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THE
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A MONTHLY JOURNAL

—OF—

MEDICAL AND SURGICAL SCIENCE,

CRITICISM AND NEWS.

EDITED BY

J. L. DAVISON, B.A., M.D., C.M., M.R.C.S.E.

A. J. FULTON, MANAGER.

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Original Communications.

FOUR CASES OF CHRONIC INFLAMMATORY DISEASE OF THE UTERINE APPENDAGES.*

BY LAWSON TAIT, F.R.C.S.

Mrs. M. F., aged 28, a patient in the St. Luke's Home, Edinburgh, under Dr. Halliday Croom, was seen by me on December 18th, 1885, when Dr. Croom and the patient gave me the following history: She was married when about 20 years of age, and within a year had a child with an extremely severe labor and a long, lingering convalescence. She has never been well since that confinement, there having existed marked dyspareunia which has increased rather than improved. She had regular and extremely profuse menstruation accompanied with intense pain, that pain being worse before the onset of the period. She had had more or less intense intermenstrual pain excited by movement, and was made much worse by either standing or walking. For years she had been totally incapacitated from performing her domestic duties. In general appearance she was pale and anæmic, with a suffering and anxious expression of countenance, and she had been the round of all the hospitals and specialists in Edinburgh, with a uniform failure in obtaining any kind of relief. On examination, the uterus was not very large and it was distinctly retroverted and fixed in its position, any attempt at replacement giving rise to considerable pain. On each side the general matting could be felt, but no distinct tumor could be made out. The opinion I gave of the case was that the whole contents were matted together, the origin of the condition having been a perimetritic attack at the time of the labor; that probably one or both of the tubes was occluded

*Read at the Midland Medical Society, March 3rd, 1886.

and that no kind of treatment short of removal of the appendages and the arrest of menstruation would give any satisfactory result.

As this conclusion had been previously arrived at by Dr. Halliday Croom, there was no difficulty in making up our minds to it, and, therefore, on December 19th, I operated in the presence of Dr. Halliday Croom, Dr. Keiller, Dr. Angus Macdonald, Dr. Hart, Dr. Barbour, Dr. Brewis and Professors Simpson and Chiene. I found, as is usual in such cases, that the omentum was glued on over the pelvis, and that whatever operation was done, had to be performed through an aperture made to reach the organs. The pelvic viscera were so matted together that it was with difficulty the fundus uteri could be identified, but when this was accomplished it was not difficult to trace the ovaries and tubes first on the one side and then on the other, but a great deal of manipulation was required to detach them. Finally after a great deal of trouble they were secured, the pedicles tied by the Staffordshire knot and the wound, an inch and a half in length, was closed. No drainage tube was used. The following letter, dated March 2nd, 1886, was received from Dr. Halliday Croom giving the further progress of the case: "The patient had no rise of temperature or any bad symptoms whatever. She had a perfectly uninterrupted recovery. When I saw her after the operation, I was struck by the change in her appearance. Her pinched, suffering look had gone. Her face was round, of good color and looked well and cheerful, very different from the appearance she presented when you and I saw her in December last. She still has some pain in her pelvis, especially on exertion; but it is not continuous as it used to be, and it does not interfere with her work or prevent her enjoying life, which for seven years past has been a burden. She has not menstruated since the operation, but has some leucorrhœa." When the appendages were removed and examined by the naked eye no one, unless greatly experienced in such pathological appearances, could have detected much the matter with them. The tubes were small and atrophied, and the ovaries apparently normal in size and appearance, but the moment they were put in fluid it became evident, from the masses of flocculent fibres which were attached all over their surfaces, that they had been densely adherent—they were, in fact, adhe-

rent over the whole of the superficies. This is only one of the many illustrations in which ignorance of the disease centered in such organs may have, or actually has, led spectators to go away after such an operation with the impression that normal appendages had been removed. From the peculiarities of the operation no one except the operator can be cognizant of what the real facts are inside, as none of the adhesions can be seen by the bystanders, and the only evidence to be obtained of those adhesions is the occurrence of hemorrhage at the time of the operation (frequently very profuse) and the flocculent remains to the adhesions, which can only be seen when the appendages are floated in water, in spirits or in some other transparent fluid. Fortunately, however, I have in my possession three preparations where the whole of the pelvic contents have been removed by post-mortem examinations, and where the conditions, therefore, can be demonstrated beyond cavil.

The first preparation was presented many years ago by Dr. Littlejohn, to the Midwifery Museum, of the University of Edinburgh; and it is now impossible to obtain any history beyond the fact that the preparation was removed from the body of a prostitute. The conditions are precisely such as I found in the pelvis of the patient upon whom I operated for Dr. Halliday Croom. The Fallopian tubes can be seen to be buried in adhesions, and bands of adhesions pass in all directions, glueing the appendages into abnormal positions from which they cannot be moved, and to remove these appendages would involve detaching precisely the same extent of adhesion which I had to encounter in the case I have just narrated. In this preparation both tubes were occluded. (Three preparations exhibited to the Society.)

The second preparation I also obtained through the kindness of Dr. Littlejohn, and it has precisely the same history having been removed from the body of a prostitute some months ago; and here again, unfortunately, no history can be obtained. In this preparation the surface of the posterior wall of the uterus was adherent to the rectum, and bands of adhesion passed in every direction binding the uterus and ovaries together, the ovaries and tubes being considerably below their normal level and fastened there by adhesions. Both tubes were completely glued on to the surface of their

respective ovaries; these latter were also glued down into the recto-vaginal pouch.

Curiously enough the third preparation also taken from the body of a girl who had lived a loose life, was obtained at a post-mortem made the morning on which I was announced to give an address to the Medical and Chirurgical Society of Edinburgh, on this very subject, therefore, I had the advantage of seeing the preparation quite fresh, and of obtaining from the girl's friends, especially her sister-in-law with whom she resided, an accurate statement of her past history. She had been brought up in a house of ill fame, and at a very early age had fallen into the habits of her associates. She was nominally a worker at a mill, had had an acute attack of syphilitic gonorrhœa before she was fourteen, had gone through a variety of stages of syphilitic infection and died at the age of twenty, from the bursting of a syphilitic aneurysm of the the aorta. Her sister-in-law told me that her menstruation was frequent and extremely profuse, whilst the suffering which she underwent each time amounted to agony of the most intense kind for which she had to take large quantities of spirits to obtain relief. She was totally incapacitated from moving about during the week in which her menstruation occurred and, without my asking the question, her sister-in-law volunteered the information that the curious part was that the pain was always worse two or three days before the period showed itself. A detailed description of the appendages in this case is as follows: The uterus was large and heavy, almost as if the girl had had several children although she never had been pregnant; it was retroverted and quite adherent by dense bands of adhesions (some of which are still visible) to the sacrum; it was opened on its anterior surface. The ovaries, from the presence of adhesions in every direction, were with difficulty identified, being about three times their normal size. The Fallopian tubes passed curving round them and were equally adherent and flaccid in situ. On the left side the tube was not occluded whilst that on the right side was.

Looking at the preparations now before you, it is impossible to come to any conclusion other than that women who have their ovaries and tubes so matted and adherent together, bound down, and incapable of making those movements which it is necessary for the process of impregnation should

be made, could be otherwise than absolutely sterile ; the machinery of impregnation is wholly out of gear. We have, so far as I regard it, the condition of womanhood existing in three distinct functions. The first is the mere domestic and social life which all women may lead whether they be wives or mothers. They may be, and often are, eminently useful members of society leading absolutely celibate lives. Of this, of course, there is no doubt at all. **There** can be as little doubt that in this function of life perhaps they are as useful as in any other. The second function which woman has to fulfil is that of wife ; and the **third**, of course, is that in which maternity is accomplished. Every one knows that the condition of wife may be occupied by a woman with perfect happiness and with a largely extended sphere of usefulness, without the function of maternity ever being even attempted. In the fulfilment of her maternal function and for the perpetuation of the race, maternity is a matter of necessity ; but it requires nothing save the ordinary every-day experience of the world to know that the maternal function of woman is limited to a relatively small number. From this we may have abundant indications for our process of reasoning in dealing with questions of diseases such as those which have been and are to be relegated to one or other of these three divisions ; few extend into two of them and only one into the third. The third I have already alluded to. The occurrence of disease in these women, and the onset of pelvic inflammation from whatever causes it may arise, have settled the question of maternity. It is impossible, as I have said, that women so afflicted could ever become mothers. I have attempted to undo such adhesions, and leaving the organs released in the hope that they might fulfil their functions ; but I have absolutely failed ; and I believe it is quite impossible for any, even the most skilled surgical efforts, to unravel those adhesions and to undo this chronic inflammation to such an extent as to make these organs fulfil their third and complete function. The pelvic organs are wholly unlike any others. You can rest an inflamed eye by a ball of cotton wool in a darkened room, and you can suspend absolutely the functions of an inflamed knee joint by rest in bed and a splint ; but you have no means of putting the pelvic organs of a woman at rest short of arresting the function of menstruation.

The second function—that of the sexual duties of a wife—may be as completely performed without the uterine appendages, either congenitally absent or absent as the result of surgical interference, as with them. On the other hand we find from the united evidence of both husband and wife in a large number of these cases of chronic inflammatory disease in the pelvis, that the disease hinders more or less and in the majority of cases absolutely suspends the possibility of marital intercourse. The removal of these diseased organs, the restoration of the patient to health and the freedom from pain that she enjoys after the operation, permit of the gradual resumption of married life, and after the lapse of a reasonable time this, the second function of womanhood, may be as completely fulfilled as if she had never suffered.

The first function of womanhood—that of the domestic and social life of a woman—is again absolutely independent of the fact whether she has or has not ovaries and Fallopian tubes. A woman who has been formed congenitally defective in this matter may prove as useful a member of society as if she had been completely developed. So it is with those who have submitted to the mutilating efforts of the surgeon, and it must therefore be easily seen that as the pain which they have suffered must deprive them of that healthy power of locomotion which is essential to complete usefulness in life, so the relief from their suffering by the removal of the diseased organs restores them to the complete fulfilment of their prime function in life. The arguments, therefore, which have been and are still often adduced against this operation as mutilating and unsexing women, exist only in the impure imaginations of those who use them ; they have no foundation in fact. If the function of maternity has been by the disease completely abrogated, the operation will make no difference ; but if the suffering that these women have to undergo by reason of their diseased condition interferes with their marital and social duties, their restoration to health by operative interference can be regarded only as a blessing to themselves and as increasing their usefulness to those with whom they are associated.

A REMEDY FOR CORYZA.—Muriate of cocaine two grains, roasted coffee and white sugar, of each one ounce. To be taken as snuff.—*Med. Press.*

PNEUMONIA*

BY DR. GILLIES, TEESWATER, ONT.

In presenting this subject to the Association, it is not with the object of offering anything new regarding this very common and fatal disease, but for the purpose of arriving at some definite conclusions as to its nature and treatment, that we may be the better enabled to combat it, when brought face to face with it.

The report of the Registrar-General for the Province of Ontario, shows that it usually stands third or fourth on the list of the ten most fatal diseases.

There are several varieties of pneumonia, the two principal ones being the croupous and catarrhal. It is on the former that I intend briefly to offer a few remarks on this occasion.

The specific course of croupous pneumonia according to pathologists, is as yet undetermined, and the existence of such a cause is still a matter of doubt. Among the predisposing causes age ranks high. It is met with most frequently between the age of twenty and forty, less so from forty to sixty, very frequently after sixty, when it appears to be one of the most fatal of all acute diseases that we have to do with after that period of life. Pneumonia is a wide-spread disease, it is to be found in almost every country and clime, but it is far more prevalent in those places that are subject to sudden and varied changes of temperature, than where there are extreme degrees of heat or cold.

There are certain seasons of the year in which it would appear to be more prevalent than others; of twenty four cases that I have taken notes from, six occurred during the month of March, five in April, four in December, three in February, two in May, two in June, and two in November, so that from this report by far the largest number occurs between the months of November and May. Men are more liable to the disease than women, due no doubt to the fact "that they are more exposed to causes which produce pneumonia." Everything that depresses the vital powers seems to act as a predisposing cause, as for instance unfavorable hygienic surroundings or over-crowding, debilitating habits, drunkenness, poverty, etc. Diphtheria, erysipelas, measles, and smallpox, act in a similar

manner; uræmia, pyæmia, septicæmia, and all that class of diseases which depend on the retention of excrementitious matters in the blood are also powerful predisposing causes. Difficult dentition in children also acts as a predisposing cause. One attack predisposes to another; every practitioner must find it an occasional occurrence to meet with it more than once in the same individual. Of the direct exciting causes of pneumonia, a chill appears to be the most common, as for instance, going into a damp cellar whilst the body is overheated, sleeping on the damp grass, or exposing oneself to cold draughts of air whilst the body is very warm. In all my cases of acute primary pneumonia I was able to trace their origin to a chill. There are two theories advanced as to the nature or origin of croupous pneumonia: (1) "That pneumonia is a specific fever, of which the disease in the lung is only a local effect"; (2) "That it is a purely local disease of which the pyrexial and other phenomena observed are only the immediate consequences." From the following facts the second hypothesis can scarcely be maintained; experiments with the inhalation of hot air, moist warm air, icy cold air, vapors of various noxious acids and gases, the tracheal injection of caustic ammonia and mercury, and traumatism, have all failed to produce croupous, but have caused catarrhal pneumonia.

The symptoms of croupous pneumonia seem to be opposed to its being a local disorder. I have seen cases where a very small portion of lung from physical signs would appear to be affected, attended with severe constitutional disturbance, as delirium, and a temperature as high as 106°. In local inflammations there is a direct ratio between the amount of surface involved and the constitutional disturbance which attends the same. The arguments in favor of the first hypothesis are the comparative rarity of ascertainable causes for its origin, and the suddenness of the crisis while the inflammation is at its height.

According to Dr. Loomis, in his article on pneumonia, the points of resemblance between croupous pneumonia and the acute general disease are the following: "It has an initiatory chill, an orderly pyrexia, and a somewhat typical course, inasmuch as in many cases there is a day of abrupt crisis and a definite duration. The countenance resembles that of typhus and typhoid fever, very

* Read before the Ontario Medical Association, Toronto, June 1886.

frequently there are herpetic eruptions, and the kidneys are more frequently affected than can be considered as accidental. The head symptoms very much resemble the condition that accompanies the exanthems. It appears at times like an epidemic; last spring I had no fewer than seven cases under observation at the same time, two in one house, brother and sister." Dr. Loomis also states, in the same article, that the resemblance of pneumonia to the acute general disease is to be found for the most part in its nervous phenomena, and that the complications which render pneumonia dangerous are those which interfere directly with the muscular power of the heart or diminish its nerve supply. Dr. Wilson Fox says the most probable hypothesis to explain the origin of pneumonia is that of an altered composition of, or the existence of some morbid material in the blood. Sturges places pneumonia in a "middle place between the specific fevers, so called, and the local inflammations, and adds that it has something in common with both." "The late Dr. Austin Flint of New York, was of the opinion that it is essentially a fever of which the pneumonia is the anatomical characteristic. Pneumonic fever, is as appropriate as the term enteric as applied to typhoid fever." From the collective investigation report upon pneumonia, as given by the *British Medical Journal*, the abstract is, to a certain extent in favor of the opinion that pneumonia is a disease of a peculiar nature, including other elements than simple inflammation of the lungs.

The treatment of pneumonia has given rise to more earnest discussion probably, than almost any other subject in modern medicine. It has been made a very battle ground between the advocates of "heroic" measures, on the one side, and the supporters of a "rational" and expectant treatment on the other. A little common sense brought to bear on the subject will assist very much in removing the difficulties. No special plan of treatment can be adopted in pneumonia, for so great are the differences in constitution, that no two cases will admit of precisely the same method of treatment. The true course I think has been indicated by Hufeland, viz., to generalize the disease and individualize the patient. Thus one group of cases will demand an antiphlogistic course of treatment, a second stimulation and support, whilst a third will be most benefitted by little or no treatment

beyond a well regulated course of diet and rest.

At one time large bleedings were practised regardless of the age, constitution or stage of the disease. Dr. Hughes Bennett of Edinburgh, and Dr. Todd, showed that the treatment by bleeding is not only injurious but unnecessary in a large proportion of cases. I might say the same conclusions are generally adopted by the profession at the present day. Antimony is another remedy that was very much abused at one time in the treatment of pneumonia. That it is a remedy of undoubted value when given in suitable cases for the purpose of reducing the pulse and breathing, and in many cases checking the inflammation, there is in my mind no doubt. It should never be administered in adynamic cases, neither in the pneumonia of the aged, nor in most cases of children.

Veratrum viride and aconite are arterial sedatives of much value in pneumonia when given in appropriate cases. The alkaline diaphoretic salines are also valuable remedies to promote secretion, and to keep the mucous and cutaneous surfaces at work. Calomel was at one time very much in vogue in the treatment of pneumonia, but it is now almost discarded. In the *American Medical Digest*, of April 1866, Barthel and Muritz of St. Petersburg speak in very high terms of the use of inunctions of mercurial ointment in the treatment of croupous pneumonia. They say no matter whether the metal is supposed to reduce the excess of fibrine, diminish congestion of the lungs, and favor the resorption of the inflammatory exudate, or whether we mean to kill by its action the specific etiological factors of the disease "Friedlander's Pathogenic Microbes," the mercurial treatment is usually attended with good results.

They say for the last two years this has been the only medication employed in croupous pneumonia, and the mortality has been reduced by it from 31.4 per cent. to 6.2 per cent., which is certainly remarkable. Alongside these inunctions the only thing used was the cold compress to the thorax, and quinine and digitalis, according to the indications of the case. Blistering once so fashionable should never be used in the early stages of the disease, neither in the later stages if resolution is progressing favorably. They may however be sometimes used with advantage in the later stages in cases of delayed resolution. That blood-

letting is a very beneficial and appropriate remedy in some cases I think cannot be denied. For instance should we be called to see a young robust patient of previously temperate habits, threatened with a severe attack of pneumonia, pulse full and rapid, temperature high, great dyspnoea, with sudden engorgement of the right side of the heart, and if seen in the congestive stage, the proper thing to do is to bleed at once. This is done not so much for its curative powers as for the purpose of giving immediate relief until the proper remedies administered will have time to take effect. Under these circumstances also, if the fever be high tartar-emetic may be given combined with salines and small doses of paregoric if the cough is troublesome. The affected side should be enveloped in a warm linseed meal poultice over which a little oil may be smeared. I am also in the habit of adding a little mustard to each poultice and thus they do not require to be changed more frequently than every five or six hours. As soon as the sputa becomes free and catarrhal I stop the tartar-emetic and give liquor-ammonia acetatis with spirits of nitrous aether and paregoric, and sometimes digitalis. To relieve pain and procure rest especially at night, I give opium, but in the event of its being contra-indicated I give bromide of potassium in combination with chloral hydrate to produce sleep. In some cases I have used Tr. Aconite in combination with liquor-ammonia acetatis with very beneficial results.

The above treatment applies to sthenic cases. Now supposing we are called to attend an asthenic case, in a feeble, broken-down constitution, we must adopt a stimulating plan of treatment; opium is very serviceable in these cases as in all cases of pneumonia in the early stages of the disease, fulfilling two purposes, namely, procuring rest, and soothing the nervous system, which effects if produced render the system more tolerant of the disease, and the danger from exhaustion is diminished. Opium must not be given if there is cyanosis or much bronchial secretion, in which condition ammonia, senega, and digitalis ought to be administered. In this class, alcohol is necessary from the outset, and whiskey or brandy freely given is the only thing which will carry the patient over the crisis. Quinine can be given with advantage in these cases. I am firmly convinced that a certain proportion of cases in pneumonia will recover

without treatment. I have at times been told by young men that they have had a slight cold, with cough and pain in the side, and spat up a little blood, and when asked if they had done anything for it would reply that they had done nothing, except remain in the house for a few days, perhaps take a dose of physic, and not even that always. There are certain indications to be fulfilled in all cases of pneumonia. The bowels should be well attended to, the patient should be kept in bed, and as quiet as possible in a large airy well ventilated room, and its temperature should range between 60° and 70°. The air is an important item in the treatment of pneumonia. The food ought to be fluid or semi-fluid, and should consist of a plentiful supply of eggs, milk, broth and beef-tea. In all severe cases there are two sources of danger, namely, heart failure and pyrexia, more especially the former. There is no doubt but that a large proportion of deaths are caused from heart failure, and as the pulse is the true index as to the strength of the heart, it should be most carefully watched in all cases, and if at any time we find it becoming very rapid and feeble, and especially dicrotous, alcoholic stimulants should be administered, as it is the best means we possess of sustaining the flagging heart. Ammonia, camphor, musk, and digitalis, may also be used but they are inferior to alcohol. The second indication is to lower the temperature, which may be done by cold compresses to the chest. I have had no experience myself with this form of treatment in this disease, and the profession seem divided as to its merits. I would not however think it suitable in the old or feeble, or in cases of organic heart disease, as it might produce too great a shock to the system, and the pneumonia it is said is more liable to extend from its use. Quinine is another remedy which is highly recommended for reducing excessive heat, but it must be given in large doses. During convalescence the general strength should be maintained as much as possible by tonics and restoratives, such as quinine, iron, mineral acids, and strychnia. Cod liver oil and change of air are also very beneficial in some cases. The different complications should receive their appropriate treatment.

HICCOUGH, Dr. Gibson, of Edinburgh, says, can be cured by sneezing. Another field in which the goose-quill can operate.

Correspondence.

To the Editor of THE CANADA LANCET.

SIR,—A great cry went up a short time ago against the detestable practice of cramming in all our educational establishments, and the doctors had a full voice in condemning it. Is it not inconsistent that the Medical Council still keeps up the practice to its fullest extent? For what average man can pass their *unnecessary* examinations without hard cramming. As the R. C. S. London, and R. C. P. London, accept the diploma of McGill, Trinity, Toronto S. M., merely examining applicants on some select subjects, why cannot the Council do the same, examining on surgery and surgical anatomy, practice of medicine and therapeutics, midwifery and diseases of women and children, and let such examinations be as practical as possible. After passing let the student attend the practice of some hospital or some registered practitioner for one year. By such a plan you will obtain all the benefit of the modern system and retain also the advantages of the old apprenticeship. It would take another year but it would be very much to the advantage of the young doctor and also to his patients. Do those gentlemen who are urging the Council to insist that a degree in Arts should be required of every one before he commences his medical studies know what they are doing? Have they forgot, "Quos Deus vult perdere prius dementat"? Are they aware, or are they not, that the Council exists solely for the protection of the public and that the duty of the Council is to provide properly qualified medical men, and that they have nothing to do with the overcrowding of the profession? In Ontario the profession is better protected than in any state in North America, but once let it be known that the Medical Council exists, not for the benefit of the people but to make a soft place for the doctors, and a real attempt will be made to do away with the institution altogether. This degree in Arts is a robbery on the student and an imposition on the public; it compels the student to spend his time and money on what is of no value to him, and it imposes on the people by giving them inferior medical practitioners.

Now compare the two systems. Four years medical study, one year hospital practice, with

three years Latin and Greek and three years medical study, and these three years wasted and all this money spent in order to keep out young men who have as much right to enter as any of us who are now practising. Depend upon this, the best will come to the surface, and let the best man win, should be our motto.

Yours, etc.,

F. C. MEWBURN, M.D.

Toronto, Aug. 9th, 1886.

To the Editor of the CANADA LANCET.

SIR,—In answer to "Enquirer" in the August No. of the LANCET, I would mention that Tyler Smith, in the third edition of his work, directs the upper blade of the forceps to be applied first, *not the lower*. Leishman, in the third edition of his work, says, "it is not a matter of much importance which blade is applied first."

Yours truly,

WM. CALDWELL.

Lakefield, Aug. 25th.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY—REGULAR MEETING.

Dr. Malloch exhibited a specimen—a soft catheter. The patient had been using a soft catheter for some time. One night, from some cause or other, he allowed the catheter to slip into the bladder, not thinking anything serious would result; he allowed it to remain in the bladder for six or seven days. Dr. Malloch was called to see the patient, and introduced a lithotrite, with the object of seizing the catheter and withdrawing it. This proved ineffectual. He then performed the operation of median lithotomy, and removed it with a pair of forceps; the catheter, from the length of time it had been in the bladder, was covered with a considerable amount of deposit. There was some discussion on this case, but it was decided that the median operation was preferable.

Dr. Malloch also exhibited a specimen of a calculus from the pelvis of the kidney. Patient had been suffering for about fifteen years, and had been operated upon for stone in the bladder. He first saw the patient ten years ago; she then had a

fistulous opening. One year ago he probed the opening, and detected a stone. Five months ago it was removed.

Drs. Rosebrugh, Mullin and McCargow took part in the discussion, and related some cases which had come under their notice.

Dr. Stark related two cases of puerperal eclampsia treated by pilocarpine injected hypodermically. A lengthy discussion followed, in which Drs. Leslie, Malloch, Mullin, White, Shaw and Ridley took part.

THE DOMINION MEDICAL ASSOCIATION.

The nineteenth annual meeting of the Dominion Medical Association took place in Laval University, Quebec, on the 18th and 19th of August. At the morning session of Wednesday, Dr. Sullivan, of Kingston, a past-president of the Association, took the chair. The retiring president, Dr. Osler, of Philadelphia, was unavoidably absent.

Dr. Sullivan, in a short address, complimented the Association on holding its nineteenth meeting in the ancient city of Quebec, the place in which it was organized.

Reports from the various committees were then called for, but none were given except that of the chairman of the Committee on Obstetrics—Dr. McKay.

In a short paper, the doctor touched upon the various improvements made in gynæcological surgery, and gave briefly the opinions at present held by obstetricians in the treatment of some of the more serious complications of labor.

Dr. Campbell, of Montreal, in moving a vote of thanks to Dr. McKay, took occasion to say that many members of the various committees were not notified of their membership, a fact which accounted for the absence of reports.

Dr. Graham, of Toronto, in seconding Dr. Campbell's resolution, suggested that a different arrangement might be made; that the chairman of each committee should select a definite subject for discussion, which should be introduced by him, and that the members of his committee should assist. In this way the most interesting form of discussion might be introduced. The following gentlemen guests from the United States were then introduced: Dr. Sherman, Ogdensburg, delegate from New York State Medical Society; Dr. Car-

rier, Jr., of Detroit, and Dr. Dawson, of Cincinnati.

Dr. Sherman then addressed the Association. He spoke of there being no dividing line between the two countries in matters of science, and gave as a proof of this the fact that Dr. Billings, of Washington, had given the address on medicine before the British Medical Association. The Association then adjourned.

The afternoon session commenced at two o'clock, Dr. Holmes, the president-elect, in the chair.

The chairman called on Dr. Cassidy to read a report on public health, in place of Dr. Yeomans, of Mount Forest, the chairman of the committee on that subject.

Dr. Cassidy, in his report, referred particularly to the question of quarantine, and to the regulations recently made by the Dominion Government. The writer concurred in the regulations made, but thought some of them should be more stringent.

It was moved by Dr. Eccles, seconded by Dr. Clark,—That the Canadian Medical Association, at the annual meeting convened at Quebec, view with pleasure the action taken by the Dominion Government in the issue of the quarantine regulations which have been put in force during the present month. We consider this prompt action to be of great importance to the general public, and moreover that, when intelligently applied, the regulations are calculated to conserve the best interests of the trade and commerce of the Dominion.

The President then read his address, which was of more than ordinary merit, and which was well received by the Association. We hope to publish it in full in our next number.

Dr. Howard, in moving a vote of thanks to the president for his address, spoke of the preliminary education of medical students. He thought that the tendency at present was to make it broad and superficial, and that in some respects it might be better to go back to the old system of requiring a deeper and more thorough knowledge of the subjects prescribed. He was in favor of making an Arts course compulsory. Dr. Sullivan, in seconding the vote of thanks, differed from Dr. Howard in the necessity for a compulsory Arts course. He did not find that Arts graduates made better students or practitioners than those who had not taken a university course.

In the Medical section, Dr. Canniff, of Toronto, was appointed chairman, and Dr. Jenner, of Picton, secretary.

Dr. Daniel Clark then read a paper on "The Medical Jurisprudence of Crime and Responsibility." The writer stated that the legal profession

was governed by precedent, whereas the views of the medical men were constantly advancing with the increase of our knowledge of brain pathology. For this reason, the views of the two professions on the subjects of crime and responsibility are now much at variance.

The writer drew the following conclusions:

1. The natural history of crime shows that brains of chronic criminals deviate from the normal type, and approach those of the lower creation.
2. That many such cases are impotent to restrain themselves from crime, as are the insane.
3. That the moral sense may be hidden from expediency by the cunning seen even in brutes, until evoked by circumstances.
4. No man can make himself free from the physical surroundings in which he is placed.
5. Crime is an ethical subject of study outside of its penal relations.
6. Insanity and responsibility may co-exist.
7. Some insane people can make competent wills, because rational.
8. The monomaniac may be responsible, should he do acts not in the line of delusion, and which are not influenced thereby.
9. Many insane are influenced in their conduct by hopes of reward or fear of punishment, in the same way as the sane.
10. Many insane have correct ideas in respect to right and wrong, both in abstract and concrete.
11. Many insane have power to withstand being influenced even by their delusions.

Dr. Sherman, of Ogdensburg, spoke in the most complimentary terms of the paper. He thought that if the principles enunciated were thoroughly understood and carried out by the legal and medical profession, as well as by the laity, it would be to the great advantage of the human race.

Dr. Sullivan thought that exact rules for diagnosis should be laid down for general practitioners, and wished to know if general practitioners should presume to give evidence in courts in cases of insanity.

Dr. Clark, in reply, stated that no man should hastily give an opinion on obscure cases of insanity. Certain forms of insanity may be diagnosed by the general practitioner. There are cases in which even experts can scarcely come to a conclusion. Now that students receive lectures on insanity, the profession will shortly be in a better position to give opinions on these matters.

Dr. Dupuis then read a very interesting paper on "Diabetes Mellitus." He went over the Canadian mortality statistics, showing that diabetes exists to a much greater extent in rural districts than in cities, and is more frequently found in men than in women. The writer related several cases which had occurred in his own practice, and concluded that the best treatment was strict attention to diet and the administration of Clemens' solution of arsenite of bromine.

Dr. Ross spoke of the importance of distinguishing between simple glycosuria and true diabetes.

Dr. Graham thought that it was necessary to make three clinical divisions: temporary glycosuria, mild, and severe diabetes. The mild form was amenable to treatment, whereas the severe form was not.

Dr. Holmes had found the solution of arsenite of bromine of the greatest service in the treatment of diabetes.

Dr. Jenner, of Picton, then read an excellent paper on "Alimentation in Sickness." He first spoke of the importance of alimentation and hygiene, both in health and disease. He then stated that in many cases medicine was not needed so much as strict attention to diet and general regime.

Dr. Dupuis spoke of the difficulty of carrying out hygienic rules in country houses, as many had a prejudice against fresh air and sunlight for sick people.

Dr. Eccles agreed with the opinions expressed in this paper. He instanced the prejudice many people had against suppers. He thought that in most cases light suppers promoted health, and prevented sleeplessness.

Dr. Campbell, of Montreal, did not agree with the writer when he stated that the subject of dietetics was not taught in Canadian schools. In Montreal, at any rate, great importance was given to this branch.

The section met in the evening at 8 o'clock. Dr. Playter read a paper on Vital Statistics. He first gave the history of the origin of mortality statistics in England, and of the high state of efficiency found in that branch of the service to-day. He urged the necessity for the establishment of a bureau for statistics in this country, and stated that he would, at another time, move for the appointment of a committee to petition the Government with regard to the matter.

Dr. Graham then read a paper on Contagious Pneumonia, which was well received.

Dr. Howard had not met with a single case of contagious pneumonia. He believed that such rare cases must be of a different character from those of ordinary lobar pneumonia. He did not think that the relationship which exists between bacteria and the pneumonic disease had yet been clearly made out. Dr. Ross was also of opinion that such cases were rare, and formed a distinct disease. Dr. Foster, of Portland, related the history of two epidemics of pneumonia which had occurred in that city. In one, which was quite extensive, the cause was found in the impure water from a well which was used by the families in which the disease appeared. The well was found to have almost direct connection with the drain from a number of outside water-closets. The other epidemic occurred in a home for orphans. In the first epidemic the consolidation appeared invariably in the left apex, whereas in the latter it occurred

in the right side. All of the cases presented symptoms similar to those given in the paper.

Dr. Graham, in reply, stated that he believed in the unity of lobar pneumonia. He thought this view was confirmed by investigations into the parasitic nature of the disease. He is also of opinion that the soil upon which bacteria is grown, influences the character of these growths. He related the investigations of Dr. Steinberg in confirmation of this point.

Dr. Gardiner, of London, read a paper on, "The Inhibition of the Heart in Diphtheria." He related two cases which had occurred in his own practice, in which death had resulted from heart failure. In both cases the pulse became remarkably slow. In one it was not more than twenty-eight to the minute. He thought that these grave symptoms were brought on by irritation of the nerves of the throat at the seat of the disease and consequent inhibition of the heart. He instanced tetanus as an example of similar nerve irritation. Dr. Graham was of opinion that the phenomenon could be best explained on the supposition that a poison existed in the blood which acted on the nerve centres. He spoke of the investigation of French pathologists who found toxic principles even in normal excretions, as in urine. When that was the case, how much more likely that such principles exist in pathological states. Dr. Ross was of the same opinion on this etiology of the disease as the last speaker. He spoke of the gravity of heart failure in diphtheria. Some cases appeared to be hopeless from the commencement, but many terminated favorably. The rapid fatty degeneration of the heart might explain some cases. Dr. McDonald, of Wingham, gave instances of some cases which occurred in his own practice, and was also of opinion that fatty heart and the paralysis of that organ might explain the symptoms related by the reader of the paper.

Dr. Gardiner did not think that either fatty degeneration or paralysis could account for the phenomenon. There was a slowing of the pulse and no diminution of volume, two conditions which would not be likely to follow fatty heart.

Thursday morning.—The Association met at 10 o'clock, the President in the chair. The minutes of the last meeting were read and adopted.

The following report of the Nominating Committee was then read and unaniously adopted.

Place of meeting for the next year: Hamilton.

President, Dr. J. E. Graham, Toronto; Vice-Presidents: Ontario—Dr. Dupuis, Kingston; Quebec—Dr. Russell, Quebec; New Brunswick—Dr. Currie, Fredericton; Manitoba—Dr. O'Donnell.

Local Secretaries: Ontario—Dr. McKeough, Chatham; Quebec—Dr. Bell, Montreal; New Brunswick—Dr. Lunam, Campbellton; Nova

Scotia—Dr. Trueman, Sackville; Manitoba—Dr. Chown, Winnipeg.

Chairman of Local Committees in Hamilton: Dr. Malloch.

Dr. Graham moved, seconded by Dr. Sheard, that the Committees on Medicine, Surgery, Obstetrics, and Therapeutics be abolished, and in order that this change take place at once, the by-law requiring notice of motion be suspended. This motion was carried unanimously.

Dr. Campbell then moved, seconded by Dr. McFarlane, of Toronto, that the by-law authorizing the formation of a Committee whose duty it is to make Reports at the Annual Meeting on Medicine, Surgery, Midwifery, and Therapeutics, having been suspended by a unanimous vote of the Association, the President do name at this meeting readers of addresses upon specific subjects in Medicine, Surgery, Midwifery, and Therapeutics, and that these gentlemen be at once notified of their appointment by the Secretary. In the event of the gentlemen named by the President declining the appointment, he shall have the right to name substitutes.

This resolution was carried unanimously.

The Association then divided into sections.

In the Medical section, Dr. F. W. Campbell read a paper on "The treatment of Whooping-cough by Quinine." He spoke of the obstinate and distressing character of the disease. The writer commenced to use quinine after it had been advised by Dr. Dawson, of New York. He had notes of over one hundred cases in which the remedy had produced excellent results. The essentials in the quinine treatment are, 1. The drug must be pure; 2. It must be dissolved in acid, and not disguised by syrup or aromatics; 3. It must be given freely. For young children, the dose is from five to eight grains; for adults, ten to forty grains. The writer is of opinion that whooping-cough is a parasitic disease, and that quinine acts as a germicide. He spoke also of the use of a solution of quinine in the form of spray.

Drs. Trenholme, Graham, and Gardiner took part in the discussion, and gave their testimony to the efficacy of the quinine treatment. The latter two gentlemen did not think it necessary to leave out the syrup or aromatics.

Dr. R. A. Reeve then read a paper on "Glaucoma," which was illustrated by charts of various pathological conditions of the eye in this disease. The essential pathological condition of glaucoma is an obstruction to the outflow of the secretions of the eye.

Dr. Buller stated that you may have subluxation of the lens, without glaucoma following for at least a long time.

Dr. R. A. Reeve, in his reply, condemned the free use of atropine, and considered it an occasional cause of glaucoma.

This concluded the work of the Medical section.

A general meeting of the Association took place at 2 o'clock, Dr. Canniff in the chair, as the president was absent.

Dr. McEachren, the Principal of the Veterinary College, gave an address on the "Pleuro-pneumonia of Cattle," which was illustrated by pathological specimens. The principal difference between pleuro-pneumonia in cattle and that of man is, that in the former the disease is first, and essentially, an inflammation of the interlobular connective tissue; the alveoli are only secondarily affected.

Votes of thanks were then given to the authorities of the Laval University for the use of the building, and to the railroad and steamboat companies for the courtesy shown by them to the Association.

The Association then adjourned.

A report of the Surgical Section will appear in our next number.

Selected Articles.

ON THE TREATMENT OF DIPHTHERIA.

Dr. Miller in a paper read before the American Medical Association gave the following as a summary of the nature of diphtheria, and his treatment of that disease:

Diphtheria is not croup.

1. Diphtheria is infectious. Croup is not.

2. Diphtheria is a general disease. Croup is local.

3. Diphtheria is an epidemic asthenic disease.

Croup is a sthenic local inflammation.

4. Diphtheria may be followed by paralysis. Croup not.

5. Diphtheria may be complicated by albuminuria. Croup not.

6. The diphtheritic membrane involves the subjacent tissues. In croup the exudate becomes a solidifying membrane upon the mucous surface.

In the management of diphtheria it is of the first importance to recognize the infectious nature of the disease. For the protection, therefore, of the healthy, isolate the sick. The room assigned to the affected should contain only the simplest articles of furniture. Carpets, curtains and upholstered furniture should be removed. The atmosphere of the apartment should be kept at a uniform temperature of about 72°, and good ventilation should be secured without exposing the patient to draughts of air.

After the termination of the case, the thorough disinfection of the room, bedding and furniture should never be neglected, and the same may be affirmed of the clothing and persons of the attendants, and of the convalescing patient, as well.

The indications of treatment may be formulated as follows:

1. Destroy the septic germs in the blood.
2. Eliminate effete material from the system.
3. Prevent the formation of, or remove the pseudo-membrane.
4. Control pain and restlessness.
5. Sustain the strength of the patient.
6. Prevent the sequelæ.
7. Perform tracheotomy (?) or intubation.

The asthenic nature of the disease should be borne in mind, even in the earliest stage, that the treatment may be preventive of the possible sudden prostration which precedes the dangerous complications. The alimentary canal should be freely evacuated. This may be accomplished by exhibiting some unirritating agent, as castor oil, rhubarb, or a suitable dose of the compound cathartic pill ($\frac{1}{2}$ grain or 1 grain).

Keeping in mind the indications which have been tabulated, some combination of remedies may be devised which will meet most of the requirements of the case. And it is fortunate that the remedies from which experience justifies an expectation of benefit are not incompatible, and may therefore be grouped. It is also worthy of consideration, that medicines intended for children especially should be rendered as palatable as possible. For this purpose the syrup of lemon may be substituted for the glycerine and water in the following prescription.

The following prescription is suggested as an example of such combination:

R.	Tr. ferri chloridi	$\bar{5}$ j.
	Potas. chlorat.	$\bar{5}$ ij.
	Acid hydrochloric dil.	m. xx.
	Tr. capsici	$\bar{3}$ j.
	Morph. muriat.	gr. ss.
	Glycerine	$\bar{3}$ ij.
	Aq. destil.	$\bar{3}$ ijss.

M. S. Give a teaspoonful every hour or two or three hours, according to the urgency of the symptoms.

Of course the proportions of the several ingredients will be varied in different cases to adjust the doses to the age and condition of the patient. The directions for taking the mixture given above, however, convey but an imperfect idea of the most efficient mode of using it. The patient should be required to take a drink of water, then immediately take the mixture undiluted. By this mode several indications are fulfilled at one and the same time. An efficient local application is made to the throat each time the mixture is administered, and the constitutional tonic, antiseptic and anodyne effects are also secured. The water which was taken before the medicine will be sufficient to properly dilute the remedies in the stomach, and thus prevent any irritation of that organ.

In mild cases this prescription will fill all indications, and a large proportion of cases in which this treatment is commenced early will progress and terminate as mild cases, which under some other course would prove severe and endanger life. It will be unnecessary to annoy the patient

by making other local applications. Moreover, there is good reason to assume that the paralysis which is sometimes a serious complication during the convalescence is due to impoverishment of the blood, the restoratives contained in this mixture should therefore prove a powerful preventive of this complication. Experience justifies this expectation, for paralysis will be encountered but seldom during the progress of the disease or in the convalescence.

The same may be affirmed of the effects of this mixture upon the local symptoms and upon the formation of the pseudo-membrane. The local pain, the congestion and swelling are relieved, and it is not unusual to see the forming membrane disintegrate and disappear within twenty-four hours after commencing the treatment. The earlier suitable topical applications are made to the exudate the more easily may it be removed. Unquestionably the case is sometimes made worse instead of better by the frequent resort to the probang, charged with escharotics or irritating agents. Besides, the excitement produced by this procedure must result in injury to the patient, especially when force is required to overcome the resistance offered by the child from fear and dread of the operation.

The importance of surrounding the patient with a warm atmosphere has been asserted. It is also important that the air be kept moist. The inhalation of simple warm aqueous vapor will produce benefit by its solvent effect upon the exudate, and also by allaying irritation and discomfort of the fauces. While this is being done additional benefit will be attained by charging the vapor with some agent or agents of recognized power in resolving the membrane, and also efficient as antiseptics, as aqua calcis, eucalyptus, oil turpentine. Pepsin or trypsin may have a beneficial effect in dissolving the membrane, when the ordinary remedies fail.

The steam atomizer will be found efficient in utilizing the vapor. After a certain age, no difficulty will be experienced in directing the spray into the throat. And even in cases of very young children, the timidity may be readily overcome by placing the atomizer when in use (and it should be in use while the false membrane persists) at a distance from the face, and gradually approximating it till the vapor is inhaled freely. The same object may be attained by causing the vapor, charged with the solvent, to rise from an open vessel placed contiguous to the patient.

Of albuminuria it need only be said that it is present in a large proportion of cases, and that while the kidney is large and pale, it is not indicative of the serious renal complications, as in scarlatina, and it is exceptional when any serious effects from it become chronic. Iron and chlorate of potash would seem to be indicated for this phase

of the case, and these are contained in an eligible form in the prescription already given. Too much stress cannot be laid upon the importance of sustaining the strength by the liberal use of nourishment. Though the patient may feel no desire for food, he may be induced to take it, if it is offered in a concentrated fluid form, which should be repeated at short intervals. In conditions of great depression, stimulants are indicated. It is a fact of common observation that alcoholic stimulants are well borne in diphtheria, and that intoxication is not likely to follow even the free administration of whiskey. So beneficial are stimulants, that the free use of spiritus frumenti is considered by some as specific treatment (?) in diphtheria. Under the same condition it will be natural to cast about for other active tonics, and quinine will be among those selected. That quinine produces any specific action in diphtheria is problematical, and when administered, it should be for its tonic effect.

Strychnia is the remedy frequently prescribed for the removal of paralysis complicating diphtheria, as if this drug had some specific influence in restoring muscular power. Query—Can strychnia be relied on for restoring innervation in this, as in some other forms of paralysis? Are not the indications here first, to establish assimilation, and second, to improve the quality of the blood?

Galvanism is an agent of undoubted value in the treatment of these paralyzes, by stimulating nervous power, by exciting muscular contractions and by increasing the nutrition of all the structures involved in the paresis. Should tracheotomy be performed, even in extreme danger of the patient in diphtheria? It is true this operation has been performed many times when the patient was in great peril; and sometimes recovery has followed. It would be just to say that the recovery in at least a minor proportion of cases has been due to the operation. This, however, has happened so seldom that the procedure has long been regarded by the laity with disfavor; and were the whole truth stated, undoubtedly the profession regard tracheotomy as the forlorn hope. And furthermore, there is reason to believe that in a proportion of cases, the fatal result might have been avoided, had the surgical interference not been interposed.

When we review the past we can see but little in the results of tracheotomy that is reassuring. Any procedure, therefore, which promises equal benefits, and is at the same time free from the objections indicated, will surely be hailed as an improvement. Intubation, it is now claimed, offers these advantages. Since the revival of this procedure by Dr. O'Dwyer a little more than a year ago, it has been tested in many cases, and the results as reported have been so satisfactory as to encourage the hope that it will soon supersede tracheotomy, at least in the majority of cases. It

is certainly free from the objections which render cutting so unpopular. The consent of the parents is easily obtained. No solution of the continuity of tissues is produced, to add to the complications which already exist. It is therefore bloodless. It is not particularly difficult of performance. The relief is many times immediate.

VALVULAR DISEASE OF THE HEART

Probably a considerable number of the readers of the *Hospital Gazette* will soon be encountering the problems of actual practice. These, they will find, are not so simple as the conundrums of the examination table; and answers which may be quite satisfactory to the examiners may scarcely be so successful with the anxious friends of the patients under their charge.

It is well not to underrate the gravity of any case. It is equally desirable not to overrate it. It is all very well to comprehend the significance of a cardiac murmur; but it is not well to build upon it a superstructure which is not warranted by the facts of the case, and which tumbles down in time.

Before the examiner the full significance of a cardiac murmur must ever be held up conspicuously. It indicates an intimate acquaintance with the pathology of the subject. But when a murmur is encountered in practice, it is not well always to make the most of it. Our knowledge of valvular disease of the heart is comparatively recent, and, consequently, our teaching has not escaped from the thralldom of our early text-books. The first observers have made the diagnosis from the physical signs, followed the case to the *post-mortem room* in order to see how far the diagnosis was correct. The dead-house was the natural sequel to every case recorded, in order to prove the value of careful physical examination. This was the infancy of knowledge. But at the present time our acquaintance with valvular lesions is almost as complete as it is ever likely to be—unless some new method or means of examining the heart be discovered. With the requisite knowledge and habitual carefulness in diagnosis, any ordinary valvular lesion of the heart ought not to present any difficulty.

And yet we find Geo. Balfour, a recognized authority on disease of the heart (who thinks we can often recognize the condition of the heart in life almost as accurately as if we had the organ before us), writing as follows about the coming and going of murmurs—accepted at the examination table as almost infallible guides:—"It not unfrequently happens that a patient presents himself with a note from his ordinary medical attendant stating that so-and-so labours under cardiac valvular disease, and yet on careful examination no murmur can be detected." Yet possibly, even

probably, the ordinary medical attendant has not been careless, or in error. How is this explained? Balfour says it is due to "the very remarkable manner in which even murmurs dependent upon recognised organic lesions change and vary, and not infrequently disappear, the lesion of course still remaining." From this it would seem that recognised valvular disease may not be marked by a persistent, unvarying, ever-present murmur, which can implicitly be trusted.

But it may be well to consider briefly how far murmurs may exist without evidence of valvular mischief, and how far such valve-change may exist without giving rise to a murmur. In other words, to review the matters of murmurs and their production. It is chiefly with stenotic or obstructive murmurs that mistakes are made in practice. A murmur may be due to rough edges, or growth on the free borders of the valve-curtains, and be heard always loud and unmistakable; and yet there may be no valid evidence of actual disease. Or some displacement of the heart, as by pleuro-pericardial inflammation, may so modify the blood-current as to give rise to a loud murmur—and nothing more. Or there may be an exocardial murmur present. Such are the common pitfalls, as experience tells.

But even regurgitant murmurs are not always trustworthy. Prof. Gairdner, of Glasgow, some years ago, put on record a case of aortic regurgitation where shortly before death the characteristic murmur disappeared. Yet this is the most stable and trustworthy of all murmurs. And in this case a well marked amount of valvular disease was found on post-mortem examination.

It is not, however, with rare cases, but with the every day matters of ordinary practice, this article is chiefly concerned. A murmur is heard—a distinct well-marked murmur, accepted as indicative of a certain form of mutilation, at a certain valvular orifice. The practitioner is fairly justified in diagnosing a certain form of valve lesion. There is no mistake about the diagnosis. Any authority upon the subject subsequently consulted at once confirms the diagnosis. There is no conflict, no questioning about the diagnosis. But the prognosis is a very different affair.

The general practitioner has had many matters to attend to, and valvular lesions of the heart have not specially attracted his attention. Consequently, when brought face to face with a concrete valve-lesion he does not feel quite at home with the subject. The diagnosis he is fairly clear about. As to the existence of a lesion, yes, but as to all the outcomes thereof, such as the extent of injury, the amount of danger to life involved therein, how far the patient is disabled, and what amount of effort is alone safe and compatible with existence? These are subjects on which questions will be asked and answers expected. How are these questions to be answered?

The first matter to recognize is this—the earlier a valvular lesion is established, the more complete is the muscular compensation set up, and the better it is maintained. Thus, the establishment of a mitral lesion in childhood carries with it a far better prognosis than an equal lesion set up by gout or an attack of bronchitis in middle age.

The next is the extent of the lesion. The smaller it is, the easier it is compensated and the easier it is maintained. A small lesion requires no great compensation; and the less the compensation the longer it can be upheld; whereas, a large valve lesion will soon wear out any compensation the system can set up.

My experience in connection with valvular lesions of the heart is that their gravity is never underestimated. The general practitioner never errs upon that side of the wall. But, as all cases are not of the gravest order, a certain amount of over-estimation is experienced. A murmur is found indicative of a certain form of injury at a certain valve; and from this ensue orders so restrictive that life is made a burden to the patient. Sooner or later some of the friends insist upon a consultation with some recognised authority in the subject. I trust that as regards myself, like Dr. Geo. Balfour, I have pointed out how easily some difference of opinion may be created by the varying characters of murmurs—even when unquestionably connected causally with valve-changes. But even when trying one's best not to invalidate the previous opinion, it is not always possible to avoid doing so if conscientiously compelled to relax the rigorous regulations laid down by the original medical attendant.

It would do no real good to attempt to bolster up the first opinion. A man's skin is nearer to him than his shirt—to put the matter on the lowest grounds of selfishness. A consultant has his own reputation to guard. It is far more disastrous for him to trip in his own specialty than for a general practitioner to make a false step. Facts and time would simply disprove his opinions as ruthlessly as that of some other man less known in connection with the subject.

What, then, remains is to urge upon the general practitioner more caution in the first place. Young people with mitral lesions are not liable to die suddenly, as a rule. A quiet life of indoor employment is quite compatible with length of days in the case of a valvular lesion of moderate extent; only great mental shock or severe muscular exertion must be avoided. If the patient can get about without much distress, the lesion is not a large one; and with care, proper nutrition, and tonics (when required) the patient is not cut off from the possibility of making old bones.

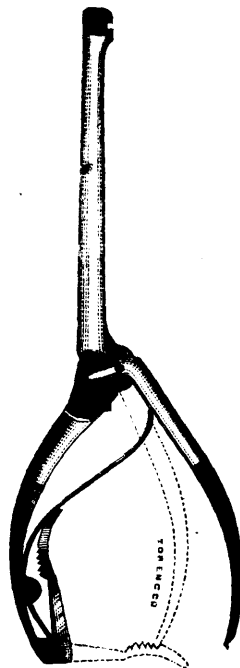
One great matter to be clear about is this: fatty degeneration is a senile change only found in young persons under very peculiar circumstances. It is

not until such necrobiosis is well established that the heart is apt to come to a standstill in diastole. The cardiac impulse may be weak and the first sound feeble, but this combination is insufficient to justify or warrant the conclusion of fatty degeneration. The heartwall may be temporarily weak and ill-nourished; and when this is the case with a valvular lesion, especially at the mitral orifice, symptoms of dropsy are liable to show themselves amidst other evidences of cardiac asthenia. But rest in bed, with careful feeding, will usually permit of the heartwall regaining its lost vigour, and with that the morbid phenomena disappear.

This may occur again and again until at last degeneration of the muscular ball interferes and prevents recovery, when the patient necessarily sinks. But the final ending is often long delayed; and in the earlier attacks rest in bed, good food, and remedial agents which increase the energy of the cardiac contractions will often give very satisfactory results. If instead of a hopeless prognosis which palsies energetic treatment, some medical men would pick up heart of grace and try what can be done, they would attain results often startling and gratifying to themselves and the friends of the patient; and, further, creditable to the reputation of the profession as a body.—FOTHERGILL, in *Hospital Gazette*.

HAGEDORN'S NEEDLES AND NEEDLE-HOLDER.

Dr. Powell has communicated the following description from the *London Lancet* of an excellent needle-holder and needles, devised by Dr. Hagedorn of Magdenburg. This instrument is used by himself and other gentlemen in the city.



“The needles are semi-circular in shape, the section of the stem being an oblong parallelogram of the same thickness throughout its length. The point has a single cutting edge on its convex surface. The advantages which these needles have over the curved needles in general use are that the puncture they make is a fine slit at right angles with the edge of the wound to be united, and, therefore, when the suture is tightened the edges of the puncture are approximated, not made to gap;

the puncture of the needle is also at right angles at the surface of the wound, and the suture approximates the whole thickness of the parts through which it is passed with equal tension; and the needles are stronger and much less liable to break when held in a holder than those in common use.

The needle-holder is very simple in construction: it grasps the flat surfaces of the needle, and can seize and hold the point as securely as any part of the stem. The jaws are closed with a lever handle, which can be fixed by a ratchet. For special purposes these holders are made of different lengths and shapes, but anyone who uses them will soon be convinced of their great convenience and merit."

EAR DISEASE IN DIPHTHERIA AND SCARLET FEVER.—Dr. Thomas Barr, of the Glasgow Ear Hospital, concluded the clinical history of a case of scarlet fever, complicated with nasal and pharyngeal diphtheria, acute suppuration of both middle ears, rapid destruction of tympanic membranes, serious loss of hearing, facial paralysis, and abscess of the lachrymal sac, ending in recovery, with the following remarks:—"1. This case bears out what Burckhardt-Merian has especially drawn attention to—namely, that scarlet fever, when complicated with or followed by diphtheria, is apt to give rise to a most destructive type of disease of the ear. It is probable that in such cases there is a real propagation of the diphtheritic membrane along the Eustachian tube to the tympanic cavity, and even to the external auditory canal. We have not simply to deal with an ordinary collection of purulent secretion in the tympanic cavity, with rupture of the membrane and evacuation of the pus; we have rather to do with a rapidly destructive ulcerative process, which, as is shown by this case, denudes the organ of the tympanic membrane in a very short time. There is reason to believe that scarlet fever alone does not produce such havoc; the addition of the diphtheritic poison seems to impart that destructive tendency to the ear complication which may terminate in deaf-mutism, or even lead to a fatal issue. 2. From the favourable course of the facial paralysis in this case, we need not despair of recovery from this complication of purulent disease of the ear. In children, not only is the facial nerve, as it lies in its osseous canal on the inner wall of the tympanum, in close juxtaposition to the mucous membrane of the tympanic cavity, but the bony walls of this canal are very frequently defective when the neurilemma of the nerve is in actual contact with the mucous membrane. It is easy to understand how, with such an anatomical arrangement, the pressure of granulation tissue, swollen mucous membrane, or even of secretion, may produce paralysis of the facial nerve without ulcerative disease of the bone,

and therefore without the same gloomy prognosis. 3. The recovery of fair hearing also illustrates a fact which is not unfrequently observed—namely, that fair hearing may exist even when the tympanic membrane is almost quite destroyed. What is of more importance than the presence of the tympanic membrane is a normal mobility of the fenestral structures. If these structures, with the stapes, are not thickened, bound down by adhesions, or subjected to pressure, fair hearing power may be enjoyed, although the membrane, with even the malleus and incus, should have been swept away. 4. This case also shows in a striking way the value of treatment by rectified spirit in purulent disease of the middle ear associated with granular excrescences." The following is Dr. Barr's description of the treatment pursued in the case referred to above:—Diluted rectified spirit was employed in the strength of one-third of spirit and two-thirds of water. The following process was carried out every eight hours:—(1) Careful syringing with a warm solution of boracic acid; (2) removal of all the moisture in the interior of the ear with absorbent cotton on a cotton holder; (3) instilling into the ear fifteen drops (warm) of the diluted spirit; (4) allowing it to remain in the ear, while the child lay on the opposite side, for fifteen minutes; (5) drying the canal with cotton, and then placing a plug of salicylated cotton in the orifice of the ear. This treatment was, of course, applied to both ears. In addition, and in order to ensure still more thoroughly the complete expulsion of the purulent secretion, Politzer's method of inflating the middle ear was performed once a day after the syringing. The nasal passages were also syringed daily with a tepid solution of chlorate of potash. The strength of the spirit was gradually increased to equal parts of water and rectified spirit, but when employed stronger than this the pain excited by it compelled us to return to the weaker form. This method of treatment very soon proved itself to be the most efficient. The discharge perceptibly diminished; the granulation tissue began to shrink; and the hearing power became more acute."—*Lancet*.

THIRD STAGE OF LABOUR.—I believe that the great facts in the natural history of the expulsion of the placenta and membranes are that they are not separated for some time after the birth of the child, that they are then expelled by uterine contraction and retraction, that the placenta is expelled from the uterus usually edgewise, and that no access of air occurs into the genital tract. In the management of a normal third stage, the patient should therefore occupy the dorsal posture, and the accoucheur should grasp the uterus with his left hand to ascertain its tone. When this is good, he retains his grasp merely to note if the

uterus relaxes. When good pains come on, I do not consider it necessary that these should be helped by the practice of expression or what is known as Crede's method. In a normal case, the risk is that the placenta, bulky as compared with the membranes, may be squeezed out too soon, and parts of the membranes left behind. When, however, the placenta remains in the uterus half an hour after the delivery of the child, expression should be tried, but only with the left hand. After some practice, one can tell whether the placenta can be expressed, or whether adhesions are present. In the former case, the accoucheur feels the uterus diminishing in bulk as the placenta is expressed; whereas, in the latter case, no impression is made on it by moderate pressure. When the placenta is in the vagina (a condition recognised by the altered shape of the uterus), but does not soon appear at the vaginal orifice, slight downward pressure in the axis of the brim will help its expulsion. If more than slight pressure is needed, the question must then arise whether the retention is not due to non-separation of part of the membranes. The cleansed fingers may be passed into the vagina, the presenting part of the placenta laid hold of, and gentle traction in the proper axis will effect delivery. When the placenta is detained in the vagina, it is sometimes convenient to place the patient in the semi-dorsal posture, to draw down and back the posterior vaginal wall with the cleansed fingers, so as to straighten it; and then by slight downward pressure, with the external hand in the axis of the brim, to effect delivery. In those cases where uterine action is feeble, expression is of the very greatest value. It then imitates the natural process, and places such a case on a level with the normal. The uterus should be grasped with the left hand as fully as possible, the thumb being in front and the fingers behind. It is then squeezed firmly in the direction of the line joining the finger and thumb, without any downward pressure. In partial adhesions of the placenta, or in adhesion of the membranes, the practice of expression is in the highest degree dangerous. The non-adherent portion is separated and forced down and out, while bits of the placenta or membranes are left behind, exposing the patient to septicæmic risks. When morbid adhesions exist, the accoucheur must separate them manually, using all antiseptic precautions. The hands must be thoroughly cleansed with corrosive sublimate solution (1-2000), and a vulvar and vaginal douche of 1-4000 given. After the separation, the douche of 1-4000 must be repeated, the amount of introduction of the tube depending on the extent of the internal manipulation. In this, as well as in a natural case, it is well to have the diapers used in the puerperium dipped in the corrosive sublimate (1-2000), and dried, or the discharge received into sublimated wood-wool wadding. *Brit. Med. Journal.*

ERYSIPELAS AND PUERPERAL FEVER.—An important paper on the relationship between these two diseases has been published by Professor Gusserow, of Berlin. He remarks that it has been believed, especially in England, that erysipelas and puerperal fever were closely allied, if not identical. This doctrine rested on the propositions which were assumed to be facts, that erysipelas and puerperal fever were found to prevail together, that puerperal fever could produce erysipelas, and erysipelas puerperal fever; and that anatomically, according to Virchow, in some forms of puerperal fever the changes in the cellular tissue of the pelvis were identical with those produced by erysipelas. Dr. Gusserow thinks that our knowledge on the subject is very superficial and defective. The observations adduced in support of the propositions above mentioned, although enough to make imperative the greatest care in protecting the lying-in woman from the contagion of erysipelas, are yet far from being sufficient to prove the pathological theory which is based upon them. Dr. Gusserow is of the opinion that there is no connexion between puerperal sepsis and erysipelas. In the first place, a great number of cases of erysipelas during pregnancy, have been seen, and our author has seen erysipelas come on in pregnancy, and the patient delivered while the disease was at its height; and yet there was nothing abnormal about the lying-in; the patient suffered from ordinary erysipelas, and nothing more. He has seen erysipelas come on during pregnancy; the pyrexia lead to the death and expulsion of the child, and the mother subsequently die; when the post-mortem showed that the puerperal process was simply a complication of the erysipelas, no sign of disease of the genital organs being found, but post-mortem appearances like those usual in erysipelas. Dr. Gusserow has also seen erysipelas appear as a complication in childbed, but it ran its course just as in any other subject, the course of the lying-in being in no way influenced by it. He has seen erysipelas coming on during childbed prove fatal, and the post-mortem appearances were then simply those of fatal erysipelas, no sign of disease of the pelvic organs being present either during life or after death. Instances have moreover been recorded in which, during an epidemic of puerperal fever in a lying-in hospital, some patients have been affected with erysipelas, and other cases in which erysipelas and puerperal fever co-existed in the same patient. Both as to symptoms and post-mortem appearances the phenomena of the two diseases were quite distinct; they were combined, but did not modify one another. Lastly, Professor Gusserow urges that we have now the proof, in the existence of a special micrococcus peculiar to it, that erysipelas is a specific disease. He has failed in experimental inoculations of the erysipelas-coccus under the skin and into the peritoneal cavity, to produce phenomena anything like those of sep-

ticæmia. The erysipelas coccus produces erysipelas, and nothing else. Redness and swelling of the skin, which undoubtedly are sometimes present in septicæmia, ought not to be called erysipelas unless the erysipelas coccus is present—(*Arch. f. Gyna-kologie.*)

MANAGEMENT OF THE SECUNDINES.—So long as retained placenta is in the uterus or vagina the life of the woman is in jeopardy, and she may at any time be attacked with profuse hemorrhage, septicæmia, and pelvic cellular or peritoneal inflammation. When she has apparently recovered, a placental or fibrinous polypus may form in the uterus, or she may suffer from subinvolution, hyperplasia, etc. Several women in Louisville have died within a few years from septicæmia, with pelvic peritoneal and cellular inflammation, or hemorrhage, caused by a retained placenta.

It may be urged that puerperal septicæmia is always exogenetic in its origin, but we know that a decomposed retained placenta is a prolific cause of the disease, and that its removal or disinfection is the only rational treatment. In abortions before the end of the second month, if hemorrhage ceases, no effort should be made to remove the membranes, unless they protrude into the vagina and can be taken away without introducing the fingers or instruments into the uterus. These little membranes are generally innocuous, and will be separated and expelled without causing dangerous complications. But if pregnancy has continued until a placenta has formed, expectation should not be practiced. If in abortions after the second month the placenta is not expelled in twenty or thirty minutes, it should be removed, unless the woman is threatened with collapse or syncope from hemorrhage, and when, from the absence of arterial pressure, hemorrhage has stopped. We may then wait until she has recovered from shock, or until there is decomposition of the membranes, or a recurrence of hemorrhage.

If the operation is done without delay the os will usually be dilated or dilatable, and a finger or fingers may be easily introduced into the uterus. There is no instrument that can be substituted for the fingers, though it may sometimes be necessary to use other means to dilate the os. Tents should, if possible, be avoided, and if the os cannot be dilated with the fingers, Ellinger's dilator, or my modification of Leonard's dilator, or Molesworth's dilator, may be used. The operation is seldom difficult, and with the patient anesthetized, any part of, or the entire hand, may be introduced into the vagina, enabling us to examine all the uterine cavity with the fingers and to remove every part of the placenta and membrane. Hemorrhage will then stop, and there will probably be no other untoward symptom. Of course our hands should be thoroughly disinfected, but this should be done in

every case of delivery. In premature labor and in labor at term, the placenta is more easily separated than in the earlier months, and is less frequently retained. I fail to recognize a single fact to justify expectation in the management of the third stage of labor in the latter months of pregnancy, and while I do not believe it usually necessary to supplement or supplant nature in an effort to remove the membranes immediately after the child is born, I do not think the placenta should be left in the uterus more than twenty to thirty minutes, and it should be removed from the vagina immediately.

The membrane can generally be removed by judicious expression during labor pains, but if this fail we may assist expression by introducing some fingers into the vagina and gently drawing upon the end of the folded placenta. With a reasonable degree of care this treatment would neither cause septicæmia nor invert the uterus, and such accidents could only result from criminal ignorance or carelessness in the physician. Unless uterine inertia follows the birth of the child there is no necessity for attempting expression until the uterus contracts in an effort to expel the placenta. We should then follow the Credè method, being careful to express only during a contraction. But it is always safe treatment to keep a hand over the uterus to see that it does not relax, and to encourage it to contract by kneading, massage, or expression, if it fail to do so otherwise.—DR. WATKEN. *Jour. Am. Med. Assoc.*

THE ORIGIN OF SCARLET FEVER.—There is good reason to believe that we may be on the brink of making one of the most startling discoveries ever chronicled in the history of medicine, that, namely, of the source and origin of scarlet fever, a disease that is accountable for one out of every thirty deaths that occur in the United Kingdom. It has long been familiar to those engaged in sanitary investigations that many epidemics of scarlet fever have followed a particular milk supply; but in most of these instances the disease has first appeared among persons concerned in the work of collection or of distribution, and it was therefore assumed that its subsequent extension to consumers was a result of its infectiousness, and was brought about through the ordinary channels of human intercourse. When the boy who carried the milk had himself scarcely finished peeling after the malady, it seemed superfluous to look beyond him for the means of its communication to others. Last December, however, outbreaks occurred in South Marylebone, in St. Pancras, in Hampstead, and at Hendon, which were evidently related to a common source of milk supply, but in which it was impossible to trace any source of human infection. The dairy from which the milk was derived was shown to be in excellent sanitary condition, and the medical man

who attended the persons employed there was able distinctly to negative the idea that there had been a case of scarlet fever, even in the vicinity, for a long period. At this point, however, the inquiry was entrusted to Mr. Power, one of the most accomplished medical officers of the Local Government Board, who, by dint of the most painstaking and careful observation, at length ascertained that certain of the cows yielding the suspicious milk had been suffering from an eruptive disease of the udders and of contiguous hairy parts, which was capable of communication to other, unaffected animals. That these unsound cows were probably to blame for the outbreak was subsequently rendered certain, from the fact that on a certain day the milk supplied by them was returned to the dairy, condemned for destruction, but being surreptitiously obtained by some poor people living near the farm, its use by the families of the latter was followed by an outbreak of scarlet fever among the children.

Next, two of the affected cows were purchased and sent to the Brown institution, where Dr. Klein commenced a series of experimental investigations into the nature and infective properties of the eruption, the result of which showed that this was not only communicable by contagion, but that it could be transmitted to calves by inoculation also. Further, by the modern method of cultivation the virus could be reproduced *ad infinitum*, milk being by far the most favourable culture medium; and the curious discovery was made that the disease induced by direct contagion was of a much milder form than when it followed inoculation with the cultivated fluid. Pathologically, the effects produced were essentially those of scarlet fever, the kidneys especially yielding proof in this connection, and of a kind that places the relation of cause and specific effect practically beyond all question.

So far, of course, the absolute identity of the disease cannot be certified; but it is, at least, highly probable that, the attention of the profession being fairly aroused to the matter by publication of the work already done, further evidence in point will rapidly accumulate: and there opens up before us, in consequence, the alluring prospect of a speedy conquest over one of the most fatal diseases which afflict modern society. For the moment astonishment will naturally surpass all other feeling, as we contemplate the principal truth presented to us, viz., that milk is the invariable vehicle of scarlatina, and that the source of the germs producing it is to be found in a seemingly trivial skin disease affecting milch cows; but when once the truth, if such it be, is fairly realized, the sense of gratitude for such an epoch-making discovery, and for the obviously simple means of prevention it will permit of, must overpower every other sentiment. Nor is the time an inopportune one for

publishing the observations already made. For a long period suspicion has deservedly attached to milk as a vehicle of infection; and only last year strong arguments were advanced for the belief that milk from a diseased cow had originated diphtheria in those who partook of it. Indeed, in many ways the medical world has been prepared for the reception of some such theory as that now advanced; and it is by no means improbable that from theory it will merge into proven truth.—*Hospital Gazette*.

GNORRHOEAL RHEUMATISM. —Loeb is of opinion that gonorrhoea is only complicated by rheumatism in those cases in which the gonorrhoeal process has attacked the hinder portions of the urethra, and in favour of this view he adduces the two facts, first, that the rheumatic symptoms never occur in the early stages of the gonorrhoea, and, secondly, that in the great majority of cases the rheumatism is never seen at all during the first attack, but only after subsequent attacks, when the posterior parts of the urethra are almost certain to be involved. As to the disputed point whether the rheumatism is to be considered as a disease *sui generis*, or as merely an ordinary rheumatic inflammation of the joints, predisposed by the gonorrhoeal infection, he comes to the conclusion that *polyarthritidis rheumatica* and gonorrhoeal rheumatism are two perfectly distinct diseases, and he bases his conclusions on the following grounds:—(1) The difference in the relation of the fever to the local changes in the two diseases; in ordinary rheumatism the fever and the joint affection generally running hand in hand, whereas in gonorrhoeal rheumatism the fever is always slight and in most cases is almost, if not entirely, absent. (2) The difference in duration of the two processes, the gonorrhoeal rheumatism running a much longer course. (3) Gonorrhoeal rheumatism is much less erratic in its character than ordinary rheumatism. (4) The frequent association of gonorrhoeal rheumatism with inflammation in the eyes, this inflammation, according to him, occurring sometimes without contagion, and being simply another local expression of the gonorrhoeal infection. (5) The less frequent implication of the heart in gonorrhoeal rheumatism. (6) The greater tendency to inflammation of the sheaths of tendons and synovial sacs generally in gonorrhoeal rheumatism. (7) And lastly, the difference in behaviour of the two processes towards the salicylates. Loeb thus considers the gonorrhoeal rheumatism as an infectious process, the seat of infection being the hinder parts of the urethra: and this view receives apparent support from the recent discovery of a specific organism in the gonorrhoeal secretion, the gonococcus. Some doubt, however, still exists as to the specific character of this organism, and hence Loeb is more inclined to think that the cause of the infection will be found in non-specific organisms, examples of whose action in producing

inflammation in joints we have, according to him, in the rheumatic affections of the joints which sometimes occur during the puerperium, also along with bronchiectasis, scarlet fever, and dysentery. As to the treatment, it is especially important as quickly as possible to cure the inflammation in the urethra, and especially of the hinder parts.—(*D. Arch. f. klin. Med.*)

PUERPERAL FEVER.—In the Vienna school puerperal fever is known as septic infection, depending (1) upon the local lesion: (2) the infection of these local lesions. Then follow: (1) high fever and inflammation of the genitalia: (2) peritonitis, or pyæmia. There are three varieties recognized.

First. Puerperal peritonitis, or puerperal endometritis, with a symptomatology of fever, unclean lochia, meteorismus, vomitus, and peritonitis. Post-mortem section shows endometritis consecutiva, salpingitis and peritonitis purulenta, with exudations.

Second. Puerperal metro-phlebitis or pyæmia without peritonitis, the septic virus passing through the placental sections to the uterine veins. As symptoms we have: High fever, chills, torpor, subinvolution of the uterus. The abdomen is flaccid and painless on percussion. There may be icterus and metastatic phlegmon.

Third. Peritonitis plus pyæmia, or lymphangitis uteri, or phlegmona pelvis septica.

The treatment is local when a woman begins to have fever on the second day post partum. The external genitals and vagina are washed with $\frac{1}{2}$ per cent carbolyzed water, or with a 1-5000 sublimate solution. When operations have taken place, and the lochia are pathological, and there is high fever, the uterus is irrigated, a glass tube being used; $\frac{1}{2}$ grms. of iodoform, are placed in the uterus. The formula used is: R. Iod. pulv., 18 parts; Amyl. puræ; Glycerinæ; Gum arabic, aa, 2 parts.

Ice applications to the abdomen are used in peritonitis incipiens. Ergot is used internally. The antipyretics used are quinine, $\frac{1}{2}$ grms. daily; sod. salicyl., $\frac{1}{3}$ grms. daily; antipyrin, $\frac{1}{2}$ grms. daily. If these do not avail, the cold bath is resorted to. Alcohol is used freely in pyæmia, but never in peritonitis. In incipient peritonitis the following treatment obtains: Ice pills: ice cataplasms on abdomen: opium by the rectum, and quinine by rectum. In puerperal ulcers local applications of iodoform, or of iodol (which is expensive but devoid of odor), are resorted to. Salicylic anylum (1 part of salicylic acid to 5 parts of anylum), has also its merits. It has been found that the cases of puerperal metro-phlebitis, although attended with metastatic transference of the poison, forming abscesses and involving the lungs themselves, tend, in a large percentage of cases, to recovery: while those cases of puerperal

peritonitis almost always end fatally. Women seemingly moribund, in whom the whole system is poisoned, begin to recover as soon as elaborate metastatic action obtains. These patients are given alcohol very freely.—*Jour. Amer. Med. Ass.*

PORT WINE MARK.—(NÆVUS VINOSUS)—Our only method of treating the port wine stain is by means of external irritants. When it exists on parts of the body not exposed to view, it is better to leave it alone altogether. On the face it is so unsightly that an effort should be made to cure it. Unfortunately it cannot be said that our efforts are very likely to be successful. At one time I was inclined to give up the attempt, after trying multiple puncture, simple and with the cautery, Squire's multiple knife, and many other things. But as they so rarely disappear of themselves, and as I have latterly with persistence obtained somewhat better results, I believe we ought at least to give treatment a fair trial. It will require much patience, however, on the part both of patient and surgeon. Much time and care must be expended on them. The difficulty is to bring about a cure without destroying also the skin in which they reside, and so leaving a mark at least as disfiguring as the nævus itself. So far as I can see, our only chance is to bring about a dermatitis severe enough to lead to obliteration of the vessels, but not to produce ulceration. One attack of dermatitis, moreover, is rarely successful, unless the nævus be very small and pale. We have to repeat it over and over again through a period of many months; but looking to the effects of long continued frictional irritation, I have been encouraged to persevere, and, in some cases, have met with success. I have tried brushing with strong nitric acid, repeated blistering, iodine, perchloride of iron, and strong mercurial inunction. On the whole, I should say that iodine made the best application. The liniment, or the Edinburgh tincture, should be used and carried to strong irritation, to be repeated again and again as the cuticle peels off. The objection is the discoloration, so long continued and so conspicuous; but it is least likely to leave a permanent mark from its own action, and is at least as effectual as any other irritant.—*Ed. Med. Jour.*

MORBID GERMS IN WATER.—The close connection which often exists between drinking-water and the contagion of various diseases is unfortunately too well known to call for fresh announcement. A multitude of plans for purifying household water prove its general recognition. In all these the directing principle aims at the exclusion of organic matter, the source of chemical changes which nourish the omnipresent elements of infection. With regard to morbid germs themselves, it is more than doubtful if any system of filtration

can directly destroy or exclude them. It is true that they may be killed by oxygenation, but the power or duration of this process in domestic filtration can seldom, if ever, be relied upon for the purpose. Yet filters form an effectual check to disease, the germs of which are conveyed by water. The object still chiefly to be aimed at is therefore to starve out these injurious atoms by removing their organic pabulum. In reasoning thus, however, we imply that disease germs will only develop in water containing organic material, and not in that which is free from it; nor are we without experimental evidence in support of this view. Among investigations into this subject the most recent is that carried out by Messrs. Crooks, Tidy, and Odling on various London waters. Small quantities of culture fluid containing bacillus anthracis were introduced into household waters of different mineral composition, but free alike from organic impurity. In each case the germ remained active for a short time until probably its food-supply was used up, and the water was infective when added to a sterilised culture medium. After a few hours it lost this property. Thus it appears to be proved that bacillus anthracis, at all events, does not flourish in pure water, and we may probably regard it as being in this respect a test example of the behaviour of other morbid germs. These facts are encouraging since they show that a wholesome water-supply is possible even for the poorest, filter or none, if that in the mains is good and the domestic cistern is uncontaminated by dust or sewer air.—*Lancet*.

TUBERCULOUS MILK.—A series of researches and experiments in testing milk and its infective qualities in the case of tuberculous cows has been published in a Scandinavian journal by Drs. Bang and V. Storch. Dr. Bang found that milk both from the tuberculous portion of the udder and the healthy portion contains bacilli, and always produces tuberculosis in rabbits inoculated with it; also that milk from tuberculous cows without diseased udders was not infectious in some cases, but in others it contained bacilli and produced tuberculosis by inoculation. On further investigation it was found that all the animals thus experimented on developed typical artificial tuberculosis. Milk containing bacilli was then put into a centrifugal cream-producing apparatus, and when the vessel was made to revolve most of the bacilli collected in the film adhering to the periphery of the vessel; but the cream itself contained a certain number, and produced tuberculosis by inoculation. Again, the cream, after exposure in a dish for some time, was found to contain bacilli, the acidity having no destructive influence on them. Butter made from such cream was infectious. Heating to a temperature of 60°C. was found to lessen to a great extent the noxious properties: heating to 70°C. in many

cases destroyed infection, but not in all. Dr. Storch, in his chemical examination of milk from tuberculous udders, found that that from the diseased portion of the gland had a strong alkaline reaction; at the commencement of the disease it resembled healthy milk in appearance, but in the later stages it was thin, watery, and yellowish-brown; the milk from the healthy portion, on the other hand, was thick and of creamy consistence. In milk from the diseased part an increase of water and albumen was found, whilst there was a decrease of milk, sugar, and fat. From the healthy portion of the same gland the milk was found to be more concentrated, the albumen and water being diminished, whilst the fat, milk and sugar were increased. The ash obtained from the milk in the sound portion was not abnormal, but in that from the milk in the diseased part a great decrease of calcareous matter was observed and an increase of soda. Dr. Storch endeavours to explain these phenomena by suggesting that probably milk, sugar, and fat are formed in the udder, and albumen and water in the cells of the gland.

WATER AS A DIURETIC.—Dr. Brunton says, in the *Practitioner*, that water is, perhaps the most powerful diuretic we possess, although fewer experiments have been made with it upon animals than with the others. The diuretic action of water drunk by a healthy man is very marked, and it appears impossible to explain its elimination by a mere increase in blood pressure, whether general or local. It has the power of increasing tissue-change, and thus multiplying the products of tissue-waste which result from it, but it removes these waste products as fast as they are formed, and thus, by giving rise to increased appetite, provides fresh nutriment for the tissues, and thus acts as a true tonic. In persons who are accustomed to take little water, the products of tissue-waste may be formed faster than they are removed, and thus accumulating may give rise to disease. Many gouty persons are accustomed to take little or no water, except in the form of a small cup of tea or coffee daily, besides what they get in the form of wine or beer. A large tumbler of water drunk every morning, and especially with the addition of some nitrate or carbonate of potassium, will prevent a gouty paroxysm. Still more numerous, possibly, in the class of people who arise in the morning feeling weak and languid. Many such people are well fed, they sleep soundly, and it seems almost impossible to believe that the fatigue which they feel in the morning can result from imperfect nutrition, more especially as one finds that after moving about, the languor appears in a great measure to pass off. It seems that this languor must depend upon imperfect removal of the waste products from the body, as we know that the secretion of urine in healthy persons is

generally much less during the night than during the day. Such people should drink a tumbler of water before going to bed in order to aid the secretion of urine and of the waste products during the night.

THE TREATMENT OF DISORDERS OF THE STOMACH.

—1. *Dyspepsia*—Causes of Functional Indigestion:

(1) Eating too rapidly; (2) drinking too much water at meal-time; (3) improper food; (4) want of exercise; (5) too much tea and coffee; (6) too much tobacco. Treatment: Underdone meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calumba. An alkali a few hours after meals when there is a great acidity, but should not be used too frequently. (2) *Dilatation of the Stomach*.—Treatment: Dry, solid food; underdone meats; no milk. Carboic acid to allay fermentation. Wash out stomach occasionally. Strychnia, hypodermatically or by mouth. 3. *Chronic Gastritis*.—Treatment: Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v.). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained. (4) *Gastric Pain (Gastralgia)*.—Treatment: Diet of little importance; stimulus at meals in small amounts. Morphia relieves at once, but use it carefully. (1) Bismuth, with a little opium; (2) nitro muriatic acid, gtt. ij.-iij., diluted; or, (3) Morph. sulph., gr. 1-32; acid carbolici. gtt. j.; aq. menth. pip. ad. f 3 j., ter die: (4) Fowler's solution, beginning with gtt. j. and increase to gtt. v., ter die.—*Coll. and Clin. Record.*

BIRTH DURING HYPNOSIS.—Dr. Edward Pritzl records, in the *Wiener Med. Wochenschrift*, a case of this kind. A young woman was under his care in a lying-in hospital who, he had reason to believe would be easily brought into a hypnotic condition; and some preliminary trials showed his surmise to be correct. When, therefore, the case ultimately proved to be one in which narcotics should in the usual course be employed, Dr. Pritzl determined to give hypnosis a trial. In spite of her pain and the nervous excitement produced by the presence of several medical men, who wished to witness the experiment, the woman, after looking but a few seconds at the brilliantly illuminated thermometer bulb that was passed before her eyes, sank back unconscious. The following observations were made: The intervals between the pains lasted nearly two minutes; the pains themselves were more violent than is usual under a narcotic, and lasted on an average fifty seconds, being at their height actively aided by the pressure of the

abdominal muscles, and the intensity of the latter was quite normal. The patient was perfectly insensible, but the left lower arm was cramped and the left leg became stiff. There was no change observable in the right side. She turned her head hither and thither as if she were angry, frowned and groaned. In the intervals she resembled one asleep. In forty-five minutes from the time she became unconscious, a healthy child was born. In forty-five minutes after this, the woman was roused from her sleep, and would not believe she had been delivered, being hardly willing to own the child. The case up to the time of writing, had taken a favourable course. Dr. Pritzl lays stress on the following points as remarkable: 1. It was easy to induce hypnosis in such a case of labour. 2. The pains were violent enough to arouse reflex action of the abdominal muscles, but not to rouse the patient. 3. Evidently the hypnotic state accelerated labour, for it had been expected to last several hours. 4. The after-birth stage, which lasted forty-five minutes, was remarkable for the character of the pains, which, though short, were intense and assisted by abdominal action. The loss of blood was slight. Dr. Pritzl has similarly experimented in two other cases, which, though successful, were neither so rapid nor so perfect.

MERCURIAL INTRA-UTERINE INJECTIONS.—In proof of the advisability of greater caution than some may think necessary in the use of the mercurial antiseptic intra-uterine injections, so largely employed by some obstetricians, I may here cite from the *American Journal of Obstetrics* the history, not long since reported by Dr. Partridge, of New York, of "a case of labour that had occurred at the Nursery and Child's Hospital, in which vaginal injections of bichloride of mercury, 1 to 2,000, were used, and the patient did well for three days. On the third day she had a chill, and the house surgeon gave an intra-uterine injection of the same solution. The next day there was another chill, and the injection was repeated. This was followed by bloody passages from the bowels, and death took place. Intense colitis was found *post mortem*. Dr. Partridge referred to reports of three other cases of supposed mercurial poisoning from the same cause. The patient whose case he had related died within sixty hours from the administration of the first intra-uterine douche." At the same meeting of the New York Obstetrical Society at which the last case was referred to, Dr. Partridge also related a case in which, by mistake, a nurse threw a bichloride injection into the bladder instead of into the vagina, and severe cystitis was set up—quite as much, perhaps, from mechanical violence as from any special action of the bichloride.—*Dub. Journal Med. Science.*

MICROCOCCLUS IN BRONCHO-PNEUMONIA.—Some

researches on the micro-organisms of lobular pneumonia have been made by M. Pipping at the suggestion of Friedlander. In seven cases of fourteen examined, a micrococcus has been detected in variable numbers, having a great resemblance to the pneumococcus. The majority of the organisms were grouped in pairs or in chains. In three cases the oval cocci were surrounded by a very distinct capsule. Many of these capsules contained two or more cocci. These cases were uncomplicated by any acute disease. One was associated with carcinoma of the pylorus; the second with multiple cold abscesses of the hips; and the third with arterio-sclerosis and senile atrophy. The author gives a detailed description of the histology and of the experimental cultivations and inoculations with the pneumonic products of the said three cases. The preliminary inoculations in mice, rabbits, and guinea-pigs have yielded results that are in harmony with those obtained by Friedlander in the case of the coccus of lobar pneumonia. In four other cases of pneumonia of recent date M. Pipping discovered cocci having some resemblance to the pneumococcus, but differing in the absence of a capsule. Attempts at cultivation proved futile in two cases, and in the other two led to the development of several species of bacteria, but of none with a capsule. Seven cases yielded negative results. The author concludes that the encapsuled coccus regarded as special to lobar pneumonia is equally the pathogenic agent of some varieties of broucho-pneumonia.—*Lancet*.

SALICYLIC ACID TREATMENT OF DIABETES.—Dr. J. S. Holden reports in the *British Medical Journal*, May 1, six cases of successful treatment of glycosuria with salicylic acid, as confirming the views of Prof. Latham as to the pathological connection between diabetes mellitus and rheumatism.

The latter holds that there are two distinct kinds of diabetes: First, that which arises from a neurotic disturbance of the function of the liver; second, that which arises from a neurotic disturbance of the function of the muscle. The latter he has found to be so intimately associated with rheumatism that the degree of oxidation determines whether an excess of lactic acid or of glucose shall be formed in the muscles. He has also found that salicylic acid has the power of arresting the formation of both these products.

Dr. Holden has found the salicylic acid treatment to be of no avail in the treatment of non-rheumatic diabetics.

The first and most marked effect of the salicylic treatment in glycosuria of rheumatic persons, is the almost complete removal of the distressing polyuria.

The careful restriction of diet is less essential in this than in the other form of diabetes, though it is an aid in these cases too.

Dr. Holden has found the following formula a serviceable one for the administration of salicylic acid:

R	Acidi salicylici,	ʒij.
	Sodæ bicarbonatis,	ʒj.
	Ammoniæ carb.,	ʒj.

Mix in one ounce of water, and when effervescence has ceased add water to twelve ounces.

An eighth or twelfth part to be taken three times a day. This, he says, is not unpalatable when given in a wineglassful of water with a little tincture of orange added. The ammonia prevents any depressing effects.

As a means of distinguishing between the two forms of glycosuria, aside from the presence or absence of rheumatic arthritis, etc., which is generally sufficient, Dr. Latham has observed that in the diabetes of rheumatics there is present in the urine some substance which dissolves cuprous oxide, so that a larger quantity of Fehling's test has to be added before getting the brown precipitate in this urine than in the diabetic urine of hepatic origin.

BICHLORIDE OF MERCURY FOR CONSUMPTION.—We have for some time been using corrosive sublimate with such marked advantage in the treatment of tuberculosis of the lungs in a manner so much like that spoken of in the subjoined extract from July number, 1886, of *Progress*, that we had intended before this to make note of the fact. *Progress* does not tell us to whom to credit the following striking illustration of its value in tuberculosis: "S. T. M., aged 38 years, came October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnoea, hoarseness, frequent chills followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day. The sputum was so rich in tubercle bacilli, that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury, prepared as follows:

R.	Hydr. bi-chloridi	gr. ij
	Aquæ destillatæ	ʒ. j
	Sodii chloridi	ʒj
M.	Ft. solution.	

He was ordered pills of the bichloride gr. $\frac{1}{16}$ each, one before each meal and at night, and a pill composed of assafœtida gr. iij, and ext. nux vomica gr. $\frac{1}{4}$, to be taken at the same time. In six weeks he was walking the fields five or six miles daily, hunting game. He was married last January, and is now out West."—*Virginia Med. Monthly*.

HYDRANTIS CANADENSIS IN THE TREATMENT OF UTERINE HEMORRHAGE.—M. A. Mendes de Leon, of Amsterdam (*Arch. f. Gynaek.*) reports his experience in the treatment of about forty women with hydrastis canadensis. The remedy seems to have afforded the best results in cases of menorrhagia accompanied with severe dysmenorrhœa as a consequence of a determination of blood to the generative organs; in catarrhal inflammation of the body and neck of the uterus; in chronic pelvic cellulitis with severe abdominal pains at the periods; in prolonged and painful menstruation connected with displacements, especially retroflexion and retroversion; and in hemorrhage at the menopause. Instances are given of each of these five sorts of cases. In almost all of them the drug diminished the bleeding, and generally it overcame unnatural frequency of menstruation. The author observed no untoward effects beyond slight digestive derangements, except in two cases; on the other hand the appetite was improved. In the two exceptional cases, nervous symptoms made their appearance, the pulse became very weak and frequent, the patients were depressed and had hallucinations, and one of them suffered with transitory delirium and loss of consciousness. The drug was usually given for fourteen days before a menstrual period, in doses of from fifteen to twenty drops (preparation not specified) four times a day; in a few cases it was given during the whole intermenstrual period. Like Schatz, the author attributes the efficacy of hydrastis not so much to any action of the muscular tissue of the uterus as to its exciting vascular contraction and consequent diminution of pelvic congestion.

NOTES ON THE TREATMENT OF SUN-STROKE ACCORDING TO PROFESSOR DA COSTA.—For heat exhaustion, removal to a cool place, stimulation and forced feeding. For sunstroke proper, or thermic fever, reduce the temperature by stripping patient and dousing with cold water, or rub down with ice. A new method, introduced into practice simultaneously by some New York doctors and by Dr. Orville Horwitz of this city, is the use of antipyrine, either hypodermically, per rectum, or by the mouth. This plan has given excellent results. Turpentine by the bowels, at times, is useful. When the face is flushed, pulse full, put a drop or two of croton oil on the tongue. The use of the lancet is not advised, but exceptionally, when the case simulates apoplexy, it may be called for. Dry cups to the back of the neck in these cases do good. See that the kidneys keep acting: keep the system full of liquids: give water by the rectum. For convulsive phenomena, as-a-fetida by the bowel, inhalations of chloroform with care, and chloral hypodermically, all do good; but the most certain is morphia, thrown under the skin.

When the acute symptoms are over, a long treatment is necessary. If the patient has means he should remove to a cool climate, at least during the summer, and do no work of any nature for a year. Care must be taken about the function of the bladder, as irritability of that organ remains, also severe headache. Both of these troubles are best relieved by potassium bromide and cannabis indica.—*Col. & Clin. Record.*

INFANTILE DIARRHŒA.—In Dujardin-Beaumetz's Diseases of the Stomach and Intestines, an English translation of which, by Dr. E. P. Hurd, has just been issued, the following suggestions of Parrot as to the treatment of infantile diarrhœa, enterocolitis, and cholera infantum, are highly commended:

R Subnitrate of bismuth . . . 2 parts.
Syrup of blackberry . . . 100 parts.—M.

Dose: A teaspoonful every third hour before nursing or taking food.

If the stools are of a green color, and have the cut spinach appearance characteristic of enterocolitis, the following formula is preferred to the above, viz.:

R Subnitrate of Bismuth . . . 3 parts.
Lime water
Syrup of blackberry . . . aa 50 parts—M.

Sig. Dose, a teaspoonful every third hour before nursing or taking food.

In acute athrepsia and threatened collapse, Parrot administers, alternately, every ten minutes, a teaspoonful of the following mixtures, both of which are to be iced before administered:

1. Old brandy 1 part.
Water 20 parts.
- 2 A nutrient broth made of lean beef.

Twice or thrice a day the infant should be immersed for five minutes at a time in a warm bath, at about the blood heat. In this water a little bag of mustard flour may be allowed to soak. Two ounces of mustard are sufficient for six gallons of water.—*Medical Age.*

PAINLESS EXTRACTION OF TEETH WITH THE AID OF COCAINE.—Bignon records several cases in which teeth were extracted without pain by the subgingival injection of a twenty per cent. solution of cocaine benzoate. The method as at present practised, seems somewhat complicated, but is probably capable of simplification. A preliminary injection of two or three drops of the solution named is made in the internal portion of the gum of the carious tooth. After waiting forty seconds to one minute, a second injection of the same amount is made at the same point, but somewhat deeper. After a second delay of one minute the tooth is removed. The second injection is not felt.

It is interesting to note that no unpleasant results have been observed from this method, although the equivalent of three-quarters of a grain of the alkaloid was used.—*Les Nouveaux Remedes.*

TREATMENT OF THE BITES OF RABID DOGS.—The chief surgeon to the Metropolitan police, Mr. Mac-kellar, has issued a circular to the divisional surgeons advising that in cases of bites of dogs reported to be rabid the following treatment should be adopted:—"When possible a ligature to be applied above the part bitten; prompt and thorough suction of the wound, freely washing with water, and the application of absolute phenol (pure carbolic acid). The individual sucking the wound (usually the patient himself) to spit out all the matter so sucked, and to freely wash out the mouth with water. Should the wound be a punctured wound, make a crucial incision, promote and encourage bleeding, and treat as above." The circular adds that the use of nitrate of silver is to be condemned as insufficient, and that the phenol is painful only for a few minutes.

LANOLIN.—1. Lanolin is more readily absorbed by the skin than any other fatty substance.

2. As a basis for ointments it is useful when an effect upon the deeper skin or upon the whole system is desired.

3. On account of its firm-consistency, it is advisable to mix with it a certain amount of lard, especially in cold weather.

4. When applied to a highly inflamed skin, lanolin may not prove as bland as *fresh* lard or *pure* vaseline.

5. Considering its recent introduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments.—*Jour Cut. and Ven. Dis.*,

SPARTEINE AT HOME.—Dr. Thomas H. Buckler writes as follows to the *Boston Medical and Surgical Journal*:

"The expensive sparteine lately recommended by Germain Sée for cardiac weakness, is prepared from Scotch broom—*spartium scoparium*—the *Planta Genista* or emblem of the Plantaganets, which grows in many parts of the thirteen original States on sterile soil. It was brought over here by the Scotch and English to prevent the washing of gravelly roads and gutters. It should be cut and gathered at this season, and dried like hay. Its active principle is extremely soluble in water, and two ounces of ground or contused stems to a quart of boiling water, a wineglassful for a dose, every eight hours, are equivalent to a grain and a half of the prepared gum used by Dr. Sée. This remedy is useful not only in failure of the cardiac ganglia, but as a tonic to the organic and

vasometer nerves in whatever part of the body congestions occur from loss of power in them. I have used this agent in the form of infusion for half a century, and with marked advantages in many cases."

ACONITE IN THE FEVERS OF CHILDHOOD.—Dr. W. Barrett Roué (*Provincial Medical Journal*) complains that English physicians make too little use of aconite in the febrile affections of childhood, and urges its more general employment. He gives it in small and frequently repeated doses (one-fourth to one-half-minim of the tincture every three or four hours for children three or four years old), combining it with tincture of belladonna (one to two minims) to prevent depression. As soon as the child perspires freely, the medicine has done its work and should be stopped, to be again employed if there be a further rise of temperature. In cases of more than usual prostration he combines the aconite with carbonate of ammonia, and accompanies the mixture with brandy. The aconite, he says, will act equally well in such a combination, and there is nothing unscientific in so prescribing it.

WHEN NOT TO GIVE CHLOROFORM IN PARTURITION.—1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre, or to weak, anæmic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung troubles, unless there be an imperative demand for it.

3. It should not be given to complete anæsthesia except for operations, convulsions, or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—*Weekly Med. Review.*

STRANGURY is relieved by chloral hydrate more quickly and certainly than by any other remedy whatsoever. The dose must be a full one, however, in order that the effects be rapid and complete. For adults it should not be less than twenty-five to thirty grains, repeated if necessary. Of course it should not be given unless it is certain that the suppression is not due to some impassable mechanical obstruction.—*St. Louis. Med and Surg. Jour.*

SODIUM salicylate should be protected from light and moisture, it will become inactive in a few weeks.

THE CANADA LANCET.

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ANTISEPTICS IN MIDWIFERY.

Within the memory of many physicians, antiseptics have advanced from an insignificant to an important position in materia medica. The germ theory of disease naturally evolved the germicide. The universal *microbe*, having been charged with rendering many physiological conditions pathological, by its presence, it followed that, what would destroy bacteria must necessarily be indicated. Hence the prominence of the so-called antiseptics. The germ theory is only on trial at present, and may be superseded by some more probable cause of disease in the future, as science advances; like many of the doctrines of the learned of former days, e. g. the humorists, the chemists, the vitalists, etc. Should it be found that microbes are but results, and not causes of pathological action, then antiseptics must necessarily become less important. But up to the present, the great preponderance of evidence is strongly in favor of this theory becoming firmly established, and of antiseptics not only retaining their present importance, but of ultimately attaining a chief position, and becoming our most trenchant weapon in combating disease. It is important, therefore, that we avail ourselves of their potency, in destroying or rendering innocuous, what we have strong evidence for believing to be the *materies morbi*. That we are in some danger of ascribing virtues to antiseptics which they do not possess, is probable, yet, as the science of medicine is only established by experiment, it is our duty to give them a fair trial and

hope for the survival of the fittest. But it is important also, for their ultimate success, that we do not ask them to exceed their legitimate powers, and thus bring them into disrepute by excessive devotion, as has been done in the case of many other valuable remedial agents, such as mercury, phlebotomy, etc.

It is but recently that antiseptics have been generally used in midwifery, and we fear that even now, their utility is not very generally recognized and acknowledged. With the older physicians who have had success in this branch of their profession, prior to the reign of antiseptics, the use of antiseptics is thought to be a work of supererogation, if not positively injurious. It must be admitted, that frequent injection of antiseptic liquids into the vagina and possibly uterus, even by experienced hands, is not free from dangerous results. Many instances of metritis, peritonitis, etc., have been recorded, which were caused by this means. Dr. H. Fry, of Washington, reports many minor accidents, and one case of acute general peritonitis from this cause. Dr. Chamberlain has twice observed peritonitis to quickly follow injections of warm water. Dr. F. P. Foster believes injections dangerous. Dr. Munde, and many others hold that vaginal injections may produce pain, inflammation, and other dangerous symptoms. Doubtless, as this practice becomes more prevalent, many more similar results will be recorded. In hospitals and maternities, where noxious microbes are supposed to prevail, this mode may be necessary; but in private practice, with healthy surroundings, the general use of post-partum antiseptic injections does not seem to be so clearly indicated, especially when their administration must be entrusted to inexperienced and often careless hands. When the lochia, from any cause, have degenerated and taken on a putrescent odor, this lesser risk must be overlooked, and injections frequently administered, in order that the greater danger may be obviated. But with good hygienic environment, and no indication of septic degeneration, many good authorities recommend that post partum antiseptic treatment should be limited to external application.

It has been pretty well established, that by this means, the usual post partum rise in temperature, after the first day, can be greatly diminished, if not entirely prevented. What we have been ac-

customed to call milk fever, is now held by many to be caused by the absorption of waste material, from the involution of the uterus; and "that the difference of the so-called milk fever, and serious septic fever, is only one of degree, and not of kind." Barnes says, that if milk fever persists beyond twenty-four hours, it becomes puerperal fever. The excretory organs, so active at this period, are fully capable of removing the absorbed matters, so long as they remain natural; but when infected with noxious bacteria, from external sources, these organs are incompetent to remove the more septic debris with sufficient rapidity, and puerperal fever is the result.

It has been found, even in hospitals, when antiseptic delivery and subsequent treatment has been thoroughly adopted and enforced, that the so-called milk fever no longer obtains, and the reasonable hope is entertained that deaths from puerperal fever will be greatly diminished, if not altogether abolished. This would reduce the mortality of child-bed, says Dr. John Williams, to one-fourth per cent. All agree in the safety and utility of proper disinfection of the hands and instruments of the accoucheur, and of thorough antiseptic cleanliness externally, on all occasions.

A solution of mercuric bichloride, 1 to 1000, is recommended as the best antiseptic for the accoucheur, and external application, and 1 to 4000 for injections, when necessary. The latter should be used as hot as can be borne. The syringe used should not have a terminal opening. Firm pressure must be applied to the uterus during the injection, to squeeze out blood-clots and other matter, and prevent the liquid from entering the uterine cavity. With these and other precautions which suggest themselves to the accoucheur, let us hope that the use of antiseptics in the lying-in room and ward may become more general, and that further trial may establish the sanguine views entertained by the many, who so ardently advocate their utility. But let none forget, that neither science nor art can successfully substitute anything in lieu of nature's antiseptics, viz., pure air, water, and sunshine.

THE RECENT BRITISH MEDICAL ACT.

The question as to the right of our Medical Council in Ontario to insist on all practitioners fulfilling the conditions of its curriculum has at

length been set at rest. Our readers are all aware that for years past the profession in Ontario has been working for the consummation of this event. It has been held that in this, as in other matters of education, we should be outside Imperial control; and now, by the Queen's assent to the British Medical Act of 1886, given just at the close of the last Parliament, our right to perfect independence has been recognized. Our Council is acting wisely we think, in not enforcing the conditions until after June 1st, 1887. This will give some gentlemen who have begun their studies on the old lines, an opportunity to obtain their British qualification and register before that date. But it will still press hardly upon students who are in their last year, and who, even though they graduate next spring here, can hardly hope to obtain a British licence before June 1st. This, according to the present curriculum of our Council, will necessitate their taking up again *all the primary and final work*.

Would not this be a hardship? We think so, and have no doubt that some arrangement will, in the wisdom of our Council, be arrived at, by which gentlemen will not labor under any disability, simply because they commenced their studies one or two years earlier or later.

Some members of the profession, and some especially who are members of the Council, seem to hold the idea that graduates who proceeded to England or Scotland and took a licence which entitled them to register here, were evading our regulations, or, as it has been put, *evading our laws*. Now a law must be made before it can be broken, and therefore persons who did not take the Council examination, had a perfect right to qualify as they chose, notwithstanding the fact that they did not pay for the Council examinations. In another column is a letter, in which some very practical hints are thrown out, especially that one which suggests that only the more important subjects of the medical course be required at the final Council examinations. The matter has yet to be decided upon by the Council, and we make this brief notice in the hope that it may call forth an expression of opinion from the rank and file, as well as from those who are our leaders.

DR. W. G. WALFORD says (*Brit. Med. Jour.*) that arsenic is prophylactic of scarlatina.

TREATMENT OF CHOREA.

Many drugs have been lauded by various authors for the treatment of this common malady. While the pathology of the affection remains so obscure, it is not to be wondered at, that empiricism reigns in the treatment. Most observers agree that arsenic is more to be depended upon than any other drug. But competent men also say, that sometimes drugs are not so much indicated, as rest and food. Thus, Goodhart makes it his first principle in all cases; and he believes that the marked improvement often noticed when choreic children are admitted to a hospital, depends more upon the rest and quiet there obtained, than upon any new, or more effective medication. Of course the regularity of treatment in a hospital aids in the improvement, but first of all are the rest and quiet. Many mild cases do quite well without drugs, and could the practitioner in private cases quiet the apprehensions of the relatives, doubtless many more cases of cure without the use of medicines would be noted. Arsenic is the most certain medicine known at present for the alleviation of the symptoms. But it must be administered in regular, and constantly increasing doses, or its full benefit will not be apparent. Beginning with three minim doses of Fowler's solution, three times a day, it should be increased one drop at each dose, daily, until the point of tolerance is reached. It would be quite safe to commence with such a dose for a child six years old, and it may be continuously increased up to twelve or fifteen minims each dose, choreic children showing great tolerance of arsenic. Other preparations of arsenic have been recommended, but the majority of writers on the subject agree that the liq. arsenicalis is the most convenient, as well as the most effective preparation in use. Thus Sinkler, having tried the bromide of arsenic, reports that it was not in his hands so efficacious as the Fowler's solution.

Should toxic symptoms supervene, the drug should be stopped for a day or two, and then administered again. Some diversity of opinion exists, as to whether it should be recommenced in the largest dose which had been tolerated, or whether the patient should go back to the original small dose, and work up as before. Seguin adopts the former plan. Not unfrequently the patient seems worse for a few days after the arsenic is

administered, but in a short time improvement is noted.

Success has followed the subcutaneous use of Fowler's solution in chronic cases which refused to yield to any other mode of administration of this, or any other agent. The solution for hypodermic use is better prepared without the Spt. Lavand. Co., as it is less liable to be followed by those troublesome abscesses, so common after the use of the hypodermic syringe, especially if the needle be not introduced deeply into the muscle.

In cases which succeed rheumatism, actæa racemosa often does well, though even here, notwithstanding the alleged wonderful influence of actæa over rheumatism, the nerve tonic treatment by arsenic is more reliable. Ringer says he has found no benefit from its use in uncomplicated cases. Among other agents which might be mentioned as beneficial, and as even sometimes proving successful when the arsenic fails, are zinc sulphate, oxide and nitrate of silver, and the various preparations of iron; also conium, hyoscyamus, and valerian.

Now, there are certain cases in which such treatment would be almost useless, viz.: those in which the motions are so violent as to prevent sleep, or even deglutition. Here we must at first restrict ourselves to the *sedative* plan of treatment, leaving the above *tonic* plan to take its place later on. When a child, through constant loss of sleep, becomes so choreic as to be unable to take nourishment, danger is imminent, and some agent must be exhibited which will give rest and sleep. Such we have in chloroform and chloral. Inhalations of the former often work like a charm, the child sometimes sleeping hours after the effects of the chloroform have passed off, and waking in a calmed and greatly improved condition. The same may be said of the effect of large doses of chloral. The administration may have to be continued for days, gradually decreasing the number of inhalations of chloroform or doses of chloral, and taking especial care that proper food be given during the short intervals between sleep. As soon as the serious symptoms are relieved by this sedative line of treatment, the tonic plan must be introduced. When anæmia co-exists, iron should be combined with the liq. arsenicalis, the ammonio-citrate being a good preparation. Long standing cases require also general tonics, such as cod-liver oil, exercise in the open air, regular gymnastics, and any and

every agent which will assist in bringing the nervous tone up to the normal. Small doses of arsenic and iron should be continued for a long time after the child is apparently well, to ward off a second attack. It must be added, that a few cases resist all treatment. These are chiefly hereditary choreics, and those suffering from localized chorea.

THE DOMINION MEDICAL ASSOCIATION.

The annual meeting of the Dominion Medical Association was held in Quebec, August 18th and 19th. The attendance was not large, the Eastern men not turning out as it was hoped they would do. The meeting was held so far east, partly for the purpose of encouraging the members of the profession in the Maritime Provinces to come to the fore; but the experiment was not a success. The representation from the west was good, as it was also from the cities of Montreal and Winnipeg. The address of the president was a good one, and contained many valuable suggestions, among which may be noted the proposal to memorialize the Dominion Government, for the purpose of obtaining a grant to establish a laboratory for original research. This idea is a capital one, and deserves to be carried out. His proposal to have courses of lectures established, corresponding to the lectures given by eminent men, for the Royal College of Physicians and Surgeons in England, is one which will meet the approval of all.

The question of matriculation was touched upon, and various opinions were elicited. Dr. Sullivan made a very pertinent remark, when he asked what there is to offer to a man for all the years of labor and expense that will be necessary, if the standard is raised. The papers were good and were well received. Dr. McEachren's report on pleuro-pneumonia in cattle was full of interest. He discussed the nature of the disease in a very scientific manner, and suggested "lung fever" as a name more appropriate than pleuro-pneumonia.

The election of officers was made without any soliciting or canvassing, a matter of congratulation to the gentlemen who are to fill the offices for the next year, as well as to the profession at large. Dr. Graham, the new president, will be heartily welcomed by all who know him; no better choice could have been made. His well-known scientific attainments, great zeal for the advancement of

scientific medicine, and genial manner, make him well qualified to fill the position satisfactorily. We heartily congratulate him upon the honor bestowed upon him, and the Association on the choice made.

While the profession in Quebec kept aloof, as a body, there were fortunately some exceptions. Drs. Russell and Vallée have the thanks of the visiting brethren, for the pains they took to render their visit pleasant as well as profitable. They will be remembered by the Western men as having shown the greatest kindness and hospitality. The next meeting will be held at Hamilton.

STAFFORDSHIRE KNOT. — The *Albany Medical Annals* gives among its *abstracts*, the following as Lawson-Tait's method of constricting the pedicle: He employs an awl-like needle, with an eye near the point, and threaded with the ligature, to transfix the pedicle at its middle. As soon as the eye appears on the distal side, the ligature is seized and pulled upon while the needle is withdrawn, and entirely cleared. Now there is a loop on one side of the transfixed pedicle and two free ends on the other. The next step is to pull upon the loop until it is long enough to pass over the tumor or collapsed ovarian cyst; then one of the free ends is passed through the loop, and the two ends pulled upon till the loop is shortened and made to encircle the halves of the pedicle at the line of transfixion.

TREATMENT OF HYDROCELE. — Dr. Keyes recommends, in the *New York Medical Record*, the injection of pure carbolic acid "deliquesced in a little glycerine" as a simple, effectual, and almost painless method of treating hydrocele even of large size. The instrument he uses is a glass syringe holding about a hundred minims, to which a hypodermic needle of medium size is fitted as a nozzle. The hydrocele-fluid is first drawn off either through this needle or by a separate puncture; thirty to sixty minims of the carbolic acid and glycerine are then injected. Dr. Keyes recommends that the patient should be kept quiet, but not necessarily confined to bed, for forty-eight hours.

PERMANGANATE OF POTASSIUM IN SNAKE BITES. — Dr. J. Berger reports (*St. Louis Med. Jour.*) that his son, *æt.* 14, recovered without any un-

pleasant symptoms, from a bite given by a copper-head, both fangs having entered the flesh of the thigh. The remedy used was permanganate of potassium, 10 minims of the solution being injected as soon as possible under the wound. Fifteen minutes after, the injection was repeated, and the pain and swelling very soon disappeared. The writer says the remedy must be used within a few moments after the wound is given, or it is not so effectual.

TOPICAL USE OF VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.—Dr. Todd (*Kansas City Med. Rec.*) says he has had marked success from the topical use of this remedy. He applied it on a cotton pledget, saturated with a solution of 1 oz. of the fluid extract to 2 oz. of glycerine, pushing it well back against the cervix. This plug is to be worn only at night. He mentions cases in which he succeeded in carrying the patients to full term, which he considers would have been hopeless without the topical action of the drug.

SULPHATE OF IRON IN DIARRHŒA.—Charles Rothwell, writing to the *Brit. Med. Jour.*, calls attention to the great value of sulphate of iron in diarrhœa both of adults and children. He says the salt is generally used in the disinfection of excreta, in sewers, etc. Why not, then, a more general use of this agent in the "aboriginal sewer in corpore villi," which nature flushes at such waste of blood-serum? He has found it highly beneficial in choleraic diarrhœa, and thinks it is not widely enough used.

ANODYNE FOR VESICAL IRRITATION.—Dr. Copeland recommends the following as an injection for the chronic inflammation of the neck of the bladder, in old men with enlarged prostates: Ten grains of the benzoate of soda to one ounce of water, to which is added 20 or 30 drops of the green tincture of gelsemium. This is warmed, and injected into the bladder when the pain is severe. It should be retained for 20 or 30 minutes, and then either evacuated or drawn off.

OXALIC ACID AS AN EMMENAGOGUE.—M. V. Poulet (*Gaz. hebdom. de méd. et de chir.*) reports a number of cases in which oxalic acid has been used for amenorrhœa from various causes. He regards its effects as marvellous, including an

amelioration of the pain in cases of dysmenorrhœa. He gives it according to the formula:

Oxalic acid, 2 parts.
Warm water, 200 parts.
Syrup of bitter orange-peel, 60 parts.

A teaspoonful is to be taken every hour.

THE BLOOD IN CONSUMPTION.—Dr. Cutter, of New York, has lately read a paper before the Medico-Legal Society of his city, advocating the microscopical examination of the blood for diagnosis of consumption, with reference to life insurance. While some few may recognize abnormalities in the blood of consumptives, it would be too much to expect the rank and file of medical examiners to decide whether an applicant has or has not the disease from a microscopical examination of the blood.

CHLORAL AS A VESICANT.—Hydrate of chloral has, according to the *London Medical Record*, been successfully employed instead of cantharides for blisters. For this purpose powdered chloral is sprinkled on previously slightly warmed adhesive plaster. Vesicles are raised by it in about ten minutes. The advantages of this blister over other kinds, are rapid and perfectly painless action, and absence of any of the troublesome effects sometimes caused by cantharides.

DR. DE MUSSY (*Les Nov. Rem.*) recommends the following as an ointment to be applied along the course of the swollen vein in phlegmasia alba dolens:

R—Ext. Opii,
Ext. Belladonnæ,
Ext. Hyoscyami,
Ext. Conii sem., āā grs. xlv.
Adipis pur., ℥j.—M.

Cover the leg with poultices.

QUININE INSUFFLATION IN WHOOPING-COUGH.—Bachem (*Centralblatt für Klin. Med.*) says he has had excellent results from the insufflation, three times a day, of three grains of a powder composed of finely pulverized quinine mixed with one-third its weight of gum arabic. The process must bring the medicament within reach of all portions of the mucous membrane of the nasal passages. A cure was effected usually within three weeks.

SLEEPING WITH THE HEAD LOW.—The practice of raising the head by pillows during sleep is almost universal, but according to Dr. Meuli-Hilty (*Med. Record*), the reverse position should be assumed when we go to rest. The Dr. made experiments in his own person, and found that when he slept with his head lower than his feet, he always awoke more refreshed and capable of performing better work than after a night's rest in the usual position. He has continued the practice for four years, and considers it is the correct attitude for sleeping. His idea is that the brain receives more blood and is consequently better nourished, hence more capable of hard work. Congestion of the brain is prevented by the thyroid gland, which he found increased in size so as to make the circumference of the neck nearly two inches greater. He also claims it is a prophylactic against pulmonary phthisis, since the apices of the lungs receive a fuller supply of blood, under gravitation, and are therefore more able to resist disease.

IODOFORM IN PHTHISIS.—It is said (*Med. Rec.*) that iodoform is becoming the regular treatment in phthisis and other lung affections. Some Italian medical men have been making extensive trial of the agent, and have found it very beneficial. Prof. Chiamelli has found after observations extending over four years, that it lessens the fever, and by its antiseptic action upon expectorated matters, so alters them as to inhibit putrefaction. The same gentleman thinks it would be very effectual in the treatment of caseous pneumonia. The drug was on trial in phthisis in Edinburgh for some time, but with what result we do not know. M. Verneuil administers two grains twice a day, suspended in ether, and contained in capsules.

PRURITUS VULVÆ.—In chronic cases, Dr. De Mussy orders as a lotion:—Infusion of marsh mallows, 1 litre; cherry-laurel water, 50 grams; subborate of soda, 10 grams. Also an ointment, to be used night and morning, as follows:—Glycerole of starch, 20 grams; bromide of potassium and subnitrate of bismuth, aa 1 gram; calomel, 40 centigrams; extract of belladonna, 20 centigrams.

THE MICROBE OF RABIES.—Dr. Dowdeswell

(*Lancet*) says he has discovered a micrococcus in the spinal cord of rabid dogs, and regards it as specific. It is found in greatest numbers around the central canal of the spinal cord and medulla, but was found in some cases in the blood-vessels. It is difficult to demonstrate, not taking the ordinary stains. He exhibited preparations at the Royal Microscopical Society in June.

ERGOTINE IN BRONCHOCELE.—Dr. James Fox reports a case (*New Eng. Med. Month.*) of bronchocele in a woman aged 43, which had continuously increased since puberty, as cured by hypodermic injections of ergotine. The patient lost 17 pounds in weight in 9 weeks, but at that time the enlargement was all gone, though it had been so large as to cause considerable dyspnoea, as also dysphagia.

LACTIC ACID IN TUBERCULAR LARYNGITIS.—Dr. Theodore Hering has employed the above agent in his hospital. He applied it to the larynx by means of an instrument, commencing with a ten per cent. solution, and increased the strength up to eighty per cent., and in some cases he even used the pure acid. Out of twenty cases only four were not benefited, while four were completely cured, and others variously improved. When the application caused much pain, cocaine was used to allay it.

SANTONATE OF CALCIUM is preferred to santonin by E. Bombelon (*Arch. d. Pharm.*) as a vermifuge. It is a tasteless powder, almost insoluble in water, and to these properties the author attributes the fact that it is more efficient than santonin and less apt to be expelled by vomiting. It should be neutral.

PERMANGANATE OF POTASSIUM IN AMENORRHOEA.—J. Fletcher Thorne, F.R.C.S. Ed., writes to the *Therapeutic Gazette*, that he has never seen the least benefit from the use of the above drug in amenorrhœa, though he has used it in scores of cases. No doubt many others have had a similar experience, but have not given their failures to the public.

BRITISH DIPLOMAS.—F. G. Finley, M.D., McGill, and N. S. Fraser, M.B. Edin., have lately been admitted to the membership of the Royal College of Surgeons, England.

Books and Pamphlets.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY.

A Systematic Treatise on the Theory and Practice of Surgery. By authors of various nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Volume VI. New York: Wm. Wood & Co. 1886. 1272 pp.

This is the concluding volume of a gigantic work, which has been six years in completion. The work is excellently done, and must be a source of pride to its Editor, as well as to his fellow countrymen at large. The printers and proof-readers have also done their work well. The whole consists of fifteen articles, as follows: Injuries and Diseases of the Oesophagus, by J. Solis-Cohen, M. D.; Intestinal Obstruction, by John Ashhurst, Jr., M. D.; Injuries and Diseases of the Rectum, by William Allingham, F. R. C. S.; Urinary Calculus, by E. L. Keyes, A. M., M. D.; Lithotrity, by William H. Kingston, M. D., D. C. L., L. R. C. S. E., etc.; Injuries and Diseases of the Bladder and Prostate, by Reginald Harrison, F. R. C. S.; Injuries and Diseases of the Urethra, by Simon Duplay, M. D.; Injuries and Diseases of the Male Genital Organs, by H. Royes Ball, F. R. C. S.; Injuries and Diseases of the Female Genitals, by Theophilus Parvin, M. D.; The Cæsarean Section and its Substitutes; Laparotomy for Ruptured Uterus and for Extra-Uterine Fœtation, by Robert P. Harris, A. M., M. D.; Ovarian and Uterine Tumors, by Charles Carroll Lee, M. D.; Inflammatory Affections of the Bones, by L. Ollier, M. D.; Scrofulo-Tuberculous and other Structural Diseases of Bones, by Eugene Vincent, M. D.; Tumors of the Bones by A. Poucet; the Treatment of Deformities, by Frederick R. Fisher, F. R. C. S. Some valuable papers by well-known men are appended, viz: The Construction and Organization of Hospitals, by Edward Cowles, M. D.; Preparation of Military Surgeons for Field Duties; Apparatus required; Ambulances; Duties in the Field, by B. A. Clements, M. D.; and a History of Surgery, by George Jackson Fisher, A. M., M. D.

DICTIONARY OF PRACTICAL SURGERY. By various British Hospital Surgeons. Edited by Christo-

pher Heath, F. R. C. S., Holme, Prof. of Clin. Surg. Univ. Coll. Lond., etc. Philadelphia: J. B. Lippincott & Co. 1886. Price \$7.50.

This work, of 1850 pages, is in surgery what Quain's dictionary is in medicine. Surgical names only, have been used for the various affections, and while the articles are written by the best known surgeons of the day, a uniform order has been followed, viz.: cause, pathology, symptoms and diagnosis, treatment and prognosis. Mr. Heath is so well and favorably known, and his reputation as a surgeon stands so high, that we should expect this work to be *facile princeps*, and a perusal of its pages will not disappoint even the most ardent admirers of the editor. The work has all been written within the last two years, so that its readers may feel assured of finding in it a "compendium of the practice of British surgery of the present day." We heartily recommend the work to practitioners, both for study and reference.

THE PRINCIPLES AND PRACTICE OF MEDICINE. By the late Charles Hilton Fagge, M. D., F. R. C. P., including a Section on Cutaneous Diseases, by P. H. Pye-Smith, M. D., F. R. C. S.; Chapters on Cardiac Diseases, by Samuel Wilkes, M. D., F. R. S., and Complete Index, by Robert Edmunds Carrington, M. D. Vol. II, 8vo. pp. 883. Philadelphia: P. Blakiston, Son & Co. 1886. Toronto: Williamson & Co.

This volume will be welcomed by the profession. It is, in the opinion of most capable judges, the best work on medicine yet published in English. Comment on the value of the contents is therefore unnecessary. The work begins with diseases of the heart and blood-vessels and this is followed by diseases of the alimentary tract, including affections of the nose, mouth and salivary glands. Diseases of the liver, of the spleen and of the lymph glands are next taken up. About one hundred and seventy pages are devoted to affections of the urinary organs, including Addison's disease. The general diseases affecting the joints are considered; this class is made to include gout, acute rheumatism, arthritis deformans and gonorrhœal synovitis. Rickets and mollities ossium constitute the diseases of the bones which are described. The diseases of the blood represented by scurvy, anæmia, hæmophilia and purpura are disposed of in about thirty pages.

Dr. Pye-Smith has occupied about one hundred and fifty pages with diseases of the skin. The work closes with a short memoir of the author.

DISEASES OF THE SPINAL CORD. By Byron Bramwell, M.D., F.R.C.P. Ed. Forty-three colored plates and one hundred and two wood engravings. Second edition. New York: Wm. Wood & Co. 1886. Cloth, pp. 293.

This is an excellent work on a subject which is all too little known by the general practitioner. It is looked upon by competent judges as being one of the best works extant on the subject. The explanations are remarkable for their clearness and lucidity. An important feature is the discussion of concussion of the spine, and the method of examining "railway cases." The publishers have apparently spared no expense to make the work popular, the colored plates being in excellent style and most of the wood-cuts are very plain.

The first chapter deals lucidly and comprehensively with the anatomy and physiology of the cord; the second, with its pathology and the resulting alterations in function. Then follow, methods of case taking, symptoms, prognosis, treatment.

The last chapter is devoted to a tabular classification of the diseases of the cord and description of the individual functions. We heartily recommend the work to those engaged in the study of this difficult branch of medicine.

DISEASES OF THE STOMACH AND INTESTINES. By Prof. Dujardin-Beaumetz, Physician to the Cochin Hospital, etc. Translated from the fourth French edition, by E. P. Hurd, M.D., with illustrations and chromo-lithograph. New York: William Wood & Co. 1886.

Those wishing a comprehensive work on diseases of the stomach and intestines, will do well to peruse this one. The name of the author is now well and favorably known on this side of the Atlantic.

The first five chapters are devoted to the subject of regimen, which is so important a factor in the production of diseases of the stomach and intestines. The work is a thoroughly scientific one, and deals exhaustively with the subject under consideration, while at the same time the matter has been so carefully condensed, that it is not cumbersome. The translator is to be complimented on the truly English ring he has given his sentences.

A MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By Condict W. Cutler, M.S., M.D., etc. New York and London: G. P. Putnam's Sons. 156 pp.

This little work will be valuable as a book of reference. While we do not think that either the student or practitioner ever learns to diagnose from tables, still there are times when such an arrangement as given by the author will be found exceedingly convenient. The work is carefully done, and the book presents a very neat appearance. It will save a student many an hour's physical work in writing out tables of differential diagnoses for himself.

THE GENUINE WORKS OF HIPPOCRATES, translated from the Greek by Francis Adams, LL.D., Surgeon, in two volumes. Vol. I. New York; William Wood & Co. 1886. Cloth, pp. 390.

This work will be full of interest, not only to medical men, but also to many scholars outside the profession. Dr. Adams has accomplished the task of translation of what was heretofore a sealed book to the majority of readers. The work is well done, and will be read with pleasure by those who desire an acquaintance with the old masters.

SPASM IN CHRONIC NERVE DISEASE; being the Gullstonian Lectures delivered at the Royal College of Physicians of London, March, 1886. By Seymour J. Sharkey, M.A., M.B. Oxon, F.R.C.P., Assistant Physician and joint lecturer on Pathology at St. Thomas's Hospital. London: J. & A. Churchill; Toronto: Williamson & Co.

LECTURES FOR KINTERGARTNERS, by Elizabeth P. Peabody. Boston: D. C. Heath & Co.; pp. 226. 1886.

NOTE.—Will the gentleman who sent us a communication, "Consulting with Quacks," be so good as to forward his card, as we cannot produce anonymous letters.—[ED.]

PASTEUR has been granted the degree of M.D., *honoris causa*.

Births, Marriages and Deaths.

On the 11th ult., at Nicolson Square chapel, Edinburgh, Richard C. Coatsworth, M.D., of Toronto, to Mary Eliza Isabella Maude, eldest daughter of the late Mr. John Durham, of St. Catharines.