the Southern negro well. Among other interesting articles may be mentioned "Chemistry of Cookery," "The Oil-Supply of the World," "Sketch of Professor James Hall." The number is a promising opening for Volume XXVI.

THE PRINCIPLES AND PRACTICE OF MEDICINE BY N. S. DAVIS, M.D., Chicago, Ill. Chicago: Jansen, McClurg & Co. Toronto: Williamson & Co.

This work is not a compilation, but an embodiment of the observations, thoughts, and experiences of the author during nearly fifty years of active medical practice. The matter is presented in the form of lectures delivered by him during his many years of teaching. The features which especially commend the work to the practitioner and student, are the fulness with which the clinical history of the various diseases is given, and the explicit and detailed description of the methods of treatment which have been found most effective. The author's adoption of the metric system of weights and measures is worthy of notice and commendation. Although this system has been advocated by leading scientific and medical societies, it has come into use only to a limited extent. To assist in

effecting this change, Dr. Davis has used the metric system throughout the work, giving however, in brackets, the equivalents in apothecaries' measure. The author is well known throughout the United States and Canada as one of the ablest and most original thinkers in the profession, who has won a deservedly high reputation as a lecturer upon practical medicine; and the profession is to be congratulated upon having in a permanent form the rich results of his busy professional life.

TEXT-BOOK OF PRACTICAL MEDICINE, FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE BY ALFRED L. LOOMIS, M.D. LL.D. with two hundred and eleven illustrations. New York: W. Wood & Co. Toronto: Hart & Co.

There is probably no clinical teacher of the present day better qualified to write a work on the practice of medicine. Many of his pupils will be glad to have a copy of his work for reference, and the general profession cannot fail to appreciate a work of such utility as the volume before us. The work is essentially an elaboration of the lectures given during the past eighteen years in the medical department of the University of New York. The author has done his work well, and has produced a book of which he may justly be proud. We regard it as second to none on the practice of medicine.

MALARIA AND MALARIAL DISEASES. By George M. Steinberg, M.D., F.R.M.S. William Wood & Co., New York.

This is a very exhausive, pleasantly written and well arranged work, in ten chapters: I. Mode of infection or intoxication. II. Conditions governing the evolution and dissemination of malaria. III. General effects of malaria. IV. Speculations and researches relating to its nature. V. Antidotes to malarial poisoning. VI. Prophylaxis. VII. Geographical distribution. Part Second. VIII. Malarial intermittent fever. IX. Continued malarial fever. X. Hæmorrhagic malarial fever. In these chapters the literature of the subject generally as well as the recorded experience of recent foreign writers is freely given, the whole forming a work of great practical value to general practitioners.

DISEASES OF WOMEN AND UTERINE THERAPEUTICS by H. MacNaughton Jones, M.D. New York: D. Appleton & Co.

MEDICAL RHYMES, BY HUGO ERICHSEN, M D., with introduction by Prof. Willis P. King, M.D., Sedalia, Mo. St. Louis: Chambers & Co.

This work contains a collection of rhymes ancient and modern; grave and mirthful; rhymes anatomical, therapeutical and surgical, in short all sorts of rhymes to interest, amuse and edify all sorts of followers of Æsculapius, so says the author in his preface, and a casual examination of its contents would seem to bear out the statement. Some of the verses are very witty and humorous; some of a very high order of merit, and some very indifferent. On the whole the work is worthy of perusal, and will interest and amuse the busy doctor in his leisure hours.

INDEX-CATALOGUE OF LIBRARY OF SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY, Vol. v. Flaccus-Hearth: Washington Government Printing Office.

This extensive volume is but one of a series of which the reader may form some estimate by observing that it embraces only those subjects in alphabetical order between the words *Flaccus* and *Hearth*. The labor in preparing this index must be something enormous, but when completed it will be the most extensive work of the kind in the world.

LOCK-JAW OF INFANTS by J. F. Hartigan, M.D. New York: Bermingham Company.

Births, Marriages and Deaths.

On the 29th of October, Louis E. Day, M.D., to Jennie McAlpine, second daughter of John Harstone, Esq., merchant, Harwood, Ont.

On the 28th of October, Chas. W. Alden, M.D., of Hampton, N.B., to Margaret Hamilton, youngest daughter of Wm. Thompson, Esq., and neice of the late Hon. M. H. Foley.

In Toronto, on the 18th ult., George Willcock, M.D., L.R.C.P., Edin., aged 33 years.

In Halifax, on the 14th ult., Edward Jennings, M.D., in the 68th year of his age.

At Santa Barbara, California, on the 2nd ult., George W. Nelson, M.D., C.M., aged 26 years.

*** *The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*