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Original Communications.

INTRA-UTERINE MEDICATION.*

BY J. ALGERNON TEMPLE, M.D., M.R.C.S., ENG.

Prof. of Obstetrics and Diseases of Women and Children
Trinity Medical College, Toronto.

It is well known to all the members of this Association that we are making a departure this year from our usual custom, and that instead of reading reports on the progress of the various branches of our profession within the past year, the chairman of each section has been requested to open a discussion in his special department, by choosing some subject for consideration. As chairman of the obstetrical and gynecological department I have selected for our consideration the subject of "Intra-Uterine Medication." It is not my intention to impose upon you any lengthy paper, nor do I intend to defend, or otherwise, this special subject; but merely to relate my own experience and pronounce my own judgment on this plan of treatment in certain uterine affections and thus draw from those present, interested in the subject, their own ideas and value of the procedure. I am well aware that this plan of treatment has its adherents, but it also has its opponents. There are some excellent men on our own continent who are strongly opposed to the procedure, while again in the old world some men equally good who are just as strongly in favour of this plan of treatment, and while I greatly respect both of these classes of practitioners, yet I unquestionably belong to those who believe in the great advantages of this plan of treatment in properly selected cases. To apply this system of treatment to all and every local uterine complaint is undoubtedly hurtful; to exclude constitutional treatment and depend entirely on local

treatment is also wrong, the two plans of treatment should go hand in hand. That injurious effects have probably arisen in some cases I do not doubt, but at the same time I am disposed to attribute these bad effects to neglect of certain precautions and not to the plan of treatment itself.* The more clearly the subject is understood and the dangers known of the indiscriminate use of this plan of treatment, the greater will be the good results. The conditions most benefited are diseases of local origin, such as we see following abortions or confinement, the condition known as subinvolution, uterine catarrh, diseased conditions of the mucous membrane of the uterus, chronic endometritis, profuse and frequent menstruation, metrorrhagia, a large and flabby and relaxed uterus, cervical hyperplasia, cervical erosions, supersensitive condition of the lining membrane of the uterus, and uterine fungosities; while tumors and polypi and conditions depending on diseases of the Fallopian tubes and ovaries are not thus to be treated. I am quite satisfied that in all these diseases constitutional treatment is of the greatest importance and must not be neglected, but still it alone will not produce a cure; it is necessary to treat the diseased uterus locally.

We come now to consider the mode of applying the remedies. For the successful application of any remedy it is necessary that the cervical canal be sufficiently patulous to allow of the easy passage of a probe, armed with cotton wool, and saturated in the remedy, to pass through into the uterine cavity. In the diseases to which I have just alluded such is generally the condition, but if not it must be dilated first. Secondly, all mucous secretion should first be carefully removed from the uterine cavity so as to enable the remedy to come into direct contact with the diseased surface. And thirdly, no uterine inflammation or tenderness in the surrounding vicinity of the uterus should exist. First remove such tenderness by leeches, scarification, hot vaginal douches and rest in bed, and gly-

* The reason assigned by those who do not approve of applications to the uterine cavity is that the mucous membrane is being constantly removed and renewed, and hence no good will come of applications. Such might also be said of the skin. Take a case of simple chloasma, because the epidermis is being constantly renovated are we not to treat this disease by local applications. So in cases of cystitis, the same thing would be applicable, and I might multiply such instances. To my mind it is not a sufficient argument against Intra-Uterine Medication.

*Read before the Ontario Med. Association, London, June 4th, 1885.

cerine pads, and then proceed to heat the cavity. To apply any remedy to the cavity, I think the best position for the patient is on her side with nates near to edge of the bed, then having introduced a good large sized Sim's speculum into the vagina, the os is fully exposed to view; then lay hold of the anterior lip of cervix with a pair of vulsellum forceps and draw down the parts, pass a sound gently through the canal to ascertain its exact course, cleanse out the cavity with one or more of Playfair's probes wrapped round with cotton wool (absorbent), then take another, previously bent to correspond to the cervical canal, dip it in the solution you are about to use, and pass it directly into the uterine cavity as far as the fundus uteri, turn it round several times so as to touch the whole of the interior and leave it there for a minute or more. Be careful during this part of the treatment that the surplus fluid does not run down the vagina and over the thigh, as it will cause a good deal of pain and discomfort to the patient. Unless nitric acid or some such caustic is being used, it is not necessary to use a cervical speculum or protector, for what fluid is wiped off from the probe in its passage through the cervical canal is only enough to treat this part of the uterus.

Now, as to the frequency of these applications, I think once in four or five days for the alterative and astringents is enough, once in ten to fourteen days enough for the caustic ones. After the application the patient had better, as a precautionary measure, remain quiet for a couple of hours on her bed, though I am constantly in the habit of making such applications in my own office. It is exceedingly uncommon to find any unpleasant symptoms follow such procedure; for my own part I never saw an accident occur. I know it is reported that fatal peritonitis has followed this plan of treatment, and I am inclined to attribute such an unfortunate accident to the fact that the case was badly selected, that some low inflammatory state existed and was not detected, and that the case was not a suitable one. The remedies used are not many; some recommend them in powders, some in ointment, some inject them, while others again apply them by means of a Playfair probe dipped in the desired fluid; this latter is to my mind the best. I do not like the way of injection. I once or twice used that plan but gave it up long ago on account of severe constitutional disturbance. The reme-

dies I most commonly use are carbolic acid (Calvert's No. 5), Churchill's iodine, iodized phenol, iodoform, nitric acid, and nitrate of silver. Undoubtedly many more might be added. The ones I mostly use of this list are carbolic acid and iodized phenol.

Nitric Acid is the strongest of them all, and should only be used for certain diseases; it is especially useful in the treatment of uterine fungosities, that sometimes obstinate disease to treat. Firstly, having dilated the cervix if requisite, and carefully scraped the whole surface of the uterus with the blunt curette, and then carefully wiped out the cavity, pass an armed probe previously dipped in the strong nitric acid through a cervical speculum into the uterine cavity. It is very necessary to use this useful little instrument so as to protect the cervical canal, otherwise sloughing and contraction might ensue subsequently. The vagina should likewise be protected by absorbent cotton dipped in a solution of carbonate of soda, so that if any acid runs out the vagina will not be injured. The application of this remedy to the uterine cavity is not painful nor have I seen any bad results ever follow its use. The patient should be kept quiet for two or three days in bed, and the remedy should not be applied again for ten or fourteen days. In the treatment of these growths I have seen the most excellent results follow; it is in fact, I think, the only condition calling for this strong caustic.

Carbolic Acid—This is a most useful remedy and one which I use largely. I find it especially useful in cases of uterine catarrh, and also in cases of tenderness of the inside of the uterine cavity. I am likewise in the habit of swabbing out the uterine cavity with this remedy after using the curette. Its action is slightly caustic and astringent and alterative. The preparation I am in the habit of using is Calvert's No. 5, simply because it is less caustic than the purer preparations. It causes very little pain, if any.

Iodized Phenol—Until I learned the good effects of this preparation, I invariably used Churchill's tincture of iodine, but of late I have quite abandoned it for this preparation. It was first introduced into practice by Dr. Battey of Georgia, and is made of one part of pure iodine to four parts of carbolic acid. This agent is particularly useful in cases of uterine hemorrhage, profuse menstruation, the result of imperfect involution, accompanied by

an unhealthy state of the lining membrane of the uterus, or in cases of menorrhagia, depending on the presence of vascular growths within the uterus. Dr. Battey likewise recommends it in malignant disease of the uterus, and Dr. Atthill speaks highly in its favor in malignant disease, for the purpose of both arresting the hemorrhage and progress of the disease; he however uses it by injecting \bar{z} i of the solution once a week within the uterine cavity, and adds, no unpleasant results are likely to follow it when thus used, providing the cervical canal is patulous enough to allow the surplus fluid to flow back, and that it is injected slowly and not more than one drachm at a time. I have no experience in the use of this remedy in this form.

Iodoform I have used both in powder and crayons, but have not met with such good results from this remedy as to induce me to resort to it frequently.

Nitrate of Silver—I have introduced from five to ten grains of powdered nitrate of silver in cases of dysmenorrhœa, especially the membranous form, but it is painful and sometimes produces unpleasant symptoms, so I have abandoned it for safer and quite as good remedies.

I have thus very briefly brought before your notice this mode of treating uterine disease, and you will gather from the foregoing remarks that while I am a strong advocate for local uterine medication, I do not exclude the great advantages to be derived from general constitutional treatment, nor overlook the fact that uterine displacements, fibroid tumors and allied diseases, must receive appropriate treatment.

I do not intend that this paper should be considered in any other light than as the preliminary remarks to a general discussion on the advisability of Intra-Uterine Medication, and draw from those present an expression of opinion upon this very important subject.

CONTINUED FEVERS.*

BY A. S. FRASER M.D., SARNIA.

The continued fevers, which prevail at times in Western Ontario, are classified as typhoid fever, typho-malarial fever, and malarial continued fever.

In many localities, where continued fevers are

common, cases of typhoid fever which run a normal course are comparatively few in number; much more frequently this disease develops in an irregular and uncertain manner, so much so that often a case of typhoid fever will have lasted for two weeks or more before satisfactory evidence of its nature can be obtained. In consequence of this, many cases of typhoid fever are called typho-malarial fever, although this term is usually applied to cases of continued fever which have many of the characteristics of typhoid fever, yet never show any symptoms of ulceration of the bowels. The name typho-malarial fever has been applied to a form of continued fever which is supposed to be either enteric fever modified by malaria, or malarial fever which has assumed a typhoid or adynamic form from some peculiarity of the patient. There are serious objections to both these views. In the first place, in well marked cases of the so-called typho-malarial fever, there is no reason to believe that ulceration of the bowels is present at any time during the whole course of the disease, as there is no tenderness nor fulness of the abdomen, neither is there any diarrhœa nor rose spots. In other respects the fever takes much the same course as typhoid, lasting from two, to eight or nine weeks; sometimes so severe as to prove fatal early in the third week; at other times showing only a slightly elevated temperature, with little prostration, lasting for four or five weeks, with a gradual return to health at the end of that time. There is seldom much dulness of intellect, and when delirium is present it is of a more active kind than that of typhoid fever.

In the second place, the reasons for believing that this fever is not of malarial origin, are these: 1st. Paludal malaria, which is the only kind of malaria we have to take into account, is developed under pretty well known conditions, and it has always been understood that severe malarial fever is the effect either of large quantities of malaria in the neighborhood of the persons attacked, or of an unusual susceptibility on the part of such persons to the influence of this poison. In either case the source of the malaria would be further from some than others, or some persons would be so much less susceptible to its influence than others, that milder forms of malarial fever, such as intermittent and remittent, would be found in the same locality as the more serious continued fever. 2nd. This

*Read before the Ontario Med. Association, London, June 3rd, 1885.

fever is frequently endemic when the temperature has been below the freezing point for several weeks, and the ground covered with ice and snow during that time, so that if malaria is the cause of the disease, it must have been latent in the persons attacked for some time.

Now it is a well known fact that malaria may remain latent and cause intermittent fever and other forms of malarial poisoning long after the individuals affected have been exposed to its influence; but there is no reason why such latent malaria should cause in a number of people, at about the same time, the most severe continued fever without manifesting any of its milder effects in other persons who have been living under the same conditions.

Most practitioners who have had much experience with continued fevers will agree that the so-called typho-malarial fever is difficult to separate from typhoid fever on the one hand, and malarial fever on the other. That its specific cause is probably similar to and exists under the same conditions as that of typhoid fever. Many will also concur in the opinion that typho-malarial is a term that is both inaccurate and misleading.

The following history will serve to illustrate the danger which may arise from the difficulty in separating malarial from non-malarial fevers. Waterworks were established in the Town of Sarnia in the year 1876. The supply pipe was placed in the River St. Clair, in close proximity to the outlet of a large sewer; but as the pipe extended for some distance into the channel, and the current was strong, it was not considered by those in charge of the work, that the water would be contaminated. It was noticed, however, that typhoid fever was more prevalent during the next two years than at any time before. In the spring of 1879, the supply pipe was broken by an ice jam; no attention was paid to the occurrence, and during the following summer, cases of continued fever became very numerous, many of them fatal. Unfortunately at the beginning of the outbreak the disease got the name of malarial fever. The water supply was, however, also accused of being the source of the trouble, and some samples of water, taken from the river and from hydrants in different parts of the town, were sent to Toronto for analysis. A report came back from Prof. Croft to the effect that the water was remarkably pure. This confirmed in their

opinion, those who believed that the fever was due to malaria. The water pipe was repaired and extended for a distance of a hundred and twenty feet into a channel forty-two feet deep, in which the current ran four miles an hour. The number of cases of fever did not diminish in the least, and there was no doubt that a large proportion of them were uncomplicated cases of enteric fever of a severe type. The water was again analysed more than once and declared perfectly pure. The disease continued for four years, there being constantly present in the town from four or five to forty or fifty cases. Notwithstanding the fact that competent chemists had pronounced the water pure, there were many reasons for believing that it contained the germs of fever, and the town authorities finally decided to close the sewer which emptied near the waterworks, and to direct the sewage to a point some distance further down the river. This was done and the town at once became free from continued fevers, and the disease has very seldom occurred in the place since.

Concerning malarial continued fever, it may be said to have two characteristics which distinguish it from all other forms of continued fever. 1st. It almost invariably yields to sufficient doses of good quinine. 2nd. When a person has once been attacked by this disease he is very liable to subsequent attacks, the reverse being the case in typhoid and typho-malarial fevers.

THE EXTERNAL APPLICATION OF SULPHIDE OF CALCIUM IN SMALLPOX.

BY J. A. M'ARTHUR, M.D., C.M., WINNIPEG, MAN.

Several years ago, Surgeon-Major C. J. Peters, of the British army of India, experimented with sulphide of calcium as an external application in smallpox, and although the cases were few in number, six, I believe, yet such were the favorable results in each and every case, that he was induced to give an account of the treatment adopted. So favorably impressed was I with the success of the treatment, that I resolved to employ it, the first opportunity that occurred.

On the 10th day of April last, I was instructed by the Provincial Government to proceed to the town of Emerson and take charge of a case of smallpox that had recently broken out in that place.

The patient was a young woman, about 23 years of age, and previous to the present attack, was in good health. The form of smallpox was the confluent—the patient never having been vaccinated—and one of the worst cases I had ever seen. The day on which I first saw her was the 9th from the initial stage of fever and 3rd of the pustular stage. The face was terribly swollen and she was unable to see. The conjunctivæ, mucous membrane of the mouth and the tongue were thickly covered with pock. The face, neck, arms and limbs as high up as the knees were literally covered, so much so, that a pin-head could not be put down without touching them, while on the backs of the hands and soles of the feet blebs as large as a half-dollar piece could be seen. There was low muttering delirium, and the symptoms present indicated extreme prostration and a speedy termination of the life of the patient.

Feeling that this was an almost hopeless case and one which would test to the utmost the merits of any remedy, I determined to apply the sulphide and watch the results. The patient's face, neck, arms to the elbows and limbs to the knees were painted twice daily. The application was made with a brush and not with a feather as recommended by Dr. Peters—the work being done much more quickly and thoroughly with the former than the latter. The third day after the application of the remedy and the 12th of the disease, the patient showed signs of improvement. The low muttering delirium passed away, the swollen features assumed their more natural and human character, while the pustules showed signs of shrinking. There was no secondary fever, and at the end of the fifth day from date of application the pustules were literally shrivelled up, without giving out any of their fluid contents. In a word the disease was aborted.

The sulphide is evidently absorbed and acts in a constitutional manner, for the pustules on the parts of the body and arms not painted, shrivelled and dried up equally as rapid as those where the application was made.

Another important feature noticed, was the entire absence of itching and desire on the part of the patient to scratch. At no time did the patient feel any desire in that direction, and the sickly, deathly exhalations, so characteristic, were scarcely perceptible. An examination of the patient's face

last week, revealed no pitting—a very important consideration. The blinds were not drawn nor the room darkened, but a flood of sun-light was permitted to enter the room, and the freest ventilation possible enjoyed. With the exception of slight ulceration of the cornea of the right eye and a slight attack of pleurisy of the right side, the patient made a rapid and successful recovery. The patient was kept on milk diet throughout, and only mild diuretics were employed as occasion required.

The liquid is prepared by boiling a quarter of a pound of quicklime and half a pound of sulphur in five imperial pints of water until the liquid is reduced to three pints, when it is filtered and kept in glass-stoppered bottles. It is applied to the affected parts two or three times a day with a brush or feather, taking care that none of it gets into the eyes.

The writer believes that the lotion acts by destroying the germs of the disease, preventing supuration, and guarding against the complications that result from blood poisoning.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The fifth annual meeting of the members of the above Association was held in London, on the 3rd and 4th ult., Dr. A. Worthington, of Clinton, President, in the chair, Dr. J. E. White, of Toronto, Secretary. The attendance was large and representative. Drs. Howe and Park, Buffalo, Drs. Jenks and Brodie, Detroit, and Dr. Stewart, Montreal, were present as delegates and invited guests.

After routine, several patients were presented for the consideration of the Association.

Dr. Pope, of Bothwell, showed a case of cerebro-spinal meningitis, in which some paralysis of the right leg, and ankylosis of the hip-joint, had followed. The President also showed a case of neuralgia of the tongue, apparently caused by carious teeth. Dr. Edwards also presented before the Association two interesting cases of myo-sclerosis, occurring in two brothers. All the cases were examined and discussed by the members present.

The President's address was next in order, and was listened to with marked attention. After thanking the Association for the honor conferred upon him, he referred to the opinion held by the

talented Sydenham, who wrote and practised from 1660 to 1680, that the six most fatal diseases prevailing in the city of London, were the plague, ague, dysentery, scurvy, child-birth, and small-pox. He was the first physician who originated the idea and carried the principle into practice, expressed in the phrase *vis medicatrix nature*, that this force in nature should be aided, nor thwarted. About the middle of the seventeenth century, or just before the time of Sydenham, the mortality of parturient women in London was about two per cent., including after consequences, while at the time these statistics were taken (1885) it was reduced to one-half per cent., and since the introduction of antiseptics into obstetric practice the mortality rate will probably be diminished to about one-fourth of one per cent. One death in every 400 may be an under-estimate of the mortality from child-birth and after consequences at the present time, but since obstetric practice has been based upon a belief in the germ theory results have been much better. He referred to the probable discoveries in scientific medicine, which they might expect to be greater in future than in the past. Ague was now almost entirely disappearing. Scurvy was likely to be little more than mentioned in the text books of the future; and with reference to the small-pox, of which the learned and accomplished Dr. Mead, the first London physician of the day, wrote in 1747 as impossible to vanquish, vaccination was introduced in 1798, which had successfully battled with the disease. Referring to fever, the President said Boerhaave (1701 to 1731) held a theory of fever peculiarly his own, which was that the blood was the cause, the explanation being that the blood was in a thick, viscid condition, leading him to advise and insist on warm drinks being given during fevers, and that much danger was present if cold drinks were used. He (the speaker) could well remember when a child, some sixty years ago, his aunt begging for a drink of cold water, during an attack of what he presumed was typhoid fever, and was refused, the doctor saying it was dangerous to give it. To Boerhaave then must be ascribed the untold misery of thousands who have died, famished or starved, for cold water. Most unfortunately his theory has been handed down even to the present, and it might be questioned if the idea was yet obliterated from the minds of some of the profession. He then alluded to the use of cold water affusions

in fevers by Currie, and stated that there was no question of their efficacy in scarlatina in every form. He also pointed out the fact that the use of the thermometer under the tongue and in the axilla was introduced half a century ago. In conclusion, he expressed a hope that the brief review of medical science one hundred years ago would be considered worthy of some thought, as indicating the progress which might be looked for in the next century.

There being none of the members of the Special Committee, appointed in 1884, to report on the communication from the Women's Christian Temperance Union, present, Dr. Fulton moved, seconded by Dr. Bray, that a special committee be appointed, consisting of Drs. Holmes, of Chatham; Rosebrugh, Hamilton, Geikie, Toronto; Brouse, Brockville, and the President, to bring in a report on the following morning, which was carried.

A motion expressive of condolence with Dr. Workman, in his recent bereavement, was passed, and a committee appointed to prepare a suitable memorial to be transmitted to him.

The report of the Committee on Ethics was laid over for another year.

A telegram from the Wisconsin Medical Society, in session in Milwaukee, sending greetings, was received with applause, and the Secretary was instructed to telegraph a reply expressing similar well-wishes. Dr. J. L. Bray, of Chatham, read a short paper on "Cæsarian Section," giving the history of a case in which Dr. Jenks, of Detroit, assisted him; the woman died. Dr. Jenks gave a graphic description of the operation, and stating in conclusion that he was opposed to craniotomy.

An interesting discussion on medicine was opened by Dr. Tye, of Chatham, who read an able paper on "Diphtheria." The paper and discussion will appear in the LANCET in due course, so that we shall not attempt to give any epitome.

Dr. Fraser, of Sarnia, next read a very interesting paper on "Continued Fevers." •

In the evening session the Secretary read a communication from Dr. McLean, of Detroit, wishing the Society every success, and inviting the members to Port Huron at the annual session of the state medical association. The Secretary was requested to write, thanking Dr. McLean for his kind invitation.

The discussion in surgery was then opened by

Dr. Powell, of Edgar, who read an admirable paper on "Plaster Splints." The paper was discussed by the Association, after which followed an excellent paper on the "Blindness of Pregnancy," by Dr. Howe, of Buffalo, illustrated by diagrams thrown upon a screen. After a paper on "Placenta Prævia," by Dr. Edwards, of London, and another by Dr. Groves, of Fergus, on "Renal Calculi," the meeting adjourned.

On the second day, Dr. Temple, of Toronto, Chairman of the Committee on Obstetrics, opened a discussion upon "Intra-uterine Medication." Dr. Roswell Park, of Buffalo, followed with a volunteer paper on the "Surgical Sequelæ of Fevers. Many cases illustrating the various lesions coming under this head were placed for the first time on record. An important paper, written by Dr. Keen, of Philadelphia, was referred to, and much additional light thrown on a subject worthy of close observation.

At this stage it was found necessary to divide into sections in order to get the papers all before the Association. Dr. Graham, of Toronto, presided over that on Medicine, and Dr. Aikins, of the same city, over that on Surgery and Obstetrics.

Dr. Henderson, of Kingston, led off in the first section with a paper upon "Pulmonary Cavities." Drs. McDonald and Graham of Toronto, took part in the discussion, and the general opinion expressed was in the direction of sustaining the contentions of Koch, regarding the connection between bacilli and phthisis.

Dr. Duncan, of Thamesville, on "Warburg's Tincture," Dr. Ovens, of Arkona, on "Trifacial Neuralgia," and Dr. Arnott, of London, on "Diet in Disease," closed the work in this section by papers worthy of attention. A paper was also read on "Mitral Stenosis" during the afternoon by the Chairman, Dr. J. E. Graham, of Toronto.

In the Surgical and Obstetrical Section, papers were presented on "Hemorrhage after Abortion," by Dr. Murray, of Thorndale, and on "The Treatment of Abortion," by Dr. Adam Wright, of Toronto; one of characteristic vigor and originality by Dr. Harrison, of Selkirk, and one upon "Intestinal Obstruction" by Dr. Atherton, of Toronto.

Dr. Yeomans, of Mount Forest, was down for a paper on "Compound Fracture of the Patella," but unfortunately had to leave by an early train. Finally, the discussion on "Cocaine Hydrochlorate" was opened by Dr. Reeves, of Toronto, and taken

part in by Drs. Howe, of Buffalo, and Palmer, of Toronto.

The Special Committee appointed to answer the questions submitted to the Association by the Ontario W. C. T. U. presented the following report, which was adopted:

Is the beverage use of alcoholic liquors, by persons in health, beneficial? A.—No.

Is alcoholic liquor, as obtained in common sale, necessary in medical prescriptions, if so, in what cases particularly? A.—No, except in cases of emergency.

What ought to be the attitude of the medical profession towards the sale of intoxicants? A.—The medical profession is opposed to the indiscriminate sale of alcoholic liquors.

The officers elected for next year, when the Association will meet in Toronto, were: Dr. Tye, President; Drs. Arnott, Temple, Hillary, and Henderson, Vice-Presidents; Dr. White, Secretary; Dr. Graham, Treasurer; Drs. Wright, Campbell, Ayelsworth, and Mitchell, Corresponding Secretaries.

ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council was held in Toronto on the 9th ult. and following days. The following newly elected members answered to their names:—Drs. D. Bergin, Cornwall; J. L. Bray, Chatham; H. E. Buchan, Toronto; J. H. Burns, Toronto; C. T. Campbell, London; J. G. Cranston, Arnprior; H. W. Day, Trenton; R. Douglas, Port Elgin; E. G. Edwards, London; A. G. Fenwick, London; F. Fowler, Kingston; W. B. Geikie, Toronto; W. T. Harris, Brantford; G. Henderson, Strathroy; G. E. Husband, Hamilton; G. Logan, Ottawa; V. H. Moore, Brockville; Orr, Maple; Philip, Brantford; J. W. Rosebrugh, Hamilton; Russell, Binbrook; Ruttan, Napanee; E. Vernon, Hamilton; J. A. Williams, Ingersoll, H. H. Wright, Toronto, and J. A. Grant, Ottawa.

Dr. Bergin was elected President, and Dr. Douglas Vice-President of the College. Dr. W. T. Aikins was appointed Treasurer, and Dr. Pyne re-appointed Registrar.

The standing committees were appointed as follows:—

Registration—Drs. Rosebrugh, Vernon, Fenwick, and Russell.

Rules and Regulations—Drs. Day, Burns, Fowler, and Williams.

Finance—Drs. Edwards, Henderson, Douglas, Philip and Ruttan.

Printing—Drs. Vernon, Burns, Buchan, and H. H. Wright.

Education—Drs. Fowler, Geikie, Moore, H. H. Wright, Edwards, Harris, Day, Husband, Logan, Williams, Burns, Cranston, Bray, Fenwick and Buchan.

Executive—Drs. Day, and Logan.

The report of the Building Committee stated that there was a suitable site for a new college south of the School of Practical Science on College-street, and recommended that a committee be appointed to secure the site. The site which belongs to the Toronto University, can be obtained, on payment of \$500 interest on it annually to the University. The matter was referred to the Finance Committee.

June 10th 1885.

The Council met at 10 a.m.

Dr. Wright moved that all medical students engaged in the North-West, be allowed their full time, but they shall be required to take their primary examination next spring, or at the final examination.

Dr. Geikie moved in amendment, seconded by Dr. Moore, "That those primary students who had been prevented from undergoing the spring examinations by their service in the North-West, and who had paid their fees, be given their standing."

Dr. Wright argued that the Act gave no power to dispense with the examination, and the President on being appealed to for his ruling, suggested that both resolutions be withdrawn till the advice of the solicitor be obtained.

Dr. Day presented the report of the Legislative Committee. It stated that the Committee had been unable to obtain from the Legislature the amendments to the Medical Act, which were deemed so necessary, but had hopes of obtaining legislation next session. They therefore recommended the re-appointment of the Committee.

An application was received from Dr. E. B. Sparham, of Brockville, asking that his name be reinstated in the list of those licensed by the college to practice.

June 11th, 1885.

The Council met at 10.30 a.m.,

Dr. Fenwick moved that the Council examinations be held in London, as well as Toronto and Kingston. The matter was referred to the Committee on Rules and Regulations.

Dr. Cranston moved that the President, or in his absence, one of the officers of the college, shall have power to appoint in each territorial division, on the recommendation of the representative for such division, one or more persons whose duty it shall be to prosecute persons practising in contravention of the Medical Act, and that the prosecutor receive 75 per cent. of the fines inflicted. Carried.

A by-law was then passed fixing the annual assessment at \$1 per annum.

A by-law was also introduced by Dr. Williams, and passed, fixing the date of the professional examinations on the first Tuesday in April in each year.

Dr. Campbell moved that a copy of the proceedings of Council be printed and forwarded to each member of the college.

Dr. Wright moved in amendment that a synopsis of the proceedings be printed in the annual announcement, and a copy sent to every member in good standing. The amendment was carried.

Mr. Dalton McCarthy, Q.C., the solicitor of the Council, gave as his opinion that there was nothing in the Medical Act to prevent the Council from giving students in the North-West their primary examinations. Dr. Geikie then introduced a by-law to the effect that the students be allowed their primary examinations, which was carried.

The following were appointed members of the Legislative Committee: Drs. Day, Cranston, Edwards, Fowler, Williams, Husband, Douglas, Logan, Moore, Wright, Geikie, and Harris.

The members of the Council were entertained at lunch, in the evening, by Dr. Aikins, Jarvis St., in which they were joined by members of the profession in Toronto, and a pleasant time was spent.

June 12th, 1885.

The Council met at 10 a.m., the Vice-President in the chair.

Dr. Bray moved that the Legislative Committee be authorized to approach the Legislature next session with the object of obtaining the desired amendments to the Medical Act.

On the report of the committee appointed to recommend a solicitor for the council, Mr. B. B. Osler received the appointment.

The Registration Committee reported in favour of allowing F. B. McCormick, South Point, Pelee Island, to come up for registration. They also reported that the Council had no power to re-enter the name of E. B. Sparham on the register.

The opinion having been expressed by the solicitor that the University of Ottawa had no power to confer degrees in medicine, and therefore no right to representation in the Council, a reply was received from the authorities of that institution stating that they had the power to grant degrees in medicine. Dr. Grant, of Ottawa, who was present, was accordingly invited to take his seat as representative of the Ottawa University, and accepted the invitation amid great applause.

Dr. Cranston moved that a vote of thanks be passed to the Ontario Government for their exertions in perfecting the Bureau of Health. Carried.

Dr. Wright presented the report of the Education Committee, which was adopted. It recommended a change in the regulation requiring graduates of arts to spend four years in college, to three years as formerly; also that students passing the matriculation examination, shall prove their identity. It also recommended the increase of the registration fee to \$25, and the re-appointment of the examining board of last year.

Dr. Day presented the report of the Committee on Rules and Regulations. It stated that the solicitor had reported that the Council had no power to hold its final examination except at Toronto and Kingston, but that primary examinations could be held wherever the Council chose.

Dr. Henderson presented the report of the Finance Committee, which was adopted. It stated that there was a balance on hand of \$6,291.53, after all expenses had been met. The total assets, including cash on hand, building and grounds, and dues uncollected, are \$33,291.51, and total liabilities embracing the mortgage and interest, expenses of the present Council, and unpaid accounts, \$8,318.39. There is a balance in favor of the Council of \$24,973.14. The arrears of members' fees amounted to \$7,000.

Dr. Grant moved that Drs. Burns, Wright, and the Secretary, be a committee to adopt some inexpensive way of protecting the papers and documents of the Council. Carried.

Dr. Harris moved that this Council record with pleasure its sense of the zeal displayed by those medical students who have served in the North-West. Carried.

After the passing of formal votes of thanks the Council adjourned *sim die*.

Selected Articles.

DISSEMINATED CEREBRO-SPINAL SCLEROSIS.

BY DYCE DUCKWORTH, M.D., F.R.C.P.

St. Bartholomew's Hospital.

GENTLEMEN,—I bring before you to-day a patient lately admitted to Bed 1, in John ward, whose case furnishes me with some points of great interest, to which I shall ask your attention. It is one of a class well fitted for a clinical lecture, which, as you know, is nothing if not demonstrative, and little more than a systematic or didactic one if the patient is not brought before you. Clinical medicine has all to do with individual cases, and that teaching of it is most proper which best illustrates the points to be noted to each of you in as direct and living a manner as possible.

I will presently tell this man to walk across the theatre, and ask you to notice his gait. If you look at him first as he stands at rest, you will not observe anything remarkable about him. You see a young man in seeming good health, well nourished, and with complete control over his equilibrium. I now ask him to close his eyes. He stands erect, and without any tremor or instability. And now, as he walks, you notice a peculiarity in the action of his right leg. This limb moves stiffly, and there is over-action of it. It is lifted higher off the ground than the other, and is clumsy in movement. We say there is some spastic action in it. I now give him this glass of water to take in his right hand. At once, you see, a violent spasmodic action occurs, vigorous tremulation, so great that he nearly empties all the water before he has well seized the glass. If he next attempts to raise the vessel to his lips, the movements become more and more exaggerated, so that all the water is spilt and the empty glass rattles against his teeth. I remove the vessel from his hand, and all the spasm ceases forthwith. As he stands quietly once more, you notice that the right arm remains tranquil and free from tremor. I try his power of grasp in each hand, and find a marked weakness in the right one, although he is a right-handed man. I now lay bare his forearms and compare the condition of his muscles. You observe no signs of wasting; the muscles are well developed and of good and equal tone on both sides. On examining his face, you see that his muscles of expression are stable and free from tremor, his lips firm, and his eye-balls quite steady. His pupils are unequal, certainly, but that is due to the action of atropine in one of them, used to allow examination of the retina of the right eye. No squint; no facial palsy. Testing his sensory functions, we find no abnormal state; all is as it should be. On enquiry as to any

subjective sensorial sensation, he assures us all is natural in each of the four extremities. To curtail our further examination, I may add that there is nothing more to be detected by any physical methods we can employ, save that the knee-reflexes are exaggerated, markedly on the right side, while no ankle-clonus can be elicited. We have, then, a seemingly healthy and vigorous young man, whose only troubles are a clumsy limping gait, due to disorderly action of his right leg, and inability to employ his right hand and arm because of powerful tremulation and disorderly spasm, which come on the instant he directs his will into this extremity; and this is all. Before he leaves the theatre I ask him to repeat a sentence after me. You notice that he speaks clearly and fluently—with a good Wiltshire accent to be sure, but without any hesitation or difficulty; and yet, again, on protruding his tongue, you find no noteworthy tremor or peculiarity in it. Let us now take up the history of this case; it is very brief.

G. R.—, aged twenty-one, a groom, was sent up to us by a former pupil of the hospital, and admitted on Feb. 14. He states that nine months ago trembling movements began in his right arm, which prevented him from following his occupation.

Later on the right leg became affected, so that he could not walk far on account of the weakness in it. Inquiry into his past history revealed no important illness. He had never had rheumatism, and there was no known history of this or of gout in his family. He had never had chorea, although his present ailment was at first believed to be of this nature. There was no neurotic history in his family, no indication of any previous paralytic attack or hemiplegia, no injury of any kind, and no history of fits. His duties entailed exposure to all kinds of weather, but to no extraordinary exposure. Previous to admission, he had been treated, we learned, with arsenic, belladonna, mineral water bathing at Bath, &c., all without avail.

You have already noted that the patient appears a healthy and well-nourished man, and that so long as he makes no voluntary efforts with the limbs of the right side of his body there is no indication of disease about him. I show you a specimen of his attempt to write his name. After violent efforts to control the right hand he made this unintelligible series of scrawls. With the left hand he has learned to write fairly legibly, but slowly and with difficulty, still without any spasm or tremor. He is awkward in setting his right forefinger on any point; thus he makes bad shots at his nose when he tries to touch the end of it, and hardly succeeds in getting near it. Dr. Stevenson has given us a report on the electrical reactions of the muscles of the affected limbs, and he states that they all react normally to both continuous and interrupted currents, and that there is no loss of electro-sensibility. We have seen the exaggerated reflexes at the knees,

especially on the affected side; and you may note an increase in the supinator-reflex of the right arm. No fibrillary muscular contractions. On examining the thorax, nothing abnormal is found. The heart-sounds are healthy and sufficiently loud. The urine is natural and the sphincters act perfectly. Special senses not perverted. No vertigo. Knows where his feet and hands are. Retinæ perfectly healthy, and optic discs well-defined. No nystagmus; pupils react naturally; no strabismus. No history of syphilis, and no signs of either inherited or acquired disease of this character. No tenderness on percussing the cranium at any point. In trying to follow with his right toes a circle drawn on the floor is he very clumsy and erratic. He can jump, though with exertion of more force than is necessary for the distance traversed. The difficulty with the right leg is best seen when he tries to run.

We find, on the whole, more negative than positive signs in this man, and yet we have very definite symptoms before us. What is the lesion here, and where is it? What is the diagnosis and what the prognosis, and the best treatment of it? I mentioned that chorea had been at first suspected in the case. Choreia is sometimes one-sided, and often so, for a time in many instances. You would not or you should not long be mistaken as to this. You know that choreic movements are incessant except during sleep, and not only elicited by effort, although they are aggravated by voluntary efforts. And you would not expect to meet with a case of one-sided chorea lasting continuously for nine months. We may, therefore, put that aside. You think, perhaps, of another nervous disorder characterized by tremors and paralysis agitans; the shaking palsy (Parkinson's disease) suggests itself to you. Is this the malady before us? Here is Parkinson's own definition, written in 1817: observe if it tallies with our case: "Involuntary tremulous motion with lessened muscular power in parts not in action, and even when supported; with a propensity to bend the trunk forwards and to pass from a walking to a running pace, the senses and intellect being uninjured." This definition will not apply here. The rule is for the tremor to be persistent and constant in shaking palsy, and rather to cease or moderate when action is induced. The contrary is the case here. Action at once induces tremor. The age of this patient is against his being the subject of shaking palsy, this disorder being very rare before forty years of age are reached. Have we here to deal with a case of so-called post-hemiplegic chorea? I think not, because we have no history and no signs of a past attack of hemiplegia, and the characters of this man's tremors are not those of the disorder I have alluded to. To mention mercurial tremors is sufficient. These are symmetrical, and affect the head, and the signs of mercurialism are always obvious. We can also exclude hysterical tremors and malingering.

We are brought, at last, to consider this case, then, as one of a class known as insular or disseminated cerebro-spinal sclerosis, or Charcot's disease, as it has been called. It is a remarkable example, certainly, because the disorder is, at present—note, I say, *at present*,—*hemiplegic in character, and also manifestly in an early stage*. We do not often see such cases. This is our diagnosis: sclerotic patches situated in the left half of the brain, possibly in the corpus striatum or crus, and possibly in some portion of the medulla spinalis. I should not like to pronounce with greater certainty anything more than this at present, though I might exclude the inferior frontal convolution and parts around the fissure of Sylvius, with some other regions. We may exclude scrofulous and syphilitic disease in the case, and we are in face of the characteristic lesions which are usually found in these cases, and for which I refer you to your studies in morbid histology. The age of our patient is just that at which this malady declares itself. It is equally common in each sex, and very rare after forty. Exposure to cold has been a commonly assigned cause. In this disease no muscular *wasting* occurs, although loss of muscular *power* is found, and no electrical changes arise. Paresis precedes the tremors, and the reverse is the case in shaking palsy. The reflexes are exaggerated. I should not omit to point out to you that many symptoms are wanting in this patient to complete the picture of a typical case. Such a one we had fifteen months ago in John ward. For example, one looks for nystagmus, and for certain symptoms referable to disorder in the medulla oblongata in most of these cases. I never met before with the exact conditions you see in this man; but, still, I have hardly any hesitation in making my diagnosis.

As to prognosis. This is certainly grave. I surmise that we have so far only early symptoms before us, and that the disease will make sad progress in time. We may fear the onset of paresis and tremors in the sound limbs, and the implication of speech with what are termed bulbar symptoms. The sclerotic process may spread and new patches of it occur in other portions of the cerebro-spinal system, thus setting up new symptoms. The course of the malady is slow, and may occupy from five to ten years. Deceptive periods of improvement may occur from time to time. Too often the disease goes on from bad to worse till the patient is rendered helpless and bedridden, the limbs becoming rigid and paralytic dementia supervening. Can we do nothing to arrest this terrible process? Must it go on to the bitter end? Alas, the resources of our art are, we must honestly avow, powerless as yet to avert the progress of this terrible malady. Physicians have been very assiduous in elaborating the differential diagnosis of nervous diseases of late years, but in respect to therapeutics we have as yet scored few triumphs. The outlook

is bad, and we might almost despair of rendering help. We shall never do this, I hope, but rather strive the harder to find means of arresting this untoward process. No one drug is pre-eminently indicated. I am giving this man mercury, and mean to bring him fully under its influence. He takes three grains of blue pill each night. Not that I am trying to eradicate any syphilitic taint, for, in truth, we know of none in this case. But we know that mercury is a powerful drug, and able to modify nutritional force very materially. We shall do our patient no harm with it. It may be that some of these obscure perversions of growth are evolutionary forms of syphilis transmitted from infected ancestry, and so mercury, fully tried, may chance to be of special use. We know, at any rate, that in the peculiar form of systematic sclerosis of the posterior spinal columns known as the *tabes dorsalis*—*locomotor ataxia*—syphilis plays a very prominent part, to the extent, indeed, of eighty per cent., or more, of all cases. Not that the lesion is itself directly syphilitic or gummatous, but that syphilis, as syphilis, seems to predispose to the particular form of sclerotic change in the cord which sets up the disease we know as *tabes dorsalis*. We are also maintaining the nutrition of this man's nervous system by cod-liver oil and a good diet. Nitrate of silver has been found of use in early stages of this disease. But for some time to come I should prefer to use mercury and iodide of potassium and carefully watch their effects, and I shall bring the results and the further history of this remarkable case before you on a subsequent occasion.—*Lancet*.

THE "HAMMOCK" MODE OF APPLYING THE PLASTER JACKET.

Dr. A. B. Hirsh, of Philadelphia, gives the following, in the *Med. & Surg. Reporter*:

What physician who has ever treated spinal deformities has not lost temper when using ordinary *suspension* to apply the plaster jacket, when the patient has almost been strangled by a sudden slipping of the straps sustaining the head, or has fainted or become utterly unmanageable? Then, too, there is the discomfort to the patient of keeping up a constant muscular strain, in a peculiar position, for a more or less lengthened period; while if (as usual) he or she be young in years, the fear or even fright of the patient adds to the unpleasantness of the whole affair. Of course, the expense of the necessary tripod and accompanying apparatus is also not the least item to the practitioner.

These thoughts were suggested by seeing Professor Nancrede recently apply a plaster jacket at St. Christopher's Hospital, before his polyclinic class. No originality is, I believe, claimed—an English surgeon first having suggested the ham-

mock for this purpose. In this case, a poorly-nourished Irish lad, aged some eight years, had the corset applied for a posterior dorso-lumbar curvature, although the doctor explained that any and every variety of spinal deformity could be treated by a modification of the same method.

A piece of ordinary "ten-ounce burlap"—the bagging used to wrap around rolls of carpet, etc.—some seven feet in length and three feet in width, was suspended between the two sides of the room. Each end of the canvas has a "casing" about one and one-half inches wide, strongly sewn, and a rope drawn through the space thus made (so as to "bunch" the end), which is then attached to a heavy hook or ring screwed into the wall, with a compound pulley and rope to render taut the swing; here we have the convenient hammock as required.

The lad, devoid of clothes, except a woolen undervest, was next placed therein, face downwards and with hands and feet extended—the former grasping the sides of the hammock, so as to exercise some extension—and a hole was cut through the bottom of the swing opposite to the nose and mouth, so as to allow him to breathe easily. Care was taken to fit the usual abdominal pad, and to keep the hammock well balanced. The hammock was then cut transversely on a level and down to the iliac crests; the same was done at the upper margins of each axilla. The flaps thus formed were folded around the body, the surplus portion removed, and the whole roughly sewn up, thus forming a second undervest around the woolen one. Starting from above, the bandage was now carried around the body until the deformity was completely covered, the canvas being, of course, included in the turns. The plaster was allowed to set, and the patient relieved from his swing by cutting loose the burlap above and below the jacket, and the procedure was complete. At no time was discomfort complained of, as the little one even joked about the novelty of his situation.

The professor proceeded to explain that this hammock achieved all the good that Sayre's swing did, and obviated all its objectionable features. On the latter, the curves above and below the gibosity were straightened out, as well as any lateral deviation, and thus the apparent increase in height was obtained, while the weight of the body, by a true process of leverage, effected through the over curved portions of the spine, above and below, theoretically tended to separate the softened and diseased anterior surfaces of the vertebral bodies. Whether this latter result was desirable, if obtainable to a marked degree, was more than doubtful in the lecturer's mind, as he thought all that should be aimed at was to remove the weight of the trunk, head, and upper extremities—one or all, according to the portion of the diseased vertebræ—and to place the column in the best position attainable, for ankylosis and future usefulness. In the same way, the prone

position in the hammock effaced the curves, and, by leverage, tended to separate the anterior surfaces of the vertebral bodies. The degree to which the hammock was allowed to "sag" would determine the amount of extension exerted upon the spine.

This method was cheap, comfortable and always available, without any special apparatus, beyond bagging, ropes, and strong screw hooks, staples, or some similar contrivance. The patient might be allowed to swing for hours, until the plaster was perfectly dry, thus obviating the risk of cracking the jacket, which sometimes happens when the patient is perforce, taken down too soon from Sayre's swing, on account of fainting, etc., as the professor had experienced in his own practice. The screaming, struggling, and terror, so common with children, is all done away with. It is the part of wisdom to place a mattress on the floor beneath the hammock, lest any part of the apparatus break, and a serious fall result. The professor now always resorted to this method of applying the jacket, and was perfectly satisfied with it.

INTERNAL SPINA-BIFIDA.

Dr. Thomas was consulted by a married lady, aged twenty-eight, two years married, but sterile. She complained of nothing but pain in sacral region, and sense of weight. On examination he found a sac filled with fluid, occupying the cavity of the sacrum, and pushing the rectum aside slightly, but in no way occasioning serious inconvenience. He believed the failure to conceive was due, not to the pressure of this tumor, but to a congenital sharp antelexion, and advised non-interference. The case stumped the doctor—he didn't know what to make of it—though he examined the case repeatedly, at intervals, for two years, when he lost sight of it. Some time afterwards he was consulted by a beautiful girl, nineteen years of age, who appeared to be perfectly healthy, but who suffered from dysmenorrhœa. She was engaged to be married, and she and her mother were anxious to have any impediment removed that might be in the way, and hence the consultation. Dr. Thomas found a sac filled with fluid, situated in the curvature of the sacrum, and impinging on the vaginal canal to such extent as to almost completely occlude it, and this, the doctor thought, was the cause of her dysmenorrhœa. He strongly advised non-interference, stating that in view of the obscurity of the case radical measures were not justified. Mother and daughter insisted, and finally the doctor consented to a compromise—he would aspirate the sac. He did so with the smallest-sized Dieulafoy's needle, drawing off eight ounces of perfectly limp non-albuminous fluid, which was submitted to Dr. Garrigues for examination. Dr. G. declined to

give an opinion of the nature or source of the fluid. The effects of this operation were alarming; the girl was thrown into violent fever with headache, which lasted several days. This was attributed to the "thief in the community," malaria, and treated with quinine and morphia hypodermically. Some six months afterwards, the patient and her mother called again: the sac had refilled, and they renewed their importunities for an operation. Dr. Thomas was strongly impressed with the impropriety of any operation, especially in view of what had just been related, and was possessed, he says, of a strange feeling of dread and fear. However, he yielded. He would open the sac and establish drainage. With proper assistance, patient in lithotomy position and anæsthetized, Dr. Thomas made an incision into the sac and stitched the edges to the vaginal opening. There was discharged about half a pint of the same clear fluid, resembling hysterical urine. In five hours, at 8 p.m., she was seen by Dr. Dubois, one of the assistants; severe headache and marked tendency to hysteria. In the morning, headache more severe, pulse 110, temperature 102. In the evening, symptoms same, with a peculiarly wild and maniacal expression. Still the doctor did not suspect the real nature of the case. Next morning all symptoms were favorable, but in the afternoon the physician was summoned in haste to see her. Found her in a condition bordering on hysterical mania, with pulse 120, and temperature 104, with strong tendency to opisthotonos, and showing marked signs of incipient tetanus. "Now," says the doctor, "there suddenly flashed across my mind the full recognition of the case; an exactly similar one, which had occurred to Dr. Emmet in the Women's Hospital, came back to my memory, from which, until now, it had been entirely effaced; and, as if a curtain had been lifted, I saw clearly what had, until this moment, been so obscure. I had opened a sac formed by the meninges of the cord, which had projected through an imperfection in the sacrum, into the pelvic cavity. The membranes of brain and cord were deprived of the rachidian fluid, and the consequences were before me! I at once collected my assistants, and anæsthetized the patient with chloroform, and sewed up the opening in the sac. * * * Whether from chloroform narcosis or not I cannot say, but for some hours after this, the patient markedly improved, and I had great hopes that I had retraced my unfortunate steps in time; but about twelve hours after the closure of the sac the heart suddenly failed, opisthotonos occurred, the patient shrieked from severity of her cephalalgia—and died!"

In the conclusion of this most interesting record, Dr. Thomas says:

"Where a cyst is found in the pelvis, behind the rectum, filling the hollow of the sacrum, appar-

ently attached to that bone, let the diagnostician carefully exclude the possibility of its being spinabifida before interfering with it."

2. "If it be decided to interfere with such a tumor, let a small portion of the fluid be first drawn by a hypodermic needle, and if this be found to be a limpid, non-albuminous fluid, let the probabilities of the sac being connected with the meninges of the cord receive due consideration, and guard against further interference.—*Am. Med. Digest.*

HYSTERECTOMY FOR UTERINE FIBROIDS.

Dr. W. T. Lusk presented a large fibroid tumor (*N. Y. Obstet. Society*), together with a number of smaller ones, which had been removed, with the uterus, from a patient who gave the following history: She was thirty-eight years of age, and entered the hospital in March last, suffering from ascites and some form of abdominal tumor. The ascites was so great that it was impossible to determine the exact nature of the tumor. The patient was greatly reduced in flesh and in general health, and was passing only from one to five ounces of urine daily. It seemed hardly possible that she could live more than a few weeks. Dr. Lusk removed a portion of the ascitic fluid, after which he was able to make out what he supposed to be a large fibroid of the uterus, although he was in some doubt whether the case might not be one of abdominal pregnancy. After the patient had been under observation for some time he became convinced that it was one of multiple fibroids of the uterus, there being one large tumor and a number of smaller ones attached by pedicles. Mr. Tait, who had been asked to examine the patient, had summarily rejected the idea of uterine fibroma, and, when asked what he thought the condition was, had characteristically replied, "Cut the patient open and find out." Several other gentlemen, however, who saw the patient a day or two later, coincided in Dr. Lusk's diagnosis. Dr. Lusk was surprised, on returning from the country after the summer, to learn that the patient was still alive, and had even improved somewhat in condition. The house physician had been giving her acetate of potassium and digitalis, and so long as these medicines were continued the urine was secreted in normal quantity, but as soon as they were withdrawn it decreased in amount and her condition grew worse. Her desire to go home was acceded to soon after Dr. Lusk's return to the city, but she had scarcely been absent twenty-four hours when the dropsy largely increased in amount, and she returned and was again given acetate of potassium and digitalis, with the effect of increasing the urinary secretion. The urine contained albumen. It was evident that the patient could not live much

longer without interference, and yet the kidney complication and ascites made recovery after an operation extremely doubtful. It was decided, however, to make an abdominal section, Dr. Lusk's idea being that if only a single fibroid was removed it would tend to make the patient relatively comfortable. The operation was performed about seven weeks ago. When the peritonæum was opened, about a gallon of ascitic fluid escaped. It was the operator's intention to remove the fibroids one after another, but they proved to be very numerous, and, accordingly, he turned out the entire mass, threw a powerful, large-sized rubber cord around its pedicle and cut it away.

The only point to which he wished to call special attention regarding the operation was the fact that, after the method of most operators in such cases, he introduced the needle, intended to fasten the pedicle to the abdominal walls, through the stump below the ligature. This he now regarded as a mistake, and, on account of the distress which it caused the patient, he withdrew the needle on the third day and passed it through the stump above the ligature, which afforded some relief. The day following the removal of the needle some febrile disturbance developed, which was found, on lifting the stump with a tenaculum, to be due to a collection of about a teaspoonful of pus in the upper portion of the wound. The next day the temperature rose again, and it was then found that there was some pus in the lower portion of the wound. As soon as this foetid pus was washed away the temperature fell, and convalescence was thenceforward uninterrupted. There was no further kidney trouble after the operation; the urine was secreted in normal quantity, and no longer contained albumen. This fact was worthy of note, because it was stated in works on obstetrics that inefficient action of the kidneys in puerperal eclampsia was not due to pressure of the gravid uterus, otherwise a like trouble would arise from pressure of ovarian and fibroid tumors. Here was a case in which pressure was made by a tumor, and removal of this caused albumen to disappear from the urine immediately, and the fluid to become secreted in normal quantity. In reply to a question, Dr. Lusk said the entire uterus was removed with the tumor, which weighed seven pounds and a half; the stump separated on the twelfth day. He had had the valuable assistance of the president during the operation.

The President asked Dr. Lusk, who had spoken of tympanites (which was present in this case) as being the rule, if this was true of all cases of extirpation of the uterus, whether the stump was treated extra-peritoneally or not. Dr. Lusk said he meant to refer only to those cases in which, the stump being short, the pressure of the needle was very near the descending colon.

Dr. J. B. Hunter remarked, with regard to the effect upon the kidney of removal of the tumor,

that recently, in two cases operated upon by two different surgeons in this city, the urine, which had been apparently normal, became completely suppressed about the seventh day after the operation, and the patients died. The cases had progressed favorably until suppression of the urine had taken place. Dr. Hunter also remarked that he had employed the rubber cord, shown by Dr. Lusk, with satisfaction.

The President had reported a case last spring in which he hesitated to operate for the removal of a fibroid tumor, because the urine contained albumen, but, instead of suppression of urine after the operation, as had been feared, the albumen disappeared and the secretion became normal, showing clearly that albuminuria had been due to pressure of the tumor upon the kidneys or upon the ureters.—*N. Y. Med. Journal.*

MOTOR APHASIA FROM INJURY, WITHOUT PARALYSIS OF ANY OF THE LIMBS.

Dr. J. H. Burns reported the following case to the Toronto Medical Society (*Med. News*). Mr. K., æt. 56, healthy and robust, fell down stairs; he was assisted to his feet and with help walked to a chair. He did not then speak or at any time subsequently. He became unconscious about three hours later. In my absence Dr. Duncan saw him that evening for me, and with me the next morning, by which time he had recovered consciousness and was able to leave the bed. His bowels had been freely moved with croton oil. There was an injury to the soft tissues over the right eye, but no fracture could be made out. He swallowed with great difficulty; there was neither motor paralysis nor anæsthesia of any part of the limbs. Twenty-four hours after injury pulse was 100, temp. 101°. Dr. Workman saw him in consultation following morning; temp. 104°, pulse 120. During the afternoon he had a convulsion and after that convulsions recurred every ten minutes till he died at 2 p.m. next day. The left side was most affected with the convulsions. During this time there was retention of urine. Death took place sixty-eight hours after injury.

Post-mortem seven hours after death. Extravasation into subcutaneous tissue over parietal and temporal bones of right side. There was an extensive fracture in this region, with slight depression. Dura mater intimately adherent to calvarium. A large clot was found between dura mater and skull at seat of fracture. Great congestion of cerebrum beneath this. Another clot was found beneath the dura mater on left side of brain opposite seat of injury, with extensive disorganization of the lower part of middle lobe of brain on left side. Heart

and lungs normal, liver small but apparently healthy, kidneys healthy.

Dr. Duncan, who assisted at the autopsy, said there were two distinct clots on the left side; one in the arachnoid space pressing on the temporo-sphenoidal lobe, another beneath this in the brain substance, in which on removal of the clot there was a laceration half an inch deep and one and one-half by one and one-fourth inches in extent. This clot probably resulted from rupture of a branch of the Sylvian artery. From symptoms, he had expected to find some such injury. The presence of *three* distinct clots was an unusual circumstance.

Dr. Workman said that he visited the patient in consultation on the 13th of April, and he is able to confirm all that has been stated. The symptoms that most attracted his attention was that of motor-aphasia unaccompanied by any paralysis in the lower or upper limbs. The only mark of external injury was the swollen and blackened state of the right eye. Close examination of the supra-orbital region of the frontal bone gave no indication of fracture, nor did examination of the side of the cranium present any. The patient had evidently free use of the muscles of the arms and legs. When he saw him there was no stertorous breathing, neither was pronounced coma present, but there was a certain degree of torpor or somnolence, which he apprehended would culminate in coma. He had not spoken from the time of occurrence of the injury, neither had he taken any drink or food, most probably because of the paralyzed state of the glosso labial muscles. The large extravasation of blood in the left temporal region, the result of the *contre-coup*, showed that some important vessel, most probably a branch of the Sylvian artery, had been lacerated, and it would appear from Dr. Duncan's statement that the cerebral substance in the Sylvian region was greatly injured. He had no doubt that this part coincided with the foot of the ascending frontal and the posterior part of the third frontal convolution, in which are the motor-centres for the speech muscles and for those of deglutition, etc. The absence of any mark of injury in the vicinity of the fissure of Rolando, accounts for the persistence of muscular power in the arms and legs. He regarded the case as one of much interest, in confirmation of the now so universally admitted doctrine of cerebral localizations.

TREATMENT OF INFECTIOUS SORE THROAT.

I always administer an emetic in the beginning. As long as vomiting lasts and the tongue appears coated, I give as little nourishment as possible. All my patients were young and vigorous, so that, instead of stimulating, I had more than once the

idea of bleeding, and would have done so, on account of the active inflammation, had not the feeling of general debility which attends these cases restrained me. This period usually continues to the third day, when, the irritability of the stomach having ceased, I let them take fluid but nutritious food, returning to solid aliment as soon as the condition of the pharynx permits its being swallowed without injury to the inflamed parts. I further advise the patient to use the following gargle every ten or fifteen minutes:

R—Acid salicylic,	ʒ j.
Acid carbolic,	ʒ xxiv.
Sodii borat.,	gr. lxx.
Glycerine,	f ʒ j.
Aqua distillat,	f ʒ xj.—M.

Sig.—Use as a gargle.

Internally I order a teaspoonful, in half a tumblerful of water, of this medicine:

R—Quinine hydrochlorat,	gr. xxxvj.
Tinct. ferri chlorid.,	f ʒ j.
Acid muriat. dilut.,	f ʒ ij.
Tinct. cardamom comp.,	
Glycerine,	
Syr. aurant. cortic., aa q.s. ad.,	f ʒ iij.—M.

This is taken every three or four hours until the more moist appearance of the tongue and the general condition of the patient indicate amelioration of the symptoms, when the size and the frequency of the doses are rapidly diminished. As soon as the first indication of disturbance of the urinary function sets in, I prescribe a teaspoonful of infusion of digitalis, to be taken every four hours. When the secretion has been re-established, I still continue for one week longer the same dose; for another day the patient is directed to take it but three times daily, and then this medicine is stopped, having achieved its purpose. If the pain in the neck or in the shoulder be very severe, I have found the best result from this liniment:

R—Chloral hydrat.,	ʒ j.
Camphoræ,	ʒ ss.
Ol. amygdal,	f ʒ j.—M.

Sig.—To be applied with a camel's hair brush to the painful parts, the application to be renewed on return of pain.

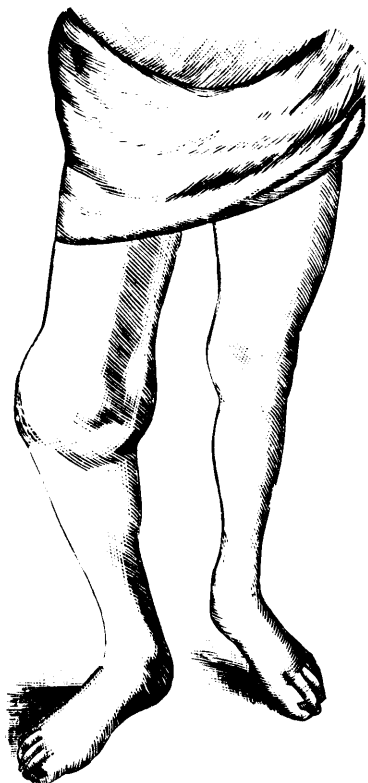
Besides paying attention to the bowels and employing general measures, as regular feeding, cooling drinks, sponging of the body several times daily, etc., the above contains the whole treatment. For the sleeplessness commonly met with in the beginning I have ceased to prescribe, as experience has taught me that the patients feel better, regain sooner their natural sleep, and recover more quickly, when no hypnotic whatever is employed.—*Hugo Engel, M.D., in Phil. Med. Times.*

CHARCOT'S JOINT DISEASE.

[Dr. A. Sydney Roberts, of Philadelphia, gives a report of six cases of Charcot's joint disease in the *Med. News*, Feb. 14, 1885, from which we select the following case (iv), with illustration.] Ed.

Dr. A. A. Y., male, æt. 65, resident of Hammon-ton, N. J. Examined the patient with Dr. S. Weir Mitchell on January 16, 1885. For the substance of the following notes I am indebted to Dr. Wood-nutt.

Hereditary history of patient excellent. He had always been strong and healthy during youth, and up to 1865, though a hard-working farmer. An army life, and three years of extreme exposure prior to the close of the war, found him suffering in 1865 from sharp, wandering pains in the upper and lower extremities; never noticed, however, in



the articulations. Loss of power followed in the right leg. Three years later suppurative arthritis attacked the metatarso-phalangeal articulation of the right great toe, and last phalanx of left ring finger, sequestra coming away in each instance.

During 1870 the patient first noticed an œdematous swelling of the right elbow; following shortly upon this, the wrist joint of the same arm gradually and painlessly enlarged. Then a distension of the capsule of the right knee-joint succeeded. The enlargement of the latter articulation was more

rapid than either the wrist or elbow. Rheumatic pains in the joints accompanied the swelling and deformity.

The left limb has been comparatively exempt from pain. Recently, however, the capsule of the knee-joint has become distended and elastic. The elbow tumor has diminished somewhat in circumference during the past four years.

During the past year the distal phalanx of the right index finger has gradually atrophied, without inflammation, and is entirely wanting. The nail and finger end are normal, though somewhat shortened. Pain, at present, is chiefly in both feet, paroxysmal and erratic, often attacking corresponding points on the legs.

The present appearance of the right elbow and knee joint enlargements exhibit an irregular nodulated hypertrophy, bearing no resemblance to normal joint outline, and consisting chiefly of osteophytes and abnormal increase of synovial fluid. Motion preternaturally free in all directions; structure of joints apparently entirely destroyed.

Remarks.—The joint lesions first appeared in this patient after ataxia had become established. The appearance of the affected elbow and knee is that of an enormous nodular hypertrophied mass of bone, doubling their normal circumference, associated with synovial distension of the capsule. Osteophytes readily movable with the capsule, and varying in size from a pigeon's egg to that of a turkey.

The atrophy of the distal phalanx of the right index finger is especially to be noted. It is the first instance of complete absorption of the diaphysis of bone that I have had an opportunity of observing

PLASTER JACKET—NEW USE FOR.

Dr. McLellan, of St. Marys, Kas., gives the following in the *Lancet and Clinic*, Cin.:— In reading of the uses to which the plaster jacket is put, I have never seen it recommended for the relief and cure of weakened and painful conditions of the spinal muscles, caused by injury, disease, etc., and I think I can make myself more clearly understood by relating two instances from among others, not only where it gave instant relief, but performed a permanent cure. While I was yet a student, (1869, Jan.) I suffered from an attack of typhoid fever, which ran its natural course, and I was convalescent in about eight weeks, and by over-exertion I suffered a relapse, which lasted much longer than first attack. When I got able to be around, I suffered untold agony from pain in the lumbar region and down the course of right sciatic nerve, and at times along the Psoas Muscle, and if I was not near something to catch hold of, would fall, for I could not endure the pain. Cupping, blistering, and all external as well as internal remedies, were

used, but all the relief I could get was from hypodermics of morphia, and I had to take from three to four per day to make living endurable, when I thought the plaster jacket might give me support and relief, and without the aid of anyone I applied a jacket to myself by standing in the position most comfortable, (which was perfectly erect). As soon as the plaster set, I could go around without any pain, and I stopped the morphia then and there, which had got to be considerable, and had no more pain. In less than three months I was perfectly well, and had gained more than thirty pounds, and used no other remedy than the jacket.

CASE 2.—In December, 1883, S. H., aged 19, spare build, came to me, suffering intense pain in the lumbar region and down course of both sciatic nerves. At times the pain was so severe that he would shake as though he had an ague chill. He stated that in September of same year, while making hay, he was helping to put a hay ladder upon the waggon, when the one that was helping him let his hold slip, and all the weight came on him. He sprained the muscles of his back, which grew worse and worse, and, as he stated when I first saw him, he did not want to live the way he was, and as he had already passed through the hands of about three doctors, all regulars, I took it for granted they had used all the usual remedies, so I thought I would try the plaster jacket, and I did so, with the same happy result, no more pain and a rapid convalescence.



OVARIOTOMY IN ENGLAND.—In these days, when continental journals vie with each other in publishing disagreeable remarks about England, it is pleasant to find how, on the other hand, writers in the United States are almost unanimous in sounding praises of our government, our institutions, our towns, our country, and our surgery. *Harpers' Monthly* has just discovered beauties of landscape in the Regent's canal, whilst, in the *Atlanta Medical and Surgical Journal*, the distinguished Dr. Robert Battey devotes an article to a subject which has been looked upon with more pride and interest than that useful waterway by qualified and unqualified Britons, namely, the progress of ovariectomy. The extraordinary results which have been obtained in Great Britain within the past three years, seventy-three consecutive operations in the hands of one surgeon, and seventy-six in the hands of another, without a death, are well calculated, observes Dr. Battey, to excite both astonishment and admiration, American results being far less satisfactory. Dr. Battey, enters into a consideration of the conditions of our success. Experience he considers to be the first of these conditions. If the best results are to be obtained in America, ovariectomy must, he believes, be put into the hands of a few, and the

general practitioner must forego the ambition of swinging here and there an occasional scalp to his girdle. The second condition is "clean hands and appliances;" the third, a clean apartment and bedding. The fourth is "pure atmosphere and free ventilation;" and Dr. Battey's allusion to "the upper floors of buildings in elevated urban localities, with surroundings as salubrious as circumstance will admit," probably refers to the Samaritan Free Hospital. The fifth condition is thorough cleansing of the abdomen. Dr. Battey agrees with those English, Scotch, and Irish operators who employ the drainage-tube when the "toilet" of the peritoneum is from any cause incomplete. The sixth condition is skilled nursing and quietude; the seventh, early operation; the eighth, complete intraperitoneal ligature of the pedicle. The last condition of success is antiseptic solutions and spray. He admits that "the results obtained by Dr. Bantock, in London, and Mr. Lawson Tait, in Birmingham, seem to show conclusively that the use of these solutions is not indispensable to the attainment of the best success. They have both shown by their work that scrupulous attention given to the cleansing of hands, instruments and sponges, not only prior to operating, but frequently during the progress of the operation, is sufficient. The frequent removal of the blood from hands and instruments appears to protect the abdomen from septic influence." Dr. Battey then speaks of Dr. Keith's objections to the spray. Nevertheless, Dr. Battey himself is not inclined to give up complete antiseptic precautions. He has never had a case of carbolic acid poisoning, and concludes by observing: "To the criticism that carbolic solutions weaker than one to twenty have been shown in the laboratory to be impotent for the destruction of bacteria, I answer that I am seeking by its use only the restoration of my patients to health, and the mortality in my hands since its use has dropped from twenty-five per cent. to zero. This, for me, is sufficient reason for the continuance of the method, and for the rejection of all other substitutes, until such time as more complete demonstrations shall place a clearer light before me." —*Brit. Med. Journal*.

CHLORIDE OF GOLD AND SODIUM IN SOME NERVOUS AFFECTIONS.—In an interesting paper on this subject (*Medical News, Maryland Medical Journal*), Dr. Roberts Bartholow relates some important facts bearing upon the use of gold as a therapeutic agent. Gold is mentioned as a valuable remedy in the treatment of melancholy in mediæval history, and afterwards it was used by the Arabians and Italians. Its therapeutic powers are grouped under three heads:

1. According to its so-called alterant effects.
2. According to its action on the nervous system; and

3. According to its urino-genital properties.

Referring to the preparations used, Dr. Bartholow prefers the double chloride of gold and sodium, which he prescribes in the dose of one-twentieth of a grain. In this quantity, twice or three times a day, it appears to have, as its primary action, the power to promote constructive metamorphosis, to improve the globular richness of the blood; and to increase tissue-strength. The tissue yielding most readily to its use are the connective, and especially those of pathological formation. Hence the remedy is considered especially useful in sclerosis, whether nervous, hepatic or renal. In posterior spinal sclerosis, and in chronic interstitial nephritis, Dr. Bartholow has found the gold salt very efficacious. When used in locomotor ataxia, early and persistently, it has seemed to him to have the power of arresting the disease. Dr. Bartholow has observed excellent results following the use of the gold chloride in many cases of fibroid kidney. In a form of hypochondriasis, coincident with the onset of degenerative changes in the cerebral vessels, he has found gold and sodium chloride very effective. When persistently used, the uneasiness in the head, the vertiginous and other abnormal sensations subside, the mental oppression at the same time clearing up.

In certain affections characterized by spasm, as asthma, laryngismus stridulus, and singultus, Dr. Bartholow has seen this remedy act surprisingly well. In urino-genital affections the gold has great value, and cases of chronic albuminuria have been observed in which the curative effects of the remedy have been most conspicuous.

In certain cases of sexual debility, in dysmenorrhœa with scanty menstruation, and in chronic metritis the persistent administration of gold and sodium chloride has done much good. Dr. Bartholow indicates the direction in which the remedy promises to be useful, but is of the opinion that wider and more varied experience is necessary to fix its real position. It seems to us from this statement, made by Dr. Bartholow, that the remedy in question possesses very valuable powers, and is destined to awaken considerable interest. Its actions and uses are worthy of most careful study.—*Medical Review.*

RUPTURED EXTRA-UTERINE PREGNANCY.—Another woman has passed from health to the grave in a few hours; another home has been made desolate; and another victim to delay and palliative hypodermatics of morphia and brandy-and-water in drachm doses has been added to the list, already too long, of cases that have been lost for want of surgical treatment.

A case has been recently reported, in a western medical journal, in which the symptoms of rupture of an extra-uterine fetal sac were complete, and the diagnosis of extra-uterine pregnancy was con-

curred in by three practitioners, and the following treatment adopted: "Sulphate of morphia in one-sixth-grain doses, hypodermatically, to control the pain, and brandy, both by the mouth and under the skin, as a stimulant. A sinapism over the stomach and bowels assisted in giving some measure of relief." The patient died in sixteen hours and a half. Nothing is said of an attempt to control the hemorrhage, which every one must have known was draining away the woman's life. Nothing is said of a desire to open the abdominal cavity to stop the hemorrhage and remove the foreign body. Is the recorded experience and the teachings of the surgical leaders of the day to go for nothing? Are there any who think that a patient in this situation dies of aught else save hemorrhage, and controllable hemorrhage? If the hemorrhage be not controllable, why do the patients live for sixteen and twenty or thirty hours after the rupture? Are there those in the profession who do not know that the mere exposure of the abdominal cavity to the air will often check a hemorrhage which would otherwise prove fatal in the closed cavity? Surely in these days of great and brilliant triumphs in abdominal surgery, when patients recover after intestinal wounds, and resections, when the most desperate "forlorn hopes" recover, one should not hesitate to open the abdomen in a case of this kind, when two or three ligatures and some clean water are all that are required.

There is no palliative measure for a ruptured extra-uterine cyst; there is no expectant treatment; and there is no other way known to medicine by which a woman in this condition can be reasonably expected to survive save by the prompt use of the knife—and there is no reason for thinking that she would die if this be resorted to in time. And until she is practically dead it is never too late to try and save her.—*N. Y. Med. Record.*

SUBPERIOSTEAL AMPUTATION.—A paper by Dr. Nicaise, read at the International Medical Congress in Copenhagen, is published in the *Revue de Chirurgie*, No. 12, 1884. In 1859 M. Ollier first demonstrated the utility, in amputating, of preserving periosteum, in order to close the medullary canal, and to favor union by primary intention. At this period, however, the suppuration that almost constantly attended the healing of stumps rendered attempts to preserve this membrane quite useless, and so for a time they were abandoned. Since the introduction into surgery of Lister's antiseptic method, further trials have been made under the improved conditions, and the practice has been advocated by Esmarch, Volkmann, Maas, Trelat, and others. Since 1881, Dr. Nicaise has in amputating always preserved a portion of periosteum beyond the end of the bone. As this

membrane retracts very much when detached from its bone, it is thought always necessary to take up a long 'cuff,' the length of which should be about equal to the diameter of the bone at the point of section. Esmarch and Maas bring together the free edges of the process of peritoneum by a suture of prepared catgut; Nicaise does not apply a suture, but allows the long cuff to form over the end of the bone a kind of hood. It has been proved by experiments on animals that a flap or loose process of periosteum rapidly closes the open end of the medullary cavity, and that on the inner surface of this occluding membrane a thin layer of osseous tissue is formed. M. Nicaise alludes to a case of amputation of the thigh for chronic disease of the knee in a tuberculous man, aged 42. After death, which occurred twenty-nine days later, when the stump had almost entirely healed, the lower extremity of the divided femur was found completely closed by a septum of thickened and granular periosteum, above which was a layer of newly formed bone-tissue, about one-fifth of an inch in thickness. It has been shown by LeFort and Trelat that a minute flap of muscular tissue brought over the end of a divided long bone will contract adhesions, close the medullary cavity, and even form a thin layer of osseous tissue. M. Nicaise, however, holds that, when a flap of periosteum is applied, the end of the bone is in immediate relation with a membrane that physiologically is best adapted to the purposes of protecting and forming osseous tissue. It has been objected to the preservation of periosteum in amputation, that this practice favors the formation of irregularly shaped osteophytic growths. Such growths, however, according to the author, are formed only after suppuration in the stump, or osteitis at the extremity of the bone.—*London Med. Record.*

POISONED BY COLORED STOCKINGS.—Again and again have medical journals warned against the wearing of cheap colored underwear. As these materials generally consist of cotton, at least to a great extent, the coloring stuff is not always an innocuous, but frequently a dangerous one.

The latest case of this kind is reported by Dr. O. Seifert, in the *Wiener Med. Wochenschrift*, 1885, 38. A young lady *æt.* 26, had been wearing stockings, which had been colored by an anilin-red, containing a large percentage of arsenic. She was suddenly seized with all the symptoms of a gastro-enteritis and an acute hæmorrhagic nephritis; besides, an eczematous skin-eruption made its appearance on the dorsal surfaces of both feet. The treatment first gave a very unsatisfactory result, until the cause was discovered, when the patient was cured of her disease within three weeks. The urine, however, for a considerable time afterwards, contained a small amount of albumen, though this finally also disappeared.

There ought to be a sanitary inspector, not only for all food—whether solid or fluid—that is offered for sale, but also for articles of wear. The demand for cheaper goods, and the great competition, has made many manufacturers reckless, and they seem to care very little if they injure the health of individuals, if they can only produce goods which are cheap and showy. As not every buyer can be an expert, purchasers ought to be protected by law, making the poisonous or any adulterations of any article offered for sale, a criminal offence, and appointing inspectors for the purpose of investigating and discovering all dangerous swindles of that kind. Meanwhile, it would be best for all buyers to avoid all cheap articles, which mainly attract attention by their bright colors. In wool, the danger is not so great, as woollen materials may be easily dyed by innocuous vegetable coloring matters.—*Med. & Surg. Reporter.*

THE TREATMENT OF WHOOPING COUGH.—The treatment of this disease should be of two characters, one of which is addressed to the catarrhal and the other to the nervous element. Considering the bacterial nature of the disease, antiseptics form one necessary class of agents for treatment. Oxygen in the form of an abundance of pure air is always indicated. The sick room should be kept at an uniform temperature and the air moistened with spray, either of simple steam vapor of lime, of carbolic acid, corrosive sublimate, listerine, muriate of ammonia, or cocaine. Thymol, eucalyptus or quinine, may be used in this form. The following formulæ for use with the spray are recommended:

R.	Acidi carbolic cryst.	3 grs.	
	Sodii bi-boratis		
	Sodii bi-carb.	aa	20 grs.
	Glycerinæ		1 oz.
	Aquæ		1 oz. M.

R.	Thymol	15 grs.	
	Alcoholis	3 dr.	
	Glycerinæ	½ oz.	
	Aquæ	34 oz.	M.

The inhalation of a few drops of ether or chloroform is recommended when the paroxysms are violent. Of emetics, alum is thought to be the best, a quarter or half a teaspoonful being given with syrup or honey, and repeated if necessary. In the mean time the child may be placed upon its stomach, with the head lowered. Of nervous sedatives, belladonna is the best for this trouble, and may be given in suitable doses of the tincture, or in the form of the sulphate of atropia, $\frac{1}{200}$ of a grain at a time, increased until the pupils are dilated. The bromides of sodium, ammonium, or potassium may also be given, and in many cases chloral is very useful. Of the latter, for a child one year old, two grains may be given at bed time. Of

quinine, a grain may be given several times during the day with good effect. The foregoing list may be increased by the addition of pilocarpine, benzoate of sodium, salicylic acid, sulphur, cantharides, calomel, and soda, etc. Counter-irritation is an important measure, a mixture of croton oil, oil of amber, and oil of cloves, mixed with sweet oil, and rubbed upon the neck or chest, being recommended. The bowels should be kept freely open, heat applied over the lungs if they appear to be implicated, and a nourishing diet with a suitable quantity of stimulants administered.—*Archives of Pediatrics*.

INCONTINENCE OF URINE IN CHILDREN.—Eustace Smith gives the following in his recent work: "Of medicines which diminish irritability, belladonna takes the first place, but it is important to be aware that this remedy to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils, with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age, twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose, five to ten grains) and benzoate of ammonia, digitalis, borax, cantharides, camphor and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day:

R Tinct. belladonna.....gtts. j.
Potas. brom.....grs. x.
Infus. digitalis.....̄ ij.
Aquam ad.....̄ ʒ ss.
M. Ft haustus.

When the incontinence continues in the day as well as at night, strychnia should be combined with the sedative, so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (ʒj—ʒ j. to the ounce of water) has been found successful."

VALUE OF "THE DIAGONAL LINE" IN THE DIAGNOSIS OF DISTENSION OF THE GALL-BLADDER.—John W. Taylor, F.R.C.S., Birmingham and Midland Hospital for Women, says: In an article on

cholecystotomy in the *British Medical Journal* of January 31, 1885, I wrote as follows: "An important aid to diagnosis will, I think, be found in recognition of the diagonal line in the direction of which the gall-bladder enlarges. This is to be traced from the normal position of the larger end of the gall-bladder (near the tip of the cartilage of the tenth rib on the right side) to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus."

Since writing the above, I have had some additional opportunities for testing the value of this aid to diagnosis. On February 15, 1885, I was asked to see a case of abdominal tumor by my friend Dr. Drury. There was no jaundice, and but little clinical history to be obtained in the limited time at my disposal. Finding, however, a well defined, hard, but rather resilient tumor, the longer axis of which exactly corresponded to the diagonal line described, I had no hesitation in diagnosing the case to be one of distension of the gall-bladder.

This opinion (in which Dr. Drury concurred) was considered erroneous by another surgeon of large experience, who saw the case subsequently; and, as the chief reason for my opinion was the sign which is the subject of my communication, the case became of some special importance to me as a test.

On March 26th Mr. Tait operated. The tumor proved to be a distended gall bladder; and a large number of calculi were removed from it, two of these being of enormous size.

I should like to again draw the attention of the profession to this diagnostic line, as I believe it to be trustworthy and useful.—*British Med. Jour.*, April 11th.

BELLADONNA INJECTION FOR GONORRHOEA.—Some thirteen years ago an officer on board one of the vessels of the Indus Steam Flotilla consulted me for a bad gonorrhoea with intense pain on micturition, and intolerable chordee at night. The case was urgent, and I ordered an injection composed of seven ounces of water, an ounce of mucilage acacia, twenty grains extract of belladonna, and twenty grains of sulphate zinc, a teaspoonful to be injected immediately before and after micturating, and a similar amount the last thing at night; great care to be used in passing the injection fully down as far as the pain is most intense. An ointment of spermaceti and mercurial ointment, four drachms each, and ten grains extract belladonna, ten grains powdered opium, as a paste to be smeared along the perineum and around the crura penis at night. Patient left next morning, having had no chordee that night, and the pain of micturition disappeared by using the injection. Within a week there was complete cure. From that time I have had numerous gonorrhoeal cases of every type and stage, and without exception with un-
fail-

ing success. Not long since a shop assistant presented himself with a bad gonorrhœa, high fever, inflamed testicle and chordee at night. With the application of the belladonna and opium ointment the chordee did not appear, and in four days after using the injection the running ceased, but after the first application the pain and running were much lessened. A suspensory bandage was worn, and with the daily use of the mercurial and belladonna and opium ointment the patient was quite well in three weeks. Patients have always stated that it is the injection, and not the ointment, which stopped the chordee. I have tried the anodyne treatment in various classes of people, from the dissipated paupers of the Eastern bazaars to the well-fed *roue* in the West; in the acute and in the chronic and gleet stages; in first attacks, and in those making one of a series; and in cases complicated with inflamed testicles and chordee; and I have no hesitation in saying that I have not witnessed anything to contra-indicate it nor to mitigate its success.—John Roche, M.D., in *Medical Press*.

THE INJECTION OF HOT OR COLD WATER IN UTERINE HÆMORRHAGE.—Dr. Schwarz relates a case of post-partum hæmorrhage which was controlled temporarily by an injection of water at a temperature of 120° F., containing two and a half per cent. of carbolic acid. The bleeding began again, however, and could not be arrested by further hot-water injections. A trial was then made of ice-water with perfect success. In other puerperal and non-puerperal cases, after failure with hot water, the author obtained most satisfactory results with cold injections. Dr. Graefe has also had several cases in which he found cold irrigations to answer the purpose after hot water had failed. He regards the styptic action of hot water as due not only to the swelling of the tissues which it causes, but also to a certain degree of muscular contraction in the uterine walls. The former is not sufficient in itself to arrest the hæmorrhage unless aided by muscular contraction. When cold water irrigations follow those previously made with hot water, strong contractions of the uterine muscles are excited, but the œdematous swelling caused by the hot water can not be so rapidly overcome, and hence the two conditions most favorable for arresting the hæmorrhage are present. In the same way when hot injections follow cold ones, the irritation to the muscular tissue remains, and to it is added the swelling of the tissues above mentioned. If only one be used, Schwarz prefers the cold water, as having the advantage of absolute safety. Hot water, if too hot, may cause a paralysis of the uterine muscular tissue, and if not hot enough will only increase the hæmorrhage. If a trial with one temperature be unsuccessful, the use of the opposite will almost certainly control the bleeding.—*Schmidt's Jahrbucher, No. 7, 1884; Med. Record.*

SWALLOWING OF ARTIFICIAL TEETH.—Artificial teeth have probably been often swallowed. Too hard for digestion and not provided with sharp-pointed edges, as a rule, they cause very little inconvenience. More dangerous is the swallowing of whole sets, as in such a case a plate, with all its hooks and pointed edges, has to pass through the pylorus and the ilio-cæcal valve. If it were possible, after such a plate has been inadvertently swallowed, to send some substance after it that could envelop the pointed and "hooky" plate with a material which might remove the sharp points, the greatest danger would be removed. But thus far this substance has been a desideratum unfulfilled. In the April 13, 1885, number of the *Deutsche Med. Zeit.*, however, we find a communication which, on account of the ingenuity of the procedure, and of its complete effect, is highly interesting and deserves further dissemination through the columns of the *Medical and Surgical Reporter*.

A dentist named Geisselbrecht, in Fürth, was sent for one night by a servant girl, who, during sleep, had swallowed her artificial teeth. The set consisted of a rubber plate with four canines and two bicuspid, which plate was attached by the aid of gold clamps to the natural teeth. On examination, the neck of the girl was found to be swollen and painful to the touch in the region of the larynx. The examination of the pharynx gave no result; the set had disappeared; but with the use of the œsophageal sound it could be felt. But as the plate had already passed too deeply, there was no prospect of its being extracted, and G. pushed it with the sound into the stomach through the cardiac orifice.

Now comes the interesting part of the procedure. That the plate might pass on through the intestinal canal without injuring the latter, G. induced the girl to swallow a lot of cotton thread (spool cotton), which was first cut into small pieces and incorporated in the white of an egg beaten to snow. The intention was to have the threads steeped into the white of the egg, wrap themselves around the sharp points of the plate and thus prevent their injuring the intestines.

The result has been a brilliant one; four days later the girl brought the ominous plate, and the latter was found to be completely enveloped, over-spun, as it were, by the cotton threads. The patient said that she had no pain, or any other inconvenience either, while the plate was resting in the bowels or during its passage out.—*Med. and Surg. Reporter.*

THE TREATMENT OF CHOLERA.—The current number of the *Practitioner* contains the concluding paper of the interesting series that have been published in that journal by Drs. Lauder Brunton and Pye-Smith, in the course of which they have dis-

cussed the present knowledge of the pathology of cholera. Speaking of the treatment of the disease, they divide remedies into five classes: of these, three contain remedies which act on the intestine. They are—1. Those which are likely to have an antiseptic action on the intestine by destroying any organisms there present, such as carbolic acid and its allies, sulphurous acid, nitro-muriatic acid, hyposulphites, permanganates, chlorine, chloralum, turpentine, salts of copper, boracic acid, calomel, and corrosive sublimate. The cholagogue action of calomel is thought to be of service by inducing indirectly the antiseptic action of bile. 2. Those remedies which will tend to remove the cholera poison, whether it consists of living organisms or of some chemical substance, exemplified by the treatment by castor oil and other purgatives. 3. Those remedies which will counteract the effect of the poison upon the intestinal canal, as opium, morphia, ice water, belladonna, cannabis indica, chloroform, chloral, carminatives, and astringents. 4. Remedies which will tend to eliminate the poison from the system, as copious draughts of water (as diuretic) and purgatives. 5. Those remedies which will counteract the effects of the poison—viz., intravenous injection of saline fluids and other substances, and various measures to restore the circulation by acting upon the skin. In dealing with the premonitory diarrhoea, Cantani's method of injections, by means of the long intestinal tube, of laudanum and tannic is described. The authors consider that Ferrán's results of inoculation are more favourable than could have been expected, and point out the following as "directions in which further researches after a remedy for cholera are most likely to prove successful":—"1. The discovery of an antiseptic which will destroy pathogenic organisms in the intestines and prevent the formation of the cholera poison, while they are not themselves poisonous. Corrosive sublimate is a sufficiently powerful antiseptic, but it may itself prove poisonous to the patient as well as to the pathogenic organisms. It is possible that amongst the members of the aromatic group of bodies substances may be found having the desired properties. 2. The discovery of some substance which will antagonise the action of the cholera poison after its absorption. As a preliminary step in this direction further experiments are needed in the nature and action of alkaloidal substances obtained from cholera dejecta, as well as from artificial cultivations in various media and under various conditions, electrical and otherwise. 3. Observations on the effect of stimulation of the mesenteric plexus by currents passed through the uninjured abdomen in poisoned animals and in patients suffering from the disease."—*Lancet*.

TREATMENT OF SCROFULOUS NECK.—Dr. Clifford Allbutt, in a recent lecture, affirms that the

chronic enlargement of the glands of the neck, known as scrofulous neck, is secondary to irritation in the associated mucous membranes, and absorption therefrom; the chief of these being the mouth and throat, and the next in order the nasal, aural, and ocular surfaces; and sometimes from irritation upon the skin of the face and head. Speaking of the treatment of these cases, the author says that a residence at Margate, together with careful dieting and nursing, is the best means of cure in cases which are not far advanced. The cautious use of mercury, such as the solution of the bichloride, with tincture of iron, is very good, unless the inborn frailty be very marked; and iodides with iron are likewise valuable. External applications should be used with caution. So soon, however, as the glands become adherent, either to each other or to the surrounding tissues, then it is most desirable to call in the surgeon, and to extirpate every caseous gland or portion of a gland. Mr. Teale has devoted much time and has had great experience in operating on these cases, and it is due to the combined exertions of Dr. Allbutt and Mr. Teale that numerous cases have been restored from a state of misery to enjoy a life of comparatively good health. The scar remaining after the operation is small, and after a year or two not very noticeable, provided the drainage be not kept up too long; it is better to risk a second operation than to keep the drainage-tube in for too long a period.

DIFFERENTIAL DIAGNOSIS OF SIMPLE AND TUBERCULOUS MENINGITIS.—In an analysis of a number of cases of meningitis occurring in the Children's Hospital at Stockholm, Dr. O. Medin endeavours to formulate the points of difference in the tuberculous and simple forms of the disease. Tuberculous meningitis attacks only those children already suffering from tuberculosis of other parts, while simple acute meningitis occurs usually in previously healthy individuals. The former manifests its onset by convulsions, frequently strabismus, and dilatation or contraction of the pupils. Vomiting is frequent at the commencement, diarrhoea is the usual condition, and constipation is rare. The abdomen is never flat. The simple form begins with somnolence, twitchings, sudden changes of color in the face, and hyperesthesia. More frequently than in the tuberculous form we meet with the hydrocephalic cry, and a paralysis limited to the arms or to the face. The tuberculous variety is always fatal in its termination.—*London Practitioner*.

TREATMENT OF VARICOCELE BY EXCISION OF A FOLD OF THE SCROTUM.—At a recent meeting of the Académie de Médecine, Horteloup recommended a plan of operation which he has practiced for several years with success. He pushes the

testicles upwards, and seizes with a long pair of forceps a fold of scrotum containing the plexus of the spermatic veins. Deep sutures are passed immediately in front of the forceps and fixed by leaden tubes; a row of superficial sutures is then placed a little nearer the edge of the fold, which is afterwards excised. The superficial sutures are tied, and an antiseptic dressing is applied to the wound. M. Horteloup has performed this operation in eighteen cases without any serious accident, and expresses himself much pleased with the ultimate results—*London Med. Record*, April.

DIAGNOSIS OF GONORRHOEA IN THE FEMALE.—Martineau, at a recent meeting of the Paris Obstetrical and Gynecological Society, stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this that in the specific form of the disease the pus is always acid, while in the simple it is alkaline. It is very easy, therefore, to decide by a piece of litmus paper as to whether a woman is or is not suffering from gonorrhoeal inflammation.

This sign will prove of value, too, in determining, when rape has been committed, whether the person committing the crime was affected with gonorrhoea, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.—*Med. News*.

ACUTE ABSCESS.—Prof. S. W. Gross says it is a mistake to apply a poultice to an abscess after its contents have been evacuated. The endeavor should be to prevent and not encourage the formation of pus. To do this the cavity of the abscess should be syringed out with a 1 to 1000 solution of mercuric bichloride, and the walls brought together by compresses and bandage, and union allowed to take place by granulation. If the abscess be of large size a drainage tube should be left in for a couple of days until the serous oozing has been reduced to a minimum. The tube should then be taken out and the walls brought close together. If the healing process be delayed by the development of flabby oedematous granulations they can be stimulated to healthy action by the injection of a three per cent. solution of carbolic acid or the application of chloride of zinc gr. iij., aqua ℥j.—*Med. Bulletin*.

TREATMENT OF SPERMATORRHOEA.—Dr. Nowatschek reports in *Schmid's Fahrucker*, January, 1881, a case of spermatorrhoea consequent on typhoid fever, the diagnosis resting on the presence of spermatozoa in the fluid which was constantly oozing from the urethra. Iron, quinia, and cold applications to the genitals were tried in succession with some success, but a cure was not accomplished. Lupulin, camphor, and bromide of potassium were

without effect. Atropia was then employed, and the patient was completely cured in five days. The author cites a second case where he was equally successful with the hypodermic injection in the perineum of a one per-cent. solution of atropia.—*Four. de Med. de Paris*.

ANTIPYRIN.—This new antipyretic, is now advanced to the position occupied by quinine, salicylic acid, etc. Dr. A. C. Girard, assistant-surgeon in the U. S. Army, in the *Medical News*, speaks very positively in regard to its usefulness as an antipyretic. He says it reduces the temperature without evil concomitant; the fall of temperature begins one or two hours after ingestion of the remedy, and its effects last from seven to twelve hours. It does not seem to shorten the disease for which it is given, but surely lowers the temperature, and thus prevents the rapid waste consequent upon the high temperature. The dose advised is from fifteen to thirty grains, or even more.

A METHOD OF TREATING PRURITIS ANI.—A correspondent of the "*British Medical Journal*" suggests the following plan of treating this distressing affection: Wash the external parts well with warm water, and inject a small amount of water into the rectum. Then introduce a ball of cotton saturated with a lotion consisting of:

Carbolic acid.....	20 grains;
Laudanum.....	4 drachms;
Dilute hydrocyanic acid.....	2 "
Glycerin.....	4 "
Water, enough to make.....	4 ounces.

The pledget should be removed before defecation, and a fresh one introduced after the act.—*N. Y. Med. Journal*.

RAPID BLISTER.—It is sometimes desirable to produce a small blister quickly. For this purpose nothing is better than concentrated water of ammonia (*aqua ammonie fortior*). Put a few drops of it in a watch crystal, or any receptacle of the sort, cover it with a pledget of absorbent cotton, invert on the spot to be blistered, and press closely. In half a minute or so a red circle will appear on the skin around the edges of the confining vessel. It is an evidence that vesication has taken place, and the blistering material can be removed. The blister should be treated in the same manner as one obtained from cantharides.—*Southern Clinic*.

COD-LIVER OIL AND LIME-WATER IN SCALDS OF THE THROAT.—Palmer ("*Practitioner*"), referring to the frequency with which young children are scalded by drinking from the spout of a teakettle, speaks highly of the therapeutical value of teaspoonful doses of lime-water and cod-liver oil (equal parts). In a severe case treated by him the patient received a teaspoonful of this novel "car-

ron-oid" every hour. The pain was promptly relieved, the child was soon able to swallow, and within a few days recovery was assured. The writer does not give a very satisfactory explanation of the *modus operandi* of the remedy.—*N. Y. Med. Four.*

SUPPORTING THE PERINEUM.—In the *Clinique d'Accouchements*, at Paris, Depaul in one of his lectures said: "I never support the perineum; I am contented with supporting the head of the foetus and preventing it from emerging too suddenly." Often, when the perineum has been supported, it has been found on withdrawing the hand that a rent has been made in the perineum by the hand itself. For this reason Depaul said, support the head, but leave the perineum alone.—*N. Y. Med. Times*, April.

CHRONIC DYSENTERY.—Prof. Da Costa finds sulphate of copper, gr. $\frac{1}{2}$ — $\frac{1}{8}$, four times a day, combined with opium, to be very effective in chronic dysentery. Other remedies he finds useful are bismuth, especially in children; nitro-hydrochloric acid, zinc sulphate, argentic nitrate, iron sulphate, or Monsell's solution (gtt. iij. -v.), or solution of the nitrate (gtt. xx.—xxx.) All except iron should be combined with opium. When other things fail, small blisters over the spot of greatest soreness sometimes do good. The diet should contain no starches, fruits or vegetables.—*Coll. and Clin. Record.*

TREATMENT OF ECLAMPSIA BY WARM BATHS.—Breus has given in the *Archiv für Gynäkol.*, Band xxi., No. 1, the result of his observations in seventeen cases, two of which ended fatally. He recommends putting the patient in a bath at 38° C., and to raise the temperature of the water gradually until it reaches 41° C. After that, the woman is wrapped up in blankets, and abundant perspiration sets in. When albuminuria exists during pregnancy, a course of warm baths may prevent the occurrence of convulsions at the time of confinement.—*London Med. Record*, April.

ECZEMA OF THE GENITALS.—

R Potassii chloratis 1.50 gm.
Vini opii 2.50 gm.
Aquæ puræ 1 litre.

Apply on a compress. To be preceded by a warm sitz-bath or by mild cataplasms if there is a certain degree of attendant inflammation.—(*La France méd.*)—*Phila. Med. Times*, April 18th.

PRURITIS OF PREGNANCY—SULPHUROUS-ACID LOTION.—Dr. Powell, Peckenham, writes in answer to a query: Presuming "A Member's" patient is not diabetic, I would suggest that she apply to the

parts affected a lotion of sulphurous acid in warm water (half ounce to the half pint), the results of which I have uniformly found successful.—*Brit. Med. Four.*

APPLICATION IN ORCHITIS.—The following formula is highly endorsed as a local application in orchitis:

R Iodoformi ʒ j.
Thymol gr. iv.
Vaseline ʒ j.

M.—To be applied greased on linen.

—*Med. World*, April.

EXTRA-UTERINE PREGNANCY.—In a recent number of the *Brit. Med. Four.*, Mr. Lawson Tait reports three cases of tubal pregnancy, with consequent rupture of the tube, in which laparotomy was performed successfully. Mr. Tait has now saved eight women out of nine in whom a similar condition existed. This is a remarkable record, and we do not know which most to admire, the accuracy of the diagnosis or the promptness with which the emergency was met. In Mr. Tait's opinion all cases of extra-uterine pregnancy are of the tubal variety.—*N. Y. Med. Four.*

HEPATIC COLIC.—In a case of hepatic colic with a tendency to the formation of biliary calculi, Prof. Bartholow prescribed:

R Sodii cholat gr. xxx.—xl.
Extract, nucis vomicæ gr. ijss.

M.—Fiant pil. x. Sig.—One pill ter in die.

The cholate of sodium will help to keep the bile in a soluble condition.—*Med. Bulletin*, April.

DYSPEPSIA.—The following will be found excellent in cases of dyspepsia either chronic or acute: R Elix. pepsin ʒ iss., bismuth sub. nit., ʒ i., fl. ext., hydrast. canadensis, ʒ iss., Tr. lavender co., syrup. simplex, equal parts, q. s. ad., ʒij. M. Sig.—Teaspoonful 3 three times a day before meals.—*Med. World.*

WHENEVER a case of scrofulous disease was presented at his clinic, in the person of a child whose father had been in the army, the late Prof. Gross, asking no further questions, would turn to the class with the single, but significant, remark, "Specific, gentlemen!"

TRACHEOTOMY in diphtheria saves but few persons who take the disease in severe epidemics, according to Dr. Jacobi. This opinion is founded upon fifty consecutive unsuccessful tracheotomies during a period of two years.

DR. LEWIS A. STIMSON has been elected Prof. of Anatomy in the University of the city of New York, to succeed the late Prof. Darling.

THE CANADA LANCET.

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PHYSICIANS' WORRIES.

It would be hard to name a class of men more the victims of worry than medical men. It is not to be presumed that this arises from anything inherent or exceptional in the constitutional make-up of medical men. The young men who come up from every grade of society to learn the mysteries of medicine, are as free from the cares of life, and as buoyant in temperament, as mankind produces. Indeed, we venture to remark, that for unselfishness, present enjoyment of life, and freedom from the forebodings of the ills the morrow may bring, they stand pre-eminent. How then does it come, that so large a number in after life become unhappy, care-worn, and wind up their mortal career at a much earlier period than men of other walks of life? The very fact of medical men dying off, before their time, so to speak, goes a long way to support the commonly-made assertion that the physician leads a life of toil and worry. Of course we all know that there are many exceptions. There are those who, however much they toil, do not worry—and are always cheerful and contented amidst even the most unfavorable environments. Amongst these we may safely class all the octogenarians dead or living, for it is rare indeed that the man who is bowed down from early manhood by a load of anxieties and troubles reaches even his allotted three-score and ten years, no matter what his calling or circumstances in life. It is said, and said

truly as regards mental work, that it is worry and not work that kills. True, the work of the busy physician is anomalous inasmuch as severe physical exertion has to be borne along with the mental strain inseparably associated with the performance of duties, in their very nature weighty and critical, and hence demanding, almost constantly, the full exercise of the intellectual faculties. In this respect the practice of medicine, we believe, is unique. This of itself would, to some extent, account for the anxieties which perpetually harass the conscientious physician, and tend to make him short-grained and grey-haired before his time.

But the struggle for existence is by far the largest factor in the medical man's troubles. As he looks on his wife and children and reflects what little provision he has hitherto been able to make for their future wants; or, worse still, finds himself unable to meet present demands, and yet is obliged to maintain himself and family in a manner becoming their station,—he naturally begins to feel uneasy. "The narrower the pit the fiercer the fight," and the knowledge that others are making a dead set on what is barely enough for himself, is a fruitful source of worry, and to most natures unavoidably so. Under such circumstances he feels it imperatively necessary to guard his little patronage with the utmost care and watchfulness, sparing neither physical nor mental effort to ward off the approaches of those whom necessity compels him to regard as intruders and enemies. And thus has it come to pass, in all civilized countries, that the majority of the members of a humane and noble profession are so hotly engaged in a competition, involving no higher issues than bread and butter, as to rob them of needed rest and recreation, induce feelings of jealousy and enmity, culminating in a state of hopeless, chronic worry. We must not omit to mention that a good many, "blessed with enough and to spare," may also be placed in the above category. It is a pity it should be so, but we all know that our profession has its mercenary members like all other callings, and not a few either. Instead of lending a helping hand to the beginner, or to an unfortunate or distressed brother, they are found engaged in a perpetual war of extermination, waged on the Darwinian theory, that the fittest alone has a right to survive!

It is a subject of common remark, that medical men are more than usually sensitive in the matter

of criticism. This is probably true, but there is a reason for it, and that is, that his reputation is the medical man's whole stock-in-trade. When that is wantonly assailed, as too often happens, but few can stoically remain unmoved. This is all the more difficult, because such adverse criticism usually comes from persons wholly incapable of judging in medical matters, and generally is uncalled for, ungenerous, and foundationless. No calling is so much exposed to the assaults of the ignorant and malicious, and no form of slander is so difficult to disprove, or to arrest on its rounds, as that which falls to the lot of the physician.

We might also refer to the nature of the work the physician has to perform. His mission is not to the gay and happy, but to the downcast and miserable. His path lies through sickness, suffering and death, and the gloom which overhangs such scenes. It would be easy to name other troubles peculiar to our calling, but let this suffice for the present. While most of our worries are inherent to our duties, it must be confessed that they are greatly aggravated by our own imperfections, and instead of unduly magnifying them, it should rather be our aim to reduce them to a minimum, and heroically resolve to endure what cannot be amended. But the picture has another and brighter side. Medical men are messengers of "peace and good will to men," in a less high degree of course than spiritual messengers, but such they are nevertheless. The binding up of wounds, the alleviation of pain, the removal of disease and restoration to health, hope and the enjoyments of this life, is a mission so beneficent and exalted as to afford, in quiet moments, much joy and satisfaction to all who engage in it, and rightly apprehend its true nature. Were more of this spirit to prevail and less of the mercenary, many of the ills of which we complain would disappear, and the profession of medicine would be greatly elevated in the estimation of its membership and the public generally. But such a thought is too Utopian for serious mention in the present utilitarian condition of society.

Charity begins at home, and every man owes a duty to himself and his household. Of the duties thus imposed but few are as important as the cultivation of a cheerful, hopeful disposition. There is wealth, health and happiness in it. To do this successfully, the medical man needs helps. Let

him have some hobby, some means of diversion to lift him for a few hours, at least, out of his well-worn ruts. He should not hesitate, nor consider such time lost, to take a holiday now and again. The freshness and vigor of both body and mind acquired more than compensate for the time and money spent. We owe to our patients the sunshine of a cheerful and happy manner. The sick need encouragement, and all the inspiration to be derived from a hopeful disposition and buoyant spirits. Let the doctor not withhold these potent adjuncts when called upon to prescribe. They are not only cheap but marvelously efficacious as well.

ONTARIO MEDICAL COUNCIL.

The first meeting of the newly elected Council of the College of Physicians and Surgeons of Ontario was held in this city on the 13th ult., and following days. All the members were present, and the business of the College was promptly and faithfully attended to. Dr. Bergin, M.P., of Cornwall, was elected president, and Dr. Douglass, of Port Elgin, vice-president. The secretary and treasurer were re-appointed, and many new names were added to the various standing committees. Some interest was taken by members in regard to those students who went to the North-West as dressers and were thereby prevented from taking their primary examination. After some discussion and supported by the opinion of the solicitor, the Council very wisely decided to allow the students so situated their primary examination. The curriculum was not disturbed, save in one respect, viz., the placing of arts graduates in the same position as mentioned in last year's announcement, *three* years' medical study only being required, instead of four as was proposed last year. In the matter of registration, it was decided to make the registration fee \$25, instead of \$10 as at present. This was deemed necessary, owing to the loss of fees sustained in consequence of a number of students qualifying in Great Britain, who were admitted to registration on their return on payment of the small fee of \$10, while those who took the Council examinations were required to pay \$60. The fees for the primary and final examinations will be correspondingly reduced, so that the fees for those who take the Council examination will be the same as heretofore. The examining board of last year

was re-appointed, no change being considered advisable at present. It is gratifying to observe that the spirit of intermeddling with the regulations of the Council, so much in vogue a few years ago, has given place to a settled determination to make changes only when they appear after due consideration to be essentially necessary in the interests of the college. With regard to the site for the college building, it has been suggested that the Council retain the present site on the corner of Bay and Richmond streets, and erect a large building, three storeys in height; the lower storey to be rented for business purposes, and the upper storeys reserved for the use of the college. The proposal seems a very good one, and a committee has been appointed to consider the whole matter.

NEW INTERPRETATION OF THE CODE.

A committee of the American Medical Association was appointed last year, consisting of Drs. N. S. Davis, Chicago; Austin Flint, sr., New York; H. F. Campbell, Augusta, Ga.; A. P. Garnett, Washington; and J. B. Murdock, Pittsburgh; to report on the interpretation of certain clauses of the "code" which have been differently understood. The following liberal interpretation by the eminent men above-named, was received and adopted by the Association at its recent meeting in New Orleans, and has met with the approval of the profession generally:

Whereas, Persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, some in the ranks of the profession, are led to believe its provisions exclude persons from professional recognition simply because of difference of opinion or doctrine; therefore be it

Resolved, That Clause 1, Article IV., in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of difference in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession, neither is there any other article or clause in said Code of Ethics that interferes with the exercise of the most perfect liberality of individual opinion and practice.

Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession

proper to assume a name indicating to the public a sectarian and exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

Resolved, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to promptly meet the emergencies occasioned by disease or accident, and to give the helping hand of assistance without unnecessary delay is a duty fully enjoined on every member of the profession, both by the letter and spirit of the entire Code. but no such emergencies or circumstances can make it necessary or proper to enter into professional consultation with those who have voluntarily disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

MALPRACTICE SUITS.

Two cases for alleged malpractice were tried during the past month in this city. The first was an action to recover \$10,000. The parties were John Johnston, of Midland, and Dr. Kidd, of the same place. On June 21st, 1884, the plaintiff's son, twelve years of age, stepped on a piece of broken glass and wounded the arch of his foot severely. Dr. Kidd was called in, and, as there was no hemorrhage at the time, he stitched up the wound and told the parents to send for him if anything untoward occurred. This they did not do. It bled on several occasions up to the 13th of the following month, but not until then was the doctor sent for. The plaintiff claimed that the doctor did not tie the artery, that the foot was bandaged too lightly, and in consequence mortification set in and part of the foot sloughed away, which will necessitate amputation. After a few of the plaintiff's witnesses were examined, it became evident that there was no cause of action against the doctor, and Mr. Osler, Q.C., who appeared for the plaintiff, threw up his brief.

In the second case the plaintiffs were Jas. H. McQuaig, a farmer in Pickering township, and his

wife, who sought to recover damages from Dr. Eastwood, of Whitby, claiming that in November, 1884, during Mrs. McQuaig's confinement and subsequent illness, he treated her negligently and unskillfully. This trial occupied two days, and a number of witnesses were called on both sides. The principal medical evidence on behalf of the plaintiff was the plaintiff's brother-in-law, Dr. Whiteman, of Shakespeare, supported in part by that of Dr. Warren, of Brooklin. On behalf of the defendant, several medical gentlemen in Toronto were examined, all of whom in the main approved Dr. Eastwood's treatment of the case. The counsel for the plaintiff, Mr. Lount, moved twice during the trial to secure a non-suit, and although the judge ruled against him, he finally charged the jury strongly for the defendant. Notwithstanding the judge's charge, however, the jury brought in a verdict for the plaintiff, assessing the damages at \$350. The case will be appealed.

ONTARIO MEDICAL ASSOCIATION.

The fourth annual meeting of the Ontario Medical Association was held in London on the 3rd and 4th ult., the President, Dr. Worthington, in the chair. There was a large attendance of members present, and upwards of thirty papers on the programme. It therefore became necessary on the second day to divide up into sections, one on medicine and another on surgery and obstetrics. The discussions, both in the general meeting and in the sections, were more than usually varied and interesting. None of the papers were passed over without a satisfactory discussion, and much information of value to the members was elicited. The interest in this young and vigorous Association seems to be increasing yearly. The wisdom of the departure from the former method of preparing reports on medicine, surgery and obstetrics, which were usually taken as read, was well seen in the admirable papers read by the chairmen of the different departments, and the very interesting discussions which followed. We would still further suggest that, inasmuch as it is now necessary to form the Association into sections, that the chairmen of the sections should be elected at the same time as the other officers of the Association, so that the Association may have the benefit of a carefully prepared address in each department at the open-

ing of the sessions. We trust this matter will not be overlooked at the next meeting of the Association. We are also pleased to announce that the next meeting will be held in Toronto. This is, undoubtedly, the most central place in which to hold the meetings. Owing to the numerous railway lines, this city is within easy reach of the greatest number of members, and adding to these the large contingent in the city itself, there is always certain to be a large attendance. Without in any way desiring to speak slightly of the cities in which the last two meetings have been held, we believe that it would be greatly in the interest of the Association if all the meetings were held in Toronto. The choice of Dr. Tye as President of the Association was a well-deserved compliment to an earnest worker and a zealous and worthy member of the Association. The Association has been thus far fortunate in the choice of its leading officers, and so long as such worthy men fill these honorable positions, we can confidently predict for it a grand future.

CANADA MEDICAL ASSOCIATION. — It will be remembered that it was decided at the last meeting of the Association to meet this year in Winnipeg. Owing however to the outbreak in the North-West, and the disturbed state of things generally, our brethren in Winnipeg have reluctantly decided to forego the honor of entertaining the Association this year. In consequence of this decision, and by the kind and pressing invitation of our worthy confrères in Chatham, Ont., the Association will meet there on the 2nd and 3rd of September, under the presidency of Dr. Osler. We confidently bespeak a large attendance, and can promise the members of the Association a right hearty welcome from our friends in Chatham.

CHLORAL HYDRATE IN EPILEPSY.—This valuable remedy is well known to the medical profession, but it may not be so generally known as it ought to be that it is sometimes of invaluable service in arresting epileptic fits, especially that form known as the status epilepticus. We have recently had some experience of its use in a case where all other remedies had failed, including inhalation of ether, chloroform, and amyl nitrite. A twenty grain dose immediately put a stop to the frequently-recurring attacks, and the patient made a good recovery from the seizure.

GENERAL GRANT'S CASE.—Latest reports in regard to the condition of Gen. Grant, would seem to indicate an improvement, but there is no evidence that the case is not hopeless. General Grant is able from his past military experience "to put himself in the place" of his medical attendants to good purpose. His reported remark to his physicians savors of true wisdom: "The doctors outside I am informed, are writing about my case and talking about it, and some of them seem to think they know more about it than you gentlemen do; but it is like a time of war, when the men at home think they know more about it, and how to do it, than the generals who are in the field fighting."

URIC ACID CALCULUS OF ENORMOUS SIZE.—The *Lancet* for May 2nd, 1885, gives the following particulars of one of the most remarkable calculi that the records of surgery furnish. It was removed by the high operation by Sir Henry Thompson, from a man aged sixty-two. The stone was of an oval form, of pure uric acid without any phosphatic incrustation whatever. It weighed 14 oz. avoirdupois (405 grammes), and measured $4\frac{1}{2}$ in. long, $3\frac{1}{4}$ in. wide, and $2\frac{1}{8}$ in. thick. The operation was rapid, and performed without difficulty, and the patient's present condition is unusually good and promising.

PEPTIC SALT.—Dr. Prosser James describes, in the *Brit. Med. Journal* for May 16, 1885, a preparation of pepsin and chloride of sodium, which he calls "peptic salt," to be used as a condiment. The pepsin and salt are combined in such a way as to form a pepto-chloride, which prevents decomposition. He says: It may be ordered in prescriptions, if preferred, as sal-pepticus, or as pepto-chloride of sodium. Ten grains of the peptic salt will dissolve nearly 200 grains of hard boiled albumen, or two ounces of lean cooked meat. It may take the place of table-salt in the dyspeptic's dietary.

NITRITE OF AMYL IN GOUT.—A very important question has been recently raised by Dr. A. McDonald, of Liverpool, in the *Brit. Med. Journal*, regarding the elimination of uric acid by nitrite of amyl. He noticed that on several occasions the acidity of the urine was markedly increased after the administration of nitrite of amyl, and a deposit of uric acid crystals took place in the urine. It

was given in a case of puerperal eclampsia, in gout, and also by way of experiment, and in all the result was the same. The drug was given by inhalation, in four minim doses, every two hours.

BURIED CATGUT SUTURES.—In the *Brit. Med. Jour.*, May 2nd, 1885, will be found a paper by Mr. Kelly in which he advocates "buried sutures" in wounds, that is, suturing separately periosteum to periosteum, muscle to muscle, nerve to nerve, fascia to fascia, skin to skin, etc. The advantages claimed are that drainage is not then required, no spaces or pockets are left where blood or serum can collect, and that cicatrization is rapid, complete and perfect. He refers to a number of operations in all of which he says "the results have been all that sanguine hopes could expect."

WHOOPIING COUGH.—The following has been found of great service in the treatment of this affection, especially to prevent the night spasms.

R	Pot. bromidi	ʒ j
	Chloral hydrati	ʒ ij
	Tr. belladonnæ	ʒ ss
	Syr. Aurantii	ʒ j
	Aq. Cinnan	ad ʒ iij—M.

SIG.—A teaspoonful at bed time for a child one year old and increase according to age.

USE OF THE MEMBRANES IN LABOR.—In an article in the *Med. Jour. and Examiner*, Dr. Byford of Chicago, makes a strong plea for non-interference with the membranes during labor, or until they protrude through the vulva. The presence of the bag of waters he maintains favors gradual dilatation, serves to protect the parts from laceration, and prevents irregular contraction of the uterus. He regards it as strange that obstetric science should teach the deliberate breaking up of the simple process of nature and substitute an unnatural and artificial one.

MUSTARD SPONGE.—The latest method of applying a mustard poultice is by means of a sponge. The plaster is prepared in the usual way, the sponge is dipped into it, then wrapped in a soft handkerchief, and applied to the part. By simply warming the sponge again and moistening it afresh, it may be reapplied, the strength being perfectly preserved.

LONDON MEDICAL SOCIETY. — The London

Medical Society has been recently reorganized, and the following officers have been elected:—Dr. Beemer, President; Dr. Waugh, Vice-President; Dr. Payne, Secretary - Treasurer. Since the reorganization the attendance has been very good, and some very interesting and instructive papers read and discussed.

APPOINTMENTS.—Dr. Robert L. McDonnell has been appointed physician to the Montreal General Hospital vice Dr. Osler; Drs. Blackader and F. W. Campbell, assistant physicians; Dr. Jas. Bell, assistant surgeon; Dr. W. Gardner, gynecologist, and Dr. Major, laryngologist. Dr. M. McD. Seymour has been appointed surgeon and Dr. F. S. Keele assistant surgeon, of the Winnipeg Battalion of Infantry.

W. R. Warner & Co., of Philadelphia, have received the first premium at the World's Exposition, New Orleans, for great uniformity and solubility for their sugar-coated pills. This is the ninth world's fair prize which attests to their excellence.

The epidemic which has prevailed so extensively in and around Plymouth, Pennsylvania, and which was not at first fully understood, is now said by competent observers to be typhoid fever.

Books and Pamphlets.

THE CURABILITY AND TREATMENT OF PULMONARY PHTHISIS, by S. Jaccoud, Paris. New York: D. Appleton & Co. Toronto: Williamson & Co.

The title of this book is certainly very attractive. The practitioner or student who reads of the curability of intermittent fever by quinine, certain skin affections by arsenic, gout by colchicum, syphilis by mercurials, or hooping-cough by resorcine, may be led to expect that he will find in Jaccoud's treatise on pulmonary phthisis a therapeutic pearl of incalculable value in the control of a malady which has hitherto resisted all the weapons of the pharmaceutical armoury. He will therefore read the book with very sanguine expectations, but when he has reached the end of it he may wonder how it has been that the cures related have fallen very far short of his fond anticipations. We are told that "exceptions prove the rule," but this does not signify that they constitute the rule. That Jaccoud's treatment

of pulmonary phthisis has been, in his hands, *exceptionally* successful, it would be very indecorous to deny; yet when the reader summarizes results, he will most probably find that of the entire category of the cases of this disease, the percentage of cures, even including the shadowy class designated "relative,"—that is, temporary—is mournfully small. The author distinguishes three "varieties of phthisis:—the hereditary, the innate and the acquired form." "Of these," he tells us, "the hereditary form, from the mere fact of its being hereditary, offers the least prospect of recovery." It probably consists with the experience of the majority of practitioners, that this form represents a very large percentage of the whole number, and we fear it has very seldom been the good fortune of any physician to secure the cure of an hereditary case; and if so, the field for the achievement of success must be but limited—far too limited, indeed, to warrant the use of the term "*curability*," unless in a mournfully restricted signification. The term "*innate*," in contraposition with "*hereditary*," seems to us rather inappropriate. Innate literally is equivalent to inborn, ingenerate, inherent, not adventitious. Are not all hereditary diseases such? But it is right to allow the author to speak for himself, which he does in the following words: "Innate phthisis, which must not be confused, as I have already said, with the hereditary form, is observed in the descendants of those who, though not tubercular, are weakened by scrofula, cachectic diabetes, alcoholism, or simply by bad hygienic conditions; besides these causes the innate form may also be due to consanguineous marriages." Now when we shall have added this category of cases to that of the hereditary form, we fear the margin left to curability will be so narrow and shadowy as almost to escape gratifying observance. The author very frankly tells us that we are not to look for great success in this form. "Thus," he writes, "in the innate form there is a possibility, a *chance*, which removes from it the character of absolute incurability, which we were *bound to admit* in hereditary phthisis, when this diathesis was once realised." (The italics are ours.)

Now, as to two, at least, of Jaccoud's factors of innate phthisis,—"*alcoholism*" and "*consanguineous marriages*"—we are very much inclined to doubt their specific efficiency, when they are not allied to hereditary predisposition. Alcoholism,

no doubt, is occasionally the precursor of phthisis, but it is well known that the desire for alcoholic drinks is often the result, not the cause, of the organic evil; besides, the great majority of drunkards die of other diseases; and as to "consanguineous marriages," if the two parties to the contract are of well-established physical soundness their offspring will have a very fair chance of escaping, not alone pulmonary phthisis, but also any other hereditary ailment.

Jaccoud's third variety of phthisis are those, he informs us, "in which the pulmonary tuberculosis, being spontaneous and independent of other diseases, could only be due to general debility, to that insufficient or improper nutrition which is the basis of all forms of phthisis." He calls these cases the first group. He constitutes a second group in which he places "those cases in which the pulmonary disease is connected with a constitutional affection, either past or present, and to the existence of which it may be rationally imputed."

As regards the spontaneity and independence of Jaccoud's "acquired phthisis," we had better defer criticism until more is known of the bacillus of Koch. Still, it would be a pity to bereave the eminent French clinician of any part of the small residue of that field of "curability" to which his endeavour has reduced his right of possession. His book well deserves attentive study, for it contains much that must be found of real practical value. Had it come from the pen of a less able and eminent author we might have bestowed less notice on it. Youthful practitioners are but too prone to indulge in over sanguine expectations, when they light upon any work bearing the prestige of high authority; and when they realize a succession of practical disappointments, a spirit of medicinal skepticism is likely to be engendered, which may ultimately prove pernicious to themselves and harmful to their patients. Do not give up the ship, but see to your ballast, and do not indulge in studding sails and sky-rakes, in a perilous sea. Be warned by the wrecks of other navigators, rather than learn the dangerous sea line by your own calamitous temerity.

WASTING DISEASES OF INFANCY AND CHILDHOOD, by Eustace Smith, M.D., London. Wood's Library, April, 1885.

This work will be read with pleasure and profit

by every earnest practitioner of medicine. When we consider how large a proportion of all medical practice is presented in the diseases of childhood, we cannot but welcome any valuable contribution to so important a subject. The present issue is a reproduction of the 4th English edition. If we should single out any particular chapter of the book as of paramount value, it would be that one in which the author treats of "inherited syphilis," with which we find but one fault,—its brevity. But it is a *multum in parvo*. General practitioners in this country, but especially those residing in rural districts, may but seldom be confronted by inherited syphilis. This cannot be any reason for their avoidance of its study; rather indeed the very contrary, for exceptional cases are to be met with in all communities, and those to whom they are more familiar well know how puzzling they are, and how eminently important is their clear diagnosis. The practitioner must not deceive himself by expecting frank, much less, spontaneous, information from parents. In nine instances out of ten the soft impeachment will be repudiated, and not seldom disastrously resented—disastrously alike to the doctor and his innocent patient.

THE LAND OF ROBERT BURNS, AND OTHER PEN AND INK PORTRAITS. By J. Campbell, M.D., L.R.C.P., Edin., Seaforth, Ont. Sun Printing Office, Seaforth. Price, 75 cents.

We are glad to welcome this interesting work by our talented friend Dr. Campbell, of Seaforth, which we have perused with much satisfaction. We would especially note the chapter on the defence of Burns, the article on Sir Walter Scott, and also the reference to Knox and the Covenanters. The work consists in a series of letters written to the Seaforth *Sun* during a holiday trip to Scotland, a few years ago. These are now collected in the volume before us, to which has been added the valedictory address, delivered by the author on his graduation in McGill College, in 1869. The work is both pleasing and instructive, and cannot fail to interest a large number of readers. We congratulate our worthy confrère upon his success in the literary arena, and trust that the work will meet with a large sale.

ON MALIGNANT ENDOCARDITIS.—The Gulstonian Lectures delivered at the Royal College of Physicians, London, by Wm. Osler, M.D., M.R.C.P., Prof. Clin. Medicine, University of Pennsylvania. Reprinted from the *Medical News*. Philadelphia: Lea Bros. & Co.

A **HAND-BOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY**, by Francis Delafield, M.D., and T. Mitchell Prudden, M.D., of New York. Second edition. New, York : Wm. Wood & Co.

The scope of the work in the present edition has been much extended and will be found to supply all the needs of the student or practitioner. It comprises instruction in the methods of making post mortem examinations, preparing tissues for microscopical examination, examining bacteria, etc. It contains a description of tumors, and also lesions in different parts of the body the result of disease, violence, or poisoning, and the like. The text is well illustrated, and the work on the whole one to be highly commended, and a valuable addition to the literature of the subject.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY, by Thos. Addis Emmet, M.D., LL.D., Surgeon to the Woman's Hospital, New York. Third edition. Philadelphia : H. C. Lea's Son & Co. Toronto : Williamson & Co.

The edition of this most excellent work now before us has been thoroughly revised by the author, and is illustrated by one hundred and fifty illustrations. The work is essentially a clinical digest, and includes the results of the author's experience. It also aims to represent the present state of gynæcological science and art. The author does not favor intra-uterine medication, and regards the different forms of pelvic inflammation outside of the uterus as constituting the chief factor in the diseases of women. The book is a welcome addition to the literature on this interesting and important branch of medicine.

AMPUTATIONS OF THE EXTREMITIES AND THEIR COMPLICATIONS, by B. A. Watson, A.M., M.D., Surgeon to the Jersey City Hospital. Illustrated by 200 engravings. Philadelphia : P. Blakiston, Son & Co. Toronto : Hart & Co.

The author of this new work is a thorough disciple of Lister, to whom the book is dedicated. The scope of the work is much broader than might be inferred from the title, inasmuch as the author deals with all possible complications of amputation wounds. A number of original wood-cuts have been introduced, but the majority are selected from the standard works on surgery, etc., both home and foreign. One important subject is treated of which is rarely found in surgical works, viz., the formation of desirable stumps for prothetic apparatus, the

point at which amputation ought to be made, and the selection and application of artificial limbs. We commend the work to the attention of our readers.

A **MANUAL OF THE PRACTICE OF SURGERY**, by Thos. Bryant, F.R.C.S. Eng., Surgeon and Lecturer on Surgery at Guy's Hospital, with 727 illustrations. Fourth edition. Philadelphia : Lea Bros. & Co. Toronto : Williamson & Co.

The two volumes of the English edition have been consolidated into one in the American reprint. This makes the work much more convenient for reference. As it has been recently revised by the author, it has been reprinted without any alteration. No words are needed from us in praise of the work, for both it and the author are favorably known to the profession in this country. The work fully and fairly represents the present status of British surgery, and as such we commend it to the attention of our readers.

A **TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY**, by W. S. Playfair, M.D., F.R.C.P., Prof. of Obstetrics in King's College, London. Fourth American from the fifth English edition, with notes and additions by R. P. Harris, M.D., with two plates and 200 illustrations. Philadelphia : Lea Bros. & Co. Toronto : Vannevar & Co.

This work is already well known to the profession as an excellent epitome of the science and practice of midwifery, and we gladly welcome the new edition. The work has undergone a careful revision at the hands of the author and his assistants, and the chapter on Conception and Generation has been re-written, so as to incorporate the most recent advances in Embryology. Several new illustrations have been added, and the work will be found a trustworthy guide in the anxieties and emergencies of obstetric practice.

Births, Marriages and Deaths.

In Montreal on the 1st ult., Dr. P. E. Picault aged 76 years. Also Dr. Jos. Leman, aged 56 years.

In Kingston on the 19th ult., Tina Laura Stirling, beloved wife of Dr. K. N. Fenwick, aged 26 years.