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Original Communications.

TREATMENT OF PLACENTA PRÆVIA.

BY J. ALGERNON TEMPLE,

Prof. of Obstetrics and Gynecology, Trinity Medical College.

Acceeding to the request of the President, I appear before you to-day, to open the discussion this year on Obstetrics; as you are all well aware it has been our custom for many years past to appoint some one to open the discussion on each one of the chief branches of Medical Science. Unfortunately for myself, but still more for you, I have been selected as one of those to lay before you some obstetrical subject.

On looking over the subjects selected in previous years; I find that "placenta prævia" has never been chosen. The disease is one of not uncommon occurrence, while at the same time it is one of very great importance, and is just as liable to be met with by the youngest practitioner as the most experienced. I have therefore selected the "Treatment of Placenta Prævia." The subject is too extensive to deal with in its entirety and the time allowed by the Association is also too short, even if I thought of doing so; however, the treatment ought to afford material for discussion.

It is only expected of me to lay before you some text for discussion, I am not expected to enter into any theory of my own or of any one else, consequently I will be as brief as I can; merely outlining the treatment as advanced to-day by the most experienced writers; in other words the common practice of to-day.

In the discussion that will follow I hope if any one present has anything better to put forward, anything he has found more useful, he will give us the benefit of his experience, so that we may be able to profit by his work, and in this manner it appears to me our Association must bring forth good practical results. For my own part I have nothing new to advance; I have followed in the beaten path of my predecessors and have had good results in my own practice, but I am ready to learn, and will gladly receive from any fellow practitioner any practical hint that will serve me, when in attendance on so anxious a case as one of placenta prævia.

In looking over the literature of this subject for the past century, it may not be uninteresting to make a few selections from some of the prominent writers on the subject: as a matter of comparison, just to see what progress we have made. In 1733, Chapman, writing on placenta prævia, recommends: that on the first attack of hæmorrhage, the woman should be at once delivered by art; as her future progress in gestation is accompanied by great risk to herself. Pergoz advises: that gestation should not be interfered with by art, "but that we should always wait for the natural labor pains," which he goes on to remark will put a safe end to the gestation.

Rigby, writing in 1789, says: hæmorrhage occurring in the early months of gestation is not serious to the woman; he considers interference with gestation to be unnecessary, and in another place he remarks: "Were it even necessary to interfere with gestation, I cannot conceive it possible even how to do so." Rigby did not believe then in the original fixation of the placenta at the os uteri; that when found there, it was the result of an accident, which had caused its dislodgment from its original site at the fundus, and that it had fallen or gradually slipped to the lower end of the uterus and there formed new attachments for itself.

In support of this theory he quotes Mauriceau, Portal, La Modé, Dioniss, Ruysch, Deventer, Giffard and others.

Smellie appears to have been the first author to admit the possibility of placenta prævia as a primary occurrence; in dealing with the treatment of hæmorrhage, he recommends the entire separation of the placenta, the rupture of the membranes and the delivery of the placenta first. This treatment for many years fell into disuse, but was again revived by the late Sir J. Y. Simpson, though there are some who credit him as being the originator of this plan of treatment.

As early as 1776, Leroux advocated in those

cases of hæmorrhage occurring with placenta prævia and the os uteri undilated, that the vagina should be firmly packed with tampons of lint soaked in vinegar.

The famous Blundell, writing in 1815, says, "that hæmorrhage in placenta prævia usually occurs between the 7th and 8th month."

That in cases where the os uteri is dilated the best plan in the interest of both mother and child is to turn; and where not dilated, to wait till it attains the size of half a crown, and then to turn. And when the os is too rigid for the safe passage of the hand to turn, to puncture the membranes through the placenta, being very careful not to detach it. Again in central placenta prævia he recommended the perforation of the placenta through the centre rather than its lateral detachment. Dewees, in 1837, advises, before dilatation of the os uteri, rest in bed, and if the pulse be strong and full, a free general bleeding from the arm, and the internal administration of large doses of acetate of lead, and cold applications to the vulva and lower part of the abdomen, and also rectal injections of ʒjs. of acetate of lead every hour to promote congelation of the blood.

Hok recommended cold astringent vaginal injections, vaginal tampons of lint soaked in alum or wine and alum.

Such is a brief outline of the treatment adopted during the past hundred years.

This brings us now to the consideration of the treatment as practiced in our own time.

Of all the men who have written on this important subject, I think we are most indebted to Robert Barnes; for the introduction of the separation of the placenta from the lower cervical zone of the uterus, or, as he calls it, the unsafe attachment of the placenta. Also to Branton Hicks, who taught us how to perform version by the bi-polar method, before the dilation of the cervix.

These two methods have enormously reduced both maternal and fœtal mortality. In treating a case of placenta prævia, the very first question that forces itself upon us is: to decide as to the advisability or otherwise of endeavoring to prolong the gestation. "Undoubtedly, in all cases of labour it is the duty of the accoucheur to endeavor, if possible, not only to save the mother's life, but also to give every chance to the child.

I must admit that in all cases where both the mother's and child's life are in peril, I give the greatest chance to the mother, as her life, I consider, is of far more importance than that of the unborn child. The question is one of the greatest importance, and one that deserves the most careful consideration at the hands of the attending physician.

The best line of treatment to be adopted is not altogether a settled one. There are some who advise the immediate termination of the gestation on account of the great risk to the mother's life; and there are others who advise temporizing in the interests of the child.

I do not think any absolute hard and fast rule can be laid down, as each case may possibly present some special feature, calling for some special line of treatment. At the same time I think the weight of evidence is in favor of the termination of the gestation, when the first attack of hæmorrhage, especially if it be a severe one, occurs before the 7th month; for the following reasons:

Firstly, The supposition is in favor of the placenta being centrally implanted when the first attack of flooding is severe, prior to the 7th month.

Secondly, The tendency of such cases is of themselves to end in abortion and consequent death of the child.

Thirdly, When the hæmorrhage occurs, even in the latter half of gestation, the tendency is towards abortion. It is estimated that one-third of all such cases only reach the end of gestation.

Fourthly, The liability to a recurrence of the hæmorrhage at any moment is very great; consequently, the woman's life is hourly in danger. The great fatality from placenta prævia is in the occurrence of sudden hæmorrhage in the absence of the physician. The first attack is usually slight but it should be taken as a serious warning to us of the possibility of the next attack being a very severe, if not a fatal one, before assistance can be got. The occurrence of hæmorrhage in the early months of gestation so reduces the chances of saving the child's life, that I do not think its welfare ought to be considered at all alongside of the mother.

I believe, certainly, that the wisdom of prolongation of gestation is open to serious question. I, should the first attack of hæmorrhage occur after the viable period of the child, then do not think

there should be any hesitation in the mind of the physician as to what he should do for his patient, as I am thoroughly satisfied from my own experience that the correct thing to do is to terminate the gestation as soon as possible. By so doing the child and mother both have a much better chance of ultimate recovery.

To delay is to increase both maternal and fœtal mortality. On this point let me here quote the words of Robert Barnes, "If the pregnancy have advanced beyond the 7th month, it will, as a general rule, I think, be wise to proceed to delivery, for the next hæmorrhage may be fatal; we cannot tell the time or extent of its occurrence, and when it occurs, all, perhaps, that we shall have the opportunity of doing will be to regret that we did not act when we had the chance."

These are very significant words from a man of vast and varied experience. The few cases where it may be deemed advisable to prolong gestation in the interests of the child, should present some, if not all, of the following features:—1st, The woman be very near the 7th month of pregnancy. 2nd, The first attack of hæmorrhage be but a slight one. 3rd, The placenta be but laterally implanted. 4th, The woman be within easy reach of medical assistance.

Under such conditions the patient should be put to bed, kept absolutely quiet, free from all surrounding excitement and possibly given an occasional dose of opium. I do not think there is any virtue in the so-called astringents, such as acetate of lead, gallic acid, etc. My own practice is even under these circumstances, not to advise the attempted prolongation of pregnancy; the risks to the mother are too great, and the chances of saving the child's life too small. Presuming the case to be one occurring after the 7th month, the attack of hæmorrhage to be a severe one, and the cervix to be undilated, delivery should be accomplished as soon as possible.

For this purpose I would advise the membranes to be ruptured; this allows the uterus to contract and will of itself frequently be sufficient to check the further loss of blood. The objections raised against this plan of treatment are that the normal means for dilating the cervix is removed and that the chances against the child's living are increased. Still it is the quickest way of securing rapid contraction, and thus stop further loss of blood.

If the flooding continues and the os be not sufficiently dilated to admit of version readily, and especially if the patient is much exhausted and not in a fit state to admit of version, the next best step is to separate the placenta by the finger from around the cervix as far as the finger will reach; as recommended by Robert Barnes. This as a rule answers promptly. It both checks further loss of blood and it also favors dilatation of the cervix; for so long as the placenta retains its attachments to the lower zone of the uterus the cervix will not readily ditate. The internal administration of ergot may be started from the first. In the event of these means failing, and the flooding still continues and the cervix is still too undilated to admit of version, plugging the viagina firmly with antiseptic tampons should be resorted to.

Before plugging, the vagina should be well syringed out with an antiseptic lotion; this method if properly applied is very efficient, the plugs, however, must be inserted carefully, one after another, the first one should be placed within the cervix itself, and then the others in rotation till the the vagina is perfectly full. The plugs may be made of clean strips of cotton or wool, previously soaked in some antiseptic. On no occasion should a sponge be used which has been in use in the house for other purposes. After the vagina has been carefully packed a firm pad should be placed over the uterus and the whole kept in position by a carefully, well-applied bandage. The tampons should not be left in longer than eight hours and when removed the vagina should again be syringed out.

Lastly, if on the removal of the plugs the os be found sufficiently dilated to perform version and the woman herself be in a fit state for the operation, it should be done. The bi-polar method being used, if possible, the leg of the child will form another efficient plug and further assist in dilating the cervix. The operation of version by the bi-polar method may be undertaken at any time in the course of the treatment, whenever the cervix will permit of it. In Berlin it is claimed that by this method of treatment the mortality of women has been reduced to 69½ per cent. and of children to 60 per cent. A marvellous reduction as compared to what it used to be.

THE TREATMENT OF HERNIA.*

BY ALEXANDER DALLAS, M.D., NEW YORK.

At the last meeting of this Society, I had the honor to present some new methods in the treatment of hernia (a full account of which will be found in the Society's Proceedings), and the interest then evinced has inducrd me to make a few additional remarks on this important subject. During the past year much has been written about it, but little real progress has been made. Quite recently, two special works on Hernia have been published in this country, but they contain nothing original, much that is harmful, and their only tendency will be to still further complicate a subject already sufficiently misunderstood.

Of the two divisions under which the treatment of hernia is generally spoken, viz. : the "palliative," or mechanical, and the "radical," or surgical, the "palliative" is, for many reasons, the more important; and yet, so far as the profession is concerned, it practically does not exist. To some of you, this statement may seem extreme, but a somewhat extensive experience in this special branch of practice compels me to re-iterate it. Few practitioners take any personal part in the mechanical treatment of hernia; fewer still take the trouble to master its principles, while surgeons affect to regard it as unworthy of their attention. Other branches of medicine have been advancing steadily, especially of late years, but the palliative treatment for hernia has remained virtually stationary for centuries. Celsus, who practised it in the first century, tells us that, in his time, a girdle of some firm material was used, with a pad to retain the rupture. In 1306, the girdle was first made of iron, and in 1628 steel commenced to be used, but, with the exception of a difference in the materials employed, the principle has remained the same.

Our teachers and text-books keep on repeating one another without change, rccommending instruments which they have probably never tried and promising results which cannot be attained by the methods now in use. Disappointment inevitably follows, but no real effort has been made towards improvement, and the palliative treatment of hernia has expired from "dry rot."

In regard to the radical or surgical treatment of hernia, the tendency is all the other way. Here, as elsewhere, there is too great a readiness to appeal to the knife, and the multiplicity of so-called "radical cures" is absolutely confusing, while the results are not at all commensurate with the risks incurred. The craze for the so-called "open method" is at present so excessive that there is often little left of the original structures involved, and the permanent injury inflicted on the patient is entirely overlooked. The *fin de siècle* surgeon no longer "repairs," he "re-constructs"!

As the result of this attitude of the profession towards the ruptured, the treatment of hernia has always been a fruitful field for impostors; and charlantanry was never more rampant than now. The Heaton injection method has been resurrected, and, though its inefficiency was proven many years ago, it is now flaunted in almost every town throughout the country as an unfailing cure for every form and variety of hernia. The most humiliating feature in this revival of a dead issue is the fact that these quacks are aided and abetted in their nefarious methods by reputable members of the profession, who not only send them patients but certify as to the successful results of their treatment. These gentlemen fail to see the unenviable position in which they place themselves and the great injustice and injury they inflict upon their patients and their profession.

One valuable lesson we can all learn from these charlatans is the absolute necessity for constant personal supervision in the management of the palliative treatment of rupture cases. We must not only give them our personal attention but we must be persistent in our efforts if we wish to succeed. Just as soon as we begin to do so, we will realize the imperfections of the trusses now in use and appreciate the causes of our failing to obtain cures. Indeed, the unsatisfactory results obtainable by the present faulty instruments are largely responsible for the indifference and neglect bestowed upon these cases.

Notwithstanding this, the extraordinary claim was made here last year that good trusses were so plentiful that, in any small town, instruments could be found suitable for any case. Such a

* Read at the Annual Meeting of the New York State Medical Society.

statement is controverted by experience and is not borne out by the speaker's clinical results. Misleading statements of this kind only tend to paralyze all progress and check all efforts after improvement.

To command success, the first absolute requisite is to employ a truss that will *permanently close* the internal ring. With the ordinary circular spring or girdle truss, this is a physical impossibility. The history of the centuries proves it. You may adjust your instrument over the internal ring but, whether you employ the ordinary spring or the "crossbody" truss or the "frame" truss or the so-called "silver" truss, it soon sinks down until it rests upon the pubic bone, leaving the internal ring unprotected and exercising injurious pressure upon the spermatic cord. The pressure in all varieties of the "circular" truss is from below upwards, thus increasing the pouting of the internal ring and inviting to the presence of a bubonocele which prevents the possibility of a cure. Many practitioners recommend the use of the so-called "elastic" truss but, in doing so, they display ignorance of the first principles in the successful management of these cases. Not one of you would advise the employment, for months or years, of a tightly applied Esmark bandage over any other part of the body; but the statements of some of our authorities on Hernia would lead one to suppose that the tissues involved in a hernial protrusion are not subject to the same laws as govern other portions of the body. They do not believe in atrophy of the tissues from over pressure; they smile at the idea of possible injury to the delicate vessels comprising the spermatic cord from the constant application of from 3 to 4 lbs. of pressure directly over the pubic bone.

Nevertheless, gentlemen, the atrophy is *there* and the injury is *there*; and the difficulty in the management of these cases is, not so much from the rupture itself, as from the injurious effects of previous improper treatment. Some authorities seem to think that a truss, to effect a cure, must produce some vital change in the parts to which it is applied. Such an idea is erroneous. The action of a truss is *purely mechanical.* Its application is intended to keep the internal ring *permanently* closed and, by preventing the intrusion of any foreign body, the ring contracts in obedience to the natural law that "*a cavity always adapts itself to its contents.*" By doing so, all ruptures under puberty can be rapidly cured for, in these cases, there is a strong natural tendency to closure of the ring. So also, most recent cases in adults can be treated with like success but the treatment must begin early and be carefully persisted in. This statement will doubtless be questioned but clinical facts outweigh all theories and preconceived ideas based on the results of faulty instruments.

A frequent cause of failure in the management of these cases is the want of proper medical supervision, but no amount of effort will avail unless you emply a truss that thoroughly controls the internal ring. By careful and persistent attention on the part of the physician, aided by intelligent assistance on the part of the patient and the em ployment of a proper truss, results can be attained that will be both surprising and gratifying. At the same time, efforts should be made to develop the weakened tissues and care should be taken to remove all causes that would tend to prevent nature in her efforts to effect a cure.

My own early experience in the mechanical treatment of Hernia was, like that of all others, most unsatisfactory. One truss after another was tried and discarded until, in despair, I had one made to meet the indications as I understood them. After many years experimentation, I submitted the instrument to your inspection. I did not claim that it was perfect, as one speaker disin genuously stated, but I did claim that it gave better results than any other with which I was acquainted. Another year's experience has more than justified the claims then made; and its method of manufacture, as you see, has been greatly improved. It is the only truss which can be permanently retained over the internal ring, resting immovably, as it does, upon the crest of the ilium.

Its pressure, unlike all other trusses, is applied from above downwards. It interferes less than any other truss with the movements of the body and is less affected by them. On account of the groove in the face of the pad, it is the only truss which does not exercise injurious pressure upon the spermatic cord. By its use, more cases can be cured than by all other trusses combined. When from any cause, the cure is unnecessarily delayed, or reasons of expediency demand a speedy result, the freshening of the canal in the manner advocated by me will effect a safe, speedy and permanent cure.

Selected Articles.

THE TREATMENT OF ABORTION.

I am prompted to write upon a somewhat worn subject by the fact that during the past year I have met with an unusually large number of cases of incomplete abortion which have been allowed to run on until they have developed more or less grave septic conditions, or have become seriously anæmic from the continued bleeding.

These cases, which I might use as illustrative, were none of them from my clinic at the Polyclinic, where we see them only too frequently, and where poverty, ignorance, and often previous treatment by equally ignorant midwives, lead us to expect conditions otherwise inexcusable, but were all of them from the upper and middle classes, and were referred to me by intelligent physicians. So it seems, in spite of all that has been said and written in favor of active, efficient, and early interference, many practitioners prefer to take the chances of time and ergot in the hope, sometimes, it must be admitted, realized, that all will finally come right. Others, recognizing the necessity of action, but with an imperfect technique, partially succeed in clearing out the uterus by the aid of the finger or curette, and in the attempt carry infection into the uterine cavity.

It is true that cases of incomplete or neglected abortion do not usually die, either from the continued hæmorrhage or from sepsis; they struggle through a period of acute anæmia, or fever and prostration, and finally may recover perfectly, but more often are left with a chronic infection affecting the endometrium or extending also to the tubes and peri-uterine structures, a condition which, in the light of modern pathology, we cannot consider inconsequential, knowing that it so frequently leads to the most serious pelvic trouble. The truth of this statement may be easily proved by reference to one's private case-book, or by the records of any large gynæcological clinic. Thus, out of five thousand consecutive gynæcological cases which have come under my observation at the New York Polyclinic, fourteen hundred and ninety-two, nearly thirty per cent. (29.8), had aborted one or more times, and of these, five hundred and thirty-five, nearly thirty-six per cent. (35.8), suffered from disease of the uterus or appendages directly traceable to infection following abortion. It is safe to say that the immediate, thorough, and aseptic removal of the ovum, or its fragments, in these cases would have prevented the greater part of this disease and its attendant disability.

Before discussing our subject further it is necessary to understand what we mean by abortion, and to sketch briefly its causes, diagnosis, and course.

Abortion is defined by nearly all lexicographers as "expulsion of the fœtus before the seventh month, or before viability;" but to insure clearness it is advisable to limit the word to its stricter sense, of "expulsion of the ovum before the end of the third month," and to employ the term "miscarriage" for expulsion between that period and the time when the fœtus becomes viable.

Abortion or miscarriage may be from pathological causes affecting the fœtal or maternal organism, or may be induced.

Maternal causes may be systemic—from poisons circulating in or conditions impairing the mother's blood, or disturbing the circulation mechanically, as syphilis, malaria, the exanthemata or other fevers of severe type; cholera, poisoning by CO, CO_2, and other gases; salts of certain metals (lead, copper, etc.), and vegetable alkaloids; albuminuria, cholæmia, lithiasis, anæmia; and visceral (liver, lung, and heart) disease affecting vascular tension.

Maternal causes may be local—from retro-displacements of the uterus, pelvic adhesions, endometritis, pelvic or uterine tumors. They may be reflex—from gastric, rectal, or mammary irritation, mental shock, or excessive emotion, exhaustion of nerve-force, as in chorea or in epilepsy.

Fœtal causes may be primary or the result of maternal dyscrasia, and include disease of the fœtal envelopes, as fatty, hydatidiform, or fibrinous degeneration, or inflammation or hæmorrhage of the chorion or placenta, death of the embryo, or any malformation affecting the circulation of the fœtus and causing hydramnion or oligohydramnion.

Finally, abortion may result from combinations of any of these causes. Induced abortion may be accidental, legitimate, or criminal. Accidental causes may be uterine traumation from blows, falls, wounds, excessive or violent coitus, etc., and we might again include here excessive emotion and mental shock. Criminal abortion may be from general violence, mechanical injury to the uterus or ovum, or from the administration of certain drugs.

The symptoms vary with the time at which the abortion occurs. If within the first six weeks the woman may complain only of a moderate amount of lumbar pain, dull and heavy or cramp like, or there may be no pain and an amount of hæmorrhage, which she may consider as simply an excessive menstruation. Very often she does not recognize the passage of any shreds of tissue, or clots, and the abortion passes unnoticed. At other times portions of chorion remain behind, and she comes to the physician complaining of the prolonged spotting or flow. Later, and up to the time when the placenta is fully developed, the lumbar pains are more marked, the cramps more severe and rhythmical, and the hæmorrhage much greater in amount. If the abortion be the result

of natural causes and the death of the ovum has occurred several days before its expulsion, it usually comes away entire. If the ovum is alive, or if the abortion be induced by mechanical means, the fœtus usually escapes, leaving the whole or a part of the chorion behind.

Bimanual examination shows the uterus enlarged, soft, except during a contraction, the cervix softened and more or less dilated, and often with a portion of the ovum plugging the os. After the expulsion of the entire ovum the pains and bleeding cease and the uterus contracts. If a portion of chorion or placental tissue be retained, the bleeding, pain, and dilatation may continue until it is expelled, or the cervix may contract, the pains become slight or cease, the bleeding stop, and the mass be retained either to disintegrate and come away in the discharge, to become septic, or, exceptionally, to develop into a fleshy mole. Rarely there may be death and infection of the ovum without producing either pain, hæmorrhage, dilatation, or foul discharge, the only symptoms being cessation of uterine growth, followed by irregular slight chills and septic fever.

After the third month the symptoms approach more nearly to those of a premature labor. We have the rhythmic pains, the hæmorrhage, which is apt to be more profuse, the dilatation of the os, and, more often, the spontaneous evacuation of the entire contents of the uterus.

Abortion may be considered inevitable when the result of a cause that cannot be removed, when the pains are severe or rhythmical, the hæmorrhage profuse, the os widely dilated, or when any portion of the ovum has been expelled.

Threatened abortion may sometimes be averted when the cause is a remediable one, and the pains, bleeding, and dilatation are only moderate. When abortion becomes inevitable one of two things happens, either the uterus empties itself entirely, or a portion of the ovum is retained. In the first case the uterus contracts, the pain and hæmorrhage cease, there is a pinkish flow for a few days, involution proceeds normally, and the condition remains practically the same as before conception. If, however, portions of placenta or chorion remain in the uterus the clinical picture is changed. The symptoms noted diminish at first, but do not entirely disappear; the pain may cease for a time and then reappear, and the fragments be expelled, or the os may contract and the fragment be retained until it gradually breaks down and passes away with the discharges. In this latter case the bleeding continues, as a persistent leakage, often for from three to six weeks, and may reduce the patient to an extreme degree of anæmia, though it in itself rarely kills. Very often, and almost certainly, if this incomplete abortion be the result of criminal interference with the ovum, the retained tissues become infected and we have a septic process begun which may induce serious and persistent pelvic disease or directly destroy life. Sepsis is the condition most to be dreaded, the condition to be most carefully watched for, the condition to be most vigorously fought against. We must always be on the watch for its first symptom, and when we recognize it, whether it be as an elevation of temperature, a chill, or a fœtid discharge, we must remember its probable source and explore the cavity of the uterus. Septic material may be there even though the cervix be perfectly contracted and hard, though there be no hæmorrhage, no discharge, and possibly no other local symptom. I have seen several instances to which this description would apply, one of which ended in death. But the sepsis is not usually of a virulent type, the case runs on, the woman recovers from the immediate danger, but the fever, the hæmorrhage, the infection, have interfered with involution; the uterus remains large, heavy, and soft, and is apt to become retro-displaced; the infected mucosa, thickened, soft, and friable, becomes the seat of a chronic endometritis which may at any time lead to tubal and ovarian trouble, and the woman suffers indefinitely from the metrorrhagias, the pelvic pains, and the systemic depreciation which accompany these conditions.

Treatment.—A local examination is always imperatively necessary when any of the signs of impending abortion appear. Then, if the symptoms are not marked, if the pains are slight and irregular, the bleeding moderate, the os not much dilated, and the cause one that can be remedied, as, for instance, retroversion, we may hope by absolute rest in the recumbent position, by the administration of full doses of opium, and viburnum by suppository, or morphia hypodermically and by the re-position of the displaced uterus, to carry the patient through her period of danger and allow the gestation to continue. If the cramps are regular and well marked, the hæmorrhage considerable, and, particularly, if the os be dilated, these hopes will not be realized, the loss of the ovum becomes inevitable, and it is our duty to hasten its expulsion. As the method of procedure now varies according to the period of gestation, we may draw a line of division at the end of the third month, and consider the case as either "abortion" or "miscarriage."

Abortion.—As the uterus before the end of the third month is still comparatively small, and will not allow the accumulation of any considerable amount of blood in its cavity, the use of the tampon is sometimes permissible before the expulsion of the fœtus, not so much to check bleeding as to excite more vigorous expulsive contractions. When expelled, the patient is to be put in the dorsal position on a Kelly pad, the vagina and cervix

thoroughly cleansed by a douche of hot soap-suds rubbed into all folds and crevices by the fingers, and followed by irrigation with 1 to 4,000 warm bichloride solution. Then a strip of iodoform gauze is carefully packed into the cervix and the vagina tamponed. This packing is removed in from eight to twelve hours, and the ovum will be found loose in the vagina or in the dilated os. If at this time no portion of the ovum be expelled, that is, if its envelopes be still intact, the packing may be carefully repeated. If any portion of the ovum has been expelled, the remainder should be removed at once, either with the finger, which can seldom be used at this early period, with the ovum forceps, or with the dull curette.

If there be reason to believe that the abortion has resulted from criminal interference, if the case has been allowed to run on for many days, if there be endometritis or any form of sepsis, the os should be dilated, preferably after the administration of an anæsthetic, the fragments of the ovum removed, and the whole interior of the uterus scraped carefully and thoroughly with the sharp curette, washed clean with a strong watery solution of iodine and packed with a strip of sterile iodoform gauze. This gauze should be removed in twenty-four hours and the vagina irrigated. If septic symptoms continue, the uterine cavity may be again irrigated with the iodine solution, and a fresh strip of gauze carried to the fundus.

The effective and safe manipulation of the curette and gauze in this manner pre-supposes on the part of the operator a certain amount of skill and familiarity with its use.

Miscarriage.—After the third month the use of the tampon for hæmostatic or other purposes is reprehensible, as the uterus is then larger and dilatable, so that a dangerously large amount of blood may accumulate in the cavity. If the hæmorrhage from miscarriage is moderate, the treatment may be expectant for a limited time until the entire ovum or the fœtus be expelled. If the fœtus alone be discharged, the remaining portions of the ovum should be immediately removed with the finger, aided, if necessary, by the ovum forceps or large curette. If the hæmorrhage be profuse there should be no delay, the os should be dilated and the uterus cleared out at once. Where there is sepsis the indication is for the use of the sharp curette, irrigation, and packing, as already described.

When we have legitimate reason for inducing abortion it is best done by immediate clearing out of the uterus after anæsthesia and rapid dilatation, the uterus being washed clean and a strip of gauze introduced for drainage. When miscarriage becomes necessary the preliminary dilatation is usually best secured by the employment of an aseptic tupelo tent of the largest size that can be inserted into the os, then, if the ovum be not spontaneously and completely expelled it is removed digitally or with instrumental aid.

To avoid danger and secure success in these manœuvres it is necessary that they be done aseptically and by one accustomed to surgical cleanliness. The hands and arms of the operator should be scrubbed for five minutes with a stiff brush with soap and hot water, and then soaked for the same time in a 1 to 1,000 bichloride solution. The instruments can either be wrapped in a towel and boiled at the time in a weak solution of soda for fifteen minutes, or may be carried already sterilized, and laid on a sterilized towel ready for use. A strip or strips of sterile iodoform gauze should also be prepared and wrapped in a sterile cloth.

Tupelo tents may be sealed separately in small envelopes and baked for half an hour, and are then ready for use when wanted. The Kelly-pad requires most careful attention, and must be thoroughly washed in running water, rinsed in the bichloride solution, and carefully wiped dry each time after use. The fountain syringe used for irrigation may be scrubbed in hot water and soaked in bichloride, or boiled if used where there is a suspicion of sepsis. The patient, after having had her bladder and bowels emptied, is to be placed in the dorsal position on a table; or the hips may be brought to the edge of the bed, a firm bearing surface for the Kelly-pad being secured by a table-leaf, ironing, or lap-board; and the external genitals and vagina thoroughly cleansed with hot soap-suds, two fingers being used to rub over the mucosa of vagina and cervix. This should be followed by irrigation and rubbing with a 1 to 4,000 bichloride solution. The parts adjacent to the vulva and the exposed portion of the pad are then covered with wet sterilized towels and the operation performed.

In conclusion I may state my position briefly as follows:—Recognizing that any interference with the uterine cavity must be looked upon as a possible source of infection, and must be made asceptically and with antiseptic precaution to be free from danger, I strongly urge that in every case where abortion or miscarriage begins acutely and from natural causes, the ovum be removed by the finger, ovum forceps, or curette, within twenty-four hours after the abortion be considered inevitable, if the entire ovum be not then already expelled, complete expulsion being indicated usually by cessation of pain and hæmorrhage. In cases where a portion has been expelled, where we find serious hæmorrhage, where the ovum is dead, where we have reason to suspect criminal interference, where there has been continual spotting, foul discharge, or fever, the uterus should be explored and emptied at once, as any delay greatly increases the risk of sepsis. The sharp irrigating curette, followed by gauze drainage, should always

be used where there is septic material present, or where the endometrium is diseased, in other conditions the finger or a dull instrument is sufficient.—Brooks H. Wells, M.D., in *Med. Record.*

ELECTRICITY IN THE REMOVAL OF FACIAL AND OTHER BLEMISHES.

In considering the process of electrolysis it should be stated at the outset that electricity does not by its inherent magnetic power cause destruction of tissue. The constant galvanic current alone may be caused to produce destruction by the chemical action within the tissues of the caustic alkalies, which are freed at its negative pole, and the acids, etc., which are set free at its positive pole. The extent of this action is entirely controllable by the skill of the operator.

A popular but mistaken idea exists on this point, which is well illustrated by the following story:

A telegraph operator applied to the writer for treatment of a nervous affection. Telegraph operators are inclined to feel very thoroughly versed in the mysteries of electricity, and could usually "treat themselves as well as any physician," but for some trifling obstacle which they incidentally encounter. A recognition of this fact will give point to my story.

The patient's mother was also an old experienced telegrapher, in active service, and had herself trained her boy to send and receive with unusual skill.

Upon receiving a letter from him (she lived in the West) that he was being treated by an "electrical specialist in New York," she quickly wrote back, with fond maternal solicitude, to be "very careful and not get electrolysis and injure himself with it."

The apparatus required for the kind of work to be described consists of a galvanic battery of low tension and a voltage that need not exceed fifteen or twenty. An ordinary hand electrode, a pair of epilation forceps, a solid needle holder and a set of needles completes the outfit. The needle holder should not contain an interrupter. Dealers make and sell handles with a device for interrupting the circuit flow, but such a procedure causes a needless aggravation to the patient and is to be sedulously avoided in general practice.

As to proper needles, gold and platinum ones are most frequently recommended for the positive, but for negative use none are superior to fine assorted brooches, bought at a jewelers' material store, and rounded down to a blunt point on a smooth oilstone. The necessity for this will be seen from the fact that a sharp-pointed instrument would pierce through the side of a hair-follicle sac so easily that the operator would not detect it; while a blunt pointed needle would follow the hair down to the root, and stop when it has reached the bottom. This is important in the removal of superfluous hairs. For other purposes sharp-pointed needles are required.

Warts, moles, birthmarks, etc., are of various forms, but we may consider them all in two classes—the elevated and non-elevated. In treating these properly the physiological action of the opposite poles must be taken into account.

If we, for experiment, insert two needles connected with the positive and negative poles of a galvanic battery and pass a constant current strong enough and long enough to produce destruction and then allow the wounds to heal, we will find that two scars remain, and if we watch these scars for some months it will be observed that one very soon turns white, sinks slightly below the surface and contracts, until it is a hard cicatrix.

This results from the caustic acids, chlorine, etc., set free at the positive pole. The negative scar produced by the softening, relaxing caustic alkalies presents nearly an opposite appearance. It is quite liable to be raised above the surface of the skin and to remain red and irritable. By a combination of the action of the two poles with proper skill we hope to obtain a modified scar which will not be depressed, contracted and unduly white, or elevated, red and irritable. The action of the opposing poles must be skillfully balanced against each other, so that the nævus may be removed permanently with as little disfigurement as possible.

This is always a matter of judgment in which experience alone furnishes the guide, taking into account that the negative scar is irritated if exposed to cold blasts of air or subjected to irritation, that the nævus, full of bright, red arterial blood, requires the predominance of the positive pole, and dark venous ones the negative; that in a plethoric or young vigorous person the positive should predominate, while in the thin, the anemic and the aged the negative should predominate.

In removing a facial tumor both needles are to be introduced, unless in some special cases it is desired to secure the action of one pole exclusively. They should be introduced with great care at the base of the nevus, parallel to the surface, and not under the tumor, but so near the bottom that the electrolytic action will destroy it thoroughly.

Inasmuch as the destructive action of the current is the same in all directions around the needle, beneath as well as above, it is very necessary to diagnose the depth of the tumor before introducing the needles in order to avoid destroying more tissue than is absolutely necessary and leaving a scar unduly large. But it is equally important to destroy all the diseased tissue around the edge of the nævus, and leave nothing but healthy tissue, or nuclei may be left for the repro-

duction of the tumor, or the cicatrix may be left imperfectly healed.

In a vascular nævus the positive platinum needle should be introduced over the site of the principle vessels to secure its drying, coagulating effect and firm eschar where it is most needed. The after-treatment of the sore, which is really a burn, conforms to simple surgical rules, but healing may take place slowly.

In cases where there is a smooth growth of skin over the plexus of vessels, we seek to destroy the vessels but not the skin. For this purpose the needles must be insulated near the point so that no electrolytic action takes place at the seat of puncture.

It is a rather difficult thing to do. The positive needle should pierce through the centre of the tumor and be held stationary, while the negative may be inserted first on one side and then on the other till the tumor has a hard, elastic feeling, but no surface discoloration should take place. If there are no signs of softening in a week or so, repeat the process. Some cases have a tendency to return and treatment is not always satisfactory. Occasionally a slough is produced before eradication is complete.

Moth patches, port wine birthmarks and all pigmentary moles, etc., are removed in a somewhat different manner, although the same principle of polar action still applies.

Instead of working through the base we here simply puncture into the nævus, at intervals of say one-sixteenth of an inch, and continue over the surface until the action around each of the needles merges and forms a continuous patch.

Very slight punctures and a small amperage only are required, and it is important that the new integument which is to cover the area should start from healthy borders. While not distressingly painful or requiring an anesthetic, yet if the mark is large the removal may be tedious, as several operations will be necessary and each allowed to heal before another is begun.

If a mole has a hair growing in it remove the hair first and wait for it to heal before attempting further. The steps for the removal of superfluous hair are as follows:

The all important point is the introduction of the needle, and the experienced operator will depend more upon his sense of feeling than on his sight. The needle should be inserted down alongside the hair to the bottom of the sack, but no further. If it is in the follicle it glides smoothly along with but very little pressure until it reaches the bottom. If it does not properly enter the follicle it will require considerable pressure to get it through the epidermis. The needle is attached to the negative pole and should be inserted while the circuit is broken, closing the circuit by having the patient bring his or her hand in gradual contact with an ordinary electrode placed conveniently near.

As to the current strength, less than 4 M. A. will be all that is required, but the intensity should not be intolerable to the patient. Usually in less than a minute of time a little frothy substance will be detected around the needle, and it indicates that electrolytic action has taken place. No destruction of tissue should be caused by using stronger currents for longer periods, but the needle should be removed and the hair withdrawn by the epilation forceps. If it comes out easily the follicle is destroyed, and the hair will not return. If force is required the hair is not destroyed, and the needle should be re-inserted and the current applied again.

Avoid too frequent operations. Sittings that repeat treatment of the same site should first permit the part to fully heal. With the best operators probably 5 to 10 per cent. of the removed hairs will return. In removing one blemish avoid making another that is worse.

All this treatment takes time, and unless patients are informed of the necessity for patience they will not be prepared for the apparent delay in achieving results. Haste is often made very slowly in this branch of electrical work.--*Times and Reg.*

FORCIBLE APEX EXPANSION IN INCIPIENT PHTHISIS.

It is generally conceded that a suitable soil is absolutely necessary for the life and development of the tubercle bacillus. It may be asserted also that this suitable soil is usually found in the apical alveoli, and exists there as the result of a sluggish circulation of air in the air cells and of blood in the blood-vessels. Statistics of the mortality of tuberculosis show that the disease is most active and frequent among those who occupy a stooping position, which drags down the upper chest by the weight of the arms and diminishes the capacity of the apices. This is a sufficient explanation for the location of the disease in the apical tissue.

Hyperæmia of the parenchyma, together with the exudation of a thick gelatinous and albuminous fluid into the alveoli with large and small cells and some red blood-corpuscles, go to make up the suitable soil or consolidated area. Some time during the existence of this consolidated area the tubercle bacillus gains access and begins its destructive work. The miliary tubercular deposit probably comes later in the progress of the disease.

Dr. Prudden has shown in a recent article that when other pyogenic germs infect the tubercular lung the process of destruction is greatly accelerated, and cavities form rapidly. Before the destruction of tissue begins the consolidated area is

composed mostly of alveoli plugged with inflammatory or catarrhal products, which may or may not be infected with tuberculosis; and the great danger to the patient is that they may become tubercular. Now, if these plugs can be blown out of the alveoli and a forced use of the alveoli made, they will soon resume their normal condition. Every cure of phthisis is the result of an increased respiratory activity and capacity, which is directly antagonistic to the development and extension of the disease.

Dr. T. J. Mays, in an excellent article in the *New York Medical Journal* for March 10, 1888, has shown that apex expansion or ventilation is the most important factor in the cure of incipient phthisis. This condition is promoted in the highly attenuated atmosphere of high altitudes. The whole lung capacity, including the apices, must be used in order to supply the required oxygen. This increased use of the air cells fills them with air and gradually expels the plugs of *débris*, thus limiting the destruction and restoring healthy conditions.

Now, as the disease is confined to the apex from the start, can not this great end be accomplished by artificial means, or rather voluntary effort? Exercises in pulmonary gymnastics intelligently directed toward greater apical expansion and increased chest capacity will give the very best results. This line of treatment may be supplemented by the use of the pneumatic cabinet at the office.

A cure after this manner is radical and permanent, as there is no *débris* left in the alveoli to favor the return of the trouble.

A careful diagnosis should be made in the beginning. In too many cases the patient is told that he has a little bronchitis; valuable time is wasted and the golden opportunity lost. When the destructive processes once begin, the chances are greatly against recovery. Treatment should be instituted as soon as the symptoms first show themselves whether a distinct area of consolidation can be discovered or not; for often it is discoverable only after a considerable area of tissue has become infiltrated.

The method I have found most useful is not only full breathing, which has been recommended in various ways, but after a full inspiration the breath is held for a moment by closing the glottis. The effect is increased if, during the holding of the breath, the lower chest is compressed with the hands. After a few weeks the inspirations become fuller and the tension developed greatly increased. The arms should be raised in order to get the fullest inspirations. These efforts at forced expiration should be continued for ten to fifteen minutes every two hours during the day—before arising in the morning and after retiring at night. The holding of the breath I consider a very important point in the treatment. It will require some practice to be done properly so as to give the best results. It should produce a ballooning of the chest and consequently of the air cells themselves. The immediate result will be an increased amount of oxygen in the blood—a strengthened heart's action, and a facilitated expectoration, which alone gives great relief. The air cells will be kept almost constantly open and ventilated, and their plugs of *débris* expelled, old pleuritic adhesions stretched, and the chest visibly enlarged. The chest expansion will be increased in a short time, and the progress of the disease inhibited. This treatment is, of course, applicable to the quiescent periods of the disease. The patient should be under the constant observation of the physician. In the beginning, and for the first week, the efforts should not be too violent or some pleuritic pain may be produced. During, and for a week after hæmorrhage has completely stopped, pulmonary gymnastics should be suspended.

It will be observed that the means for removing the local lesion of consumption are purely mechanical and consequently certain of results. Removal of a nasal obstruction is mechanical, and is very often necessary in order to facilitate the entrance of air into the lungs and check the catarrhal tendency. Increased vital capacity is the great desideratum, without which there can be no cure of phthisis.

The treatment by differentiation of air has about the same effect on the lungs, but one or two treatments a day will not be sufficient to keep the collapsed or plugged alveoli ventilated.

Noble Smith (*British Medical Journal,*) has employed a brace by which the shoulders are drawn back, arms supported, and the stoop prevented with good results in cases seen early enough.

A corset which prevents abdominal breathing would compel a greater use of the upper chest cavity. The spirometer may be used to measure the capacity of the chest, and the manometer the tension developed or expiratory power.

To overcome the muscular atrophy about the chest, and to increase its expansion, I have my patients learn the use of Indian clubs and dumbbells, and use them regularly. To protect the patient against sudden changes of atmosphere in our rather variable and harsh climate, he should wear a chamois-skin jacket over a medium weight flannel. Catarrhal conditions of the nose and throat should be corrected so that every oft-repeated cold does not aggravate the pulmonary congestion. At the same time proper medication should be employed in order to increase the chances and rapidity of recovery.

All this requires more work and persistence than simply taking medicine, and patients need to be constantly encouraged by the positive assertion that they will recover their health if they use the means.—H Weaver, M.D., in *N. Y. Med. Jour.*

NOTES ON THE PAST AND FUTURE OF VENESECTION.

When to let blood has, from the earliest days of medicine, been a burning question. The Saxon Leeches were divided on it, their difficulty being the phase of the moon most suitable for the operation. Two or more centuries later, rival schools of medicine held different views as to which side the patient should be bled; some contending that the side on which the inflammation existed was the proper one for venesection; the opponents of this view of the site for bleeding adduced many and learned arguments to prove that venesection was not efficacious unless performed on the side opposite to the inflammation. All this time, however, no physician questioned the value of venesection. The first shock to the medical profession practising this time-honored custom came from a layman, Alaric Réné le Sage, who caricatured the Sagredo of Espinal, the great doctor of Valladolid, Sangrado, who informed his pupil, Gil Blas, that "other physicians made the healing art consist in the knowledge of a thousand different sciences, but I go a shorter way to work, and spare the trouble of studying pharmacy, anatomy, botany and physic. Know, then, that all which is required is to bleed the patient copiously."

Patients appear to have enjoyed the operation. We read that Mary Anne, daughter of Don Jerome, of Quito, was bled, according to M. Guérin, five hundred times in the space of two years.

In the British Islands phlebotomists travelled the country, thatching houses, spaying sows, and bleeding. A spring and autumn venesection was considered a necessity. Young and old underwent the operation. Nor was the custom confined to this country: Italian families kept their bleeding vessels, and it was an accident of plebotomy that gave Anel the oportunity for testing his operation for aneurism.

The operation was grossly abused for ages, and, as a consequence, the medical profession and the public became prejudiced against the lancet; it fell into disuse, and thus a useful and efficient therapeutic agent was disregarded.

We are now, however, coming to recognize that venesection has a place in practical medicine, and that the abstraction of a few ounces of blood is sometimes one of the most efficient measures we can adopt. There is a general concensus of opinion in favor of a careful clinical study of the value of venesection.

The paper on venesection read by Dr. Pye-Smith before the Royal Medical and Surgical Society in January, 1891, attracted much attention, and in the discussion that followed, it was felt that Sir George Humphry voiced the opinion of every thoughtful member of the profession: "that bleeding was one of the most important agents in the treatment of disease." That, as stated by Dr. Pye-Smith, "the accumulation of experience would soon lead to the formation of an opinion as to the cases in which this measure was desirable," will meet with approval of the great majority of the profession at home and abroad, is noticeable from the discussions and papers on the subject appearing in foreign journals.

In the Royal Academy of Medicine in Madrid, Senor Iglesias recently made venesection the subject of a paper which produced an animated discussion, in which Senor Palido fairly stated that not from any bad results of the operation, but from its abuse it became discredited, an opinion which re-echoes the view of the French Academy.

The operation also forms the subject of a valuable paper by Dr. Stone in a late number of the *Therapeutic Gazette* in which, after reviewing at length the conditions which call for venesection, he concludes that he "sincerely hopes that he has convinced some of his audience of the great therapeutic value of the remedy."

Sooner or later the lancet will again come to be a valued weapon in contending with inflammatory diseases.—George Foy, F.R.C.S., in *Medical Press and Circular*.

TREATMENT OF INOPERABLE MALIGNANT TUMORS WITH THE TOXINS OF ERYSIPELAS AND THE BACILLUS PRODIGIOSUS.

The histories of ten cases of inoperable malignant tumors and a tabulation of forty-four cases of the same are given, showing the results of treatment with injections into the tumor of the products of the streptococcus erysipelatosus and bacillus prodigiosus. In the course of his experiments the author at first used living fluid cultures of the streptococcus erysipelatosus in ten cases. The difficulty in producing erysipelas and the danger attending an attack induced the author to use the toxic products of the growth of this microorganism. The cultures were obtained from fatal cases of erysipelas, and were grown for three weeks at a temperature of 37° C., and then passed through a Kitasato filter. The filtrate was put in glass-stoppered bottles, a small quantity of thymol crystals added, and kept in a dark place. Later the toxins of the bacillus prodigiosus, prepared in the same way, were used in combination with those of the streptococcus erysipelatosus. Again the streptococci were grown ten days in bouillon, the bacillus prodigiosus then being added, they were allowed to remain two weeks longer. The bouillon was then filtered and the filtrate was

found to be exceedingly active, ten to fifteen minims being sufficient to produce a temperature of 103° F. to 104° F. Other cultures have recently been used. They are prepared by growing the bacillus prodigiosus four weeks or more in the streptococcus broth, to which a little cacao has been added, and which is then heated one hour to 58° C. The fluid is used without filtration, and the injection of five minims has produced a temperature of 105° F.

Of twenty-four cases of inoperable sarcoma recorded, fourteen showed a cure or marked improvement, eight slight temporary improvement, and two no apparent effect. In a sarcoma of the neck and tonsil, the neck tumor was entirely removed, partly by breaking down and partly by absorption, and the tonsillar tumor was much reduced in size. The patient is alive and well more than three years since the beginning of the treatment.

Of the two tumors not affected one was a recurrent osteo-sarcoma of the testis.

Nine cases of carcinoma are reported, but are too recent to note more than marked improvement in several of the cases.

Of three cases, either sarcoma or carcinoma, one showed decrease in the size of the tumor, and is still under treatment, one no apparent effect and the treatment was stopped, and one remained stationary and is still under observation. Eight cases are reported, treated with true erysipelas. Of these three died, two showed no check to the growth, two rapid growth after temporary improvement, and one showed disappearance of the tumor, sarcoma of abdominal wall, and no return seven years later. Two cases following inoculation with live cultures resulted fatally from the erysipelas produced.

Conclusions: 1. The curative action of erysipelas upon malignant tumors is an established fact.

2. This action is more powerful in sarcoma than in carcinoma.

3. This action is chiefly due to the toxins of the erysipelas streptococcus, which may be isolated and used with safety.

4 This action is greatly increased by the addition of the toxins of the bacillus prodigiosus.

5. The toxins to be of value should come from virulent cultures, and should be freshly prepared.

6. The results obtained from the use of toxins without danger are so nearly equal to those obtained from an attack of erysipelas that inoculation should rarely be resorted to.—*Am. Jour. Med. Sci.*

CIRCUMSCRIBED ATROPHY OF THE HAIR AND SKIN OF THE SCALP.

It is not within the range of these few remarks to allude to the common form of bald patches which are met with in the hairy parts of the body. These are undoubtedly due to the invasion of the skin by a micro-organism, and they are known by the generic name of alopecia areata. But I am desirous to call attention to a group of cases which, so far as I know, have not hitherto been described, and which are distinguished by the following attributes:—1. The atrophic areæ are confined to the scalp. 2. The areæ are absolutely bald. 3. The areæ are depressed like ordinary scars. 4. The hair never returns. The following case is an example of the condition:—

A woman thirty-nine years of age, who has always had a fair share of health, and who is the mother of six children, came to me in 1893, because "her hair was coming out." There was nothing unusual in her skin or epidermic structures, but on examination she had a cluster of bald patches on her scalp, which were practically confined to the parietal regions. They varied in size from a split pea to a shilling; some had joined at their circumference. I could not obtain a history of any inherited tendency towards the condition, and it may be taken as a fact that she had not been syphilised. Neither had she at any time been the subject of severe headaches or had any injury. The scars (for such they literally were) resembled those one sees when lupus erythematosus attacks the scalp, or when a scald or a burn has been inflicted. I have looked carefully through my notes taken during the last ten years, and, although I find that thirteen such cases have consulted me, in every instance the patient has been a woman. I have naturally asked myself the question, "Why do these patches occur?" and I confess to an inability to find a satisfactory reply. The medical man might shelter himself behind a theory of local anæmia, which in the first degree would produce a diminished growth of hair, and if continued would lead to atrophy or even to local death, but no one would accept such an hypothesis. Cases of loss of hair, which have been either a sequel or a symptom connected with profound disturbance of the nervous system, are on record. Cooper Todd described the case of a man who fell from a wagon and sustained injuries which caused hemiplegia and loss of consciousness, and who one day on going to shave himself could not find any beard. Fischer, who had great experience in military surgery, noticed after gunshot wounds that the limb corresponding to the wound received (if that wound had interfered with the nervous integrity of the part) became bald. Virchow describes a circumscribed atrophy which has been

observed in one-half of the face, but at times in other parts of the body. On careful examination of the whole cutaneous area of an old man, evidence of cutaneous wasting will usually be found occurring locally and generally, the skin being wanting in lustre, and in some old and thin men I have seen the epidermis of the face and shins stretched over the bones like a piece of hog's bladder. Wilson called the condition *dermatoxerasia.* Celsus, in his chapter *de areis*, describes a form of baldness which probably refers to the case now under discussion. It is what he calls the worst form—namely, that which destroys the fat and renders the surface totally smooth—but he confuses it obviously with alopecia areata. One may, without any unfair straining of theory, easily understand that the injurious and positively cruel way in which women produce the curling of the hair will account for an injury to the scalp. Curling pins, curling irons, and curling papers form an essential part of the toilet armoury of almost every woman, and this torturing of the hair drags on the roots, and by so doing starts the inflammation which may be the forerunner of this atrophy. The scalp being so dull of sensation will enable the victim to bear a good deal of tension without much suffering. Again, the number of hairpins used in dressing the head may damage the scalp.—Tom Robinson, M.D., in *Lancet.*

THE SEQUEL OF A SPURIOUS PREGNANCY.

Young unmarried women of a hysterical temperament, after illicit intercourse, not infrequently closely simulate the symptoms of pregnancy, and no harm results; but an outbreak of religious excitement in eleven persons, terminating in acute mania, which followed on such a case, is, perhaps, worthy of record.

In a small country town there resides a family of well-to-do artisans, with a history free from any trace of insanity. The parents are in the prime of life, while their four sons and five daughters are adolescents. The favorite daughter, a shop assistant in a neighboring city, at the beginning of this year falling into bad company, was seduced, and soon afterwards, alarmed at the suppression of her menstruation, consulted a medical man, who suggested the possibility of pregnancy.

Returning to her home in a state of great mental perturbation, she locked herself into her room for several hours. When interrupted by her friends, she was found to be in a state of religious ecstacy, declaring that she had communed with God, who had revealed to her that she was about to die, and that Christ would appear to receive her into His arms.

Moved by her earnest protestations, the family gathered round the bedside, and sent off for her father and brothers, who were working in neighboring towns; and, influenced by the contagion of her example, began also to engage in prayer and anticipate the immediate coming of Christ.

When the father arrived on the scene, he found the whole family in a state of great religious excitement; his house had been divided by them into a part they called "heaven" and a part called "hell," the mother, who did not completely fall in with their views, having, of course, been consigned to the latter division.

Attempts by the parents to reason with and control their children were unavailing; unable to stem the torrent, the father and mother were soon as excited as the rest. For several days matters went on in this way; little food was taken, there was no sound sleep, day and night were spent in religious exercises in preparation for the immediate coming of Christ. The mental symptoms in all consisted in a state of ecstacy, with hallucinations of sight and hearing, and an overpowering desire to pray and preach.

At the end of a week the father came to his senses, and made strong efforts to induce his family to resume their ordinary mode of life. During an altercation which ensued, the eldest son jumped through the window in a semi-nude state, followed closely by the daughter who had been the originator of the mischief. Both were at once arrested by the police, and, having been certified to be insane, were consigned to the nearest asylum.

On admission, the male patient was found to be a well-developed, muscular man, with no evidence of bodily disorder. He was wildly excited, gesticulating, and shouting in an incoherent way, with hallucinations of sight and hearing. During the first week he did not converse rationally, had well-marked hallucinations, and was very restless and noisy at night. Improvement then rapidly set in, and at the end of a fortnight he was discharged recovered.

The female patient showed very similar symptoms. She, however, was more coherent, and gave a rambling account of her seduction, always winding up with, "But my sin is forgiven me; what man put into me God has taken out of me." She had many of the signs of pregnancy—*e.g.*, amenorrhœa of some months' duration, a milky fluid could be expressed from the enlarged breasts, and the areolæ were altered. In the course of a few months, coincident with an improvement in the mental condition, these spurious signs of pregnancy disappeared, and the patient ultimately completely recovered.

The remaining members of the family, sobered by the removal of the ringleaders, soon resumed their ordinary way of life, and have remained well since.

Remarks.—The history of this case is of con-

siderable interest when we compare it with the origin of the outbreaks of epidemic insanity occurring on the continent of Europe during the Middle Ages. For instance, we read that in 1260 a boy in Perugia prophesied a great calamity, and thence arose the famous epidemics *Flagellants* and *Scourgers* which spread throughout Europe. More recently in Sweden (1841-42), there was a well-marked epidemic of *religious ecstacy*, which affected a large number of the country people in the recesses of the kingdom, and was attributed to poverty and the action of fanatical excitement. Modern civilization has rendered widespread epidemics of insanity almost impossible; the fanatic of to-day, who in remote ages might have swayed thousands, finds himself after a short career within the walls of a lunatic asylum.—*Glasgow Med. Jour.*

CARDIAC LIVER.

"There is no disease," said Corvisart, "in which the liver is more subject to variations in volume than in disease of the heart when arrived at an advanced stage." It was by this citation that Prof. Hanot commenced a clinical lecture on the above important subject, and of which I give a brief *résumé:* The importance of heart disease in the pathology of the liver is easy to comprehend; the liver sends all the blood it receives both from the portal vein and the hepatic artery almost immediately to the right heart by the vena cava, and consequently the trouble in the circulation of the heart must have a considerable influence on that of the liver. Congestion of the cardiac organ must be followed by congestion in the hepatic veins, producing more or less compression of the cellular elements of the liver. But this congestion is not confined to the veins, it is propagated to the capillaries, and then to the ultimate branches of the portal vein, and finally to the vessels of the spleen, pancreas, and to the gastro-intestinal mucous membrane. It is consequently easy to understand that in heart disease the liver is not only increased in volume, but is seriously affected in the *ensemble* of its important functions. Mr. Hanot, in order to render his lecture more intelligible, traced the history of two cases under treatment in the wards. The first was that of a woman affected with mitral stenosis of rheumatic origin. She entered the hospital complaining of progressive weakness and constant oppression. Beside a souffle of the heart, the patient presented evident signs of œdematous congestion at the base of both lungs and a slight œdema of the ankles. The liver was not increased in volume, but a little painful to the touch; no albumen was found in the urine, but on the other hand distinct traces of urobiline were discovered, showing that the liver was already disturbed in its functions. Rest, milk diet and a little digitalis cleared away all the bad symptoms, and the woman left the hospital. This was a case of simple congestion.

The second case was of an extreme type. A young woman, after two pregnancies, remarked that her abdomen increased rapidly in volume, and when examined, ascites was diagnosed, and the large amount of liquid was accompanied by œdema of the lower limbs. The abdomen was covered with tortuous veins, and very distended. The patient was tapped several times, but finally succumbed from marasmus. At the autopsy the heart was found diseased, while the liver was greatly diminished in volume. The origin of the cirrhosis was evidently cardiac, as the woman never took alcohol.

Between these two extremes just cited there exist numerous intermediate morbid conditions in which the difference does not consist only in the degree of hepatic congestion, but in the previous state of the organ. Frequently the liver is the seat of disease, derived from alcoholism, successive pregnancies, infectious maladies, etc., simultaneously with an affection of the heart. All cardiac diseases do not, however, affect in the same manner the liver. Mitral stenosis produces the true cardiac liver, while affections of the aortic and tricuspid orifices produce but little alteration in the hepatic organ. The congestion varies in degree; sometimes it is but little marked; the complaints of tension and a sense of weight in the right hypochondrium; the liver is painful to pressure. In more advanced cases the organ is considerably increased in size, and the patients suffer from nausea, vomiting, constipation or diarrhœa; the urine is diminished in quantity and its density increased; jaundice is frequently observed, but rarely ascites. The treatment is frequently subordinate to the primary cause (the heart), but where the hepatic symptoms predominate, milk diet, purgatives, and dry or wet cupping will generally diminish the congestion of the liver and bring it back to its normal volume, causing to cease at the same time the tenderness and the dyspnœa. — *Med. Press and Circular.*

PROFESSIONAL COURTESY.

In these latter days when the stern requirements of the grand old "Code of Ethics" seem to pinch the professional aspirant for popular favor it is not surprising to meet with violations of its plainest edicts every day in professional life. But so alarmingly flagrant are these violations it is high time to call a halt, and either throw over-

board the "unmitigated nuisance" as it has been called in one of our late journals, or else compel professional men to observe its teachings. It has been well said that the Code of Ethics of the American Medical Association, the English Prayer Book, and the Declaration of Independence, present the finest examples of correct and polished diction that can be found in English literature. No one who can read the Code with an unprejudiced mind can deny that it embodies just what the instincts of every professional gentleman would suggest. It has become fashionable to speak slightingly of "the Code," classing it with the Code duello, and other obsolete things that belong to a past age, having no place in modern medical civilization. So far as exercising any salutary influence upon those whose interests it seems it is to violate it, it might as well have never been written. I doubt if one-half of the younger members of the profession have ever read it. Every day I come in contact with men claiming membership in the State and National Associations, who think nothing of consulting with homœopathists and irregulars of every stripe, so long as they can gain a fee thereby; who never stop to consider whether it is wrong to prescribe for the patient of another doctor without his knowledge, or even to make visits to patients under another's charge; to call in a surgeon to operate and then never ask him to visit the patient again; to violate the confidence of the consultation room by revealing its secrets to the friends of the patient, or even to criticize the treatment of the attending physician in his absence; in short to violate in every conceivable way the principles of the Ethical Code, and that other higher code of gentlemanly honor which should be innate in anyone assuming the high responsibilities of a noble profession. Where is the remedy for this? If these things prevail it will not be long before the medical profession will be reduced to the level of a trade. Already we look in vain for that delightful relationship to the family that was once the glory and beauty of professional life. Specialism has destroyed all this. Now, at any palatial mansion in our large cities you may see several professional carriages before the door. The eye doctor, the womb doctor, the skin doctor pass and repass each other in the hallway with a grimace or a growl, and the dignity and honor and glory of the physician is a thing of the past. No wonder this ghost of the Ethical Code frightens the professional time-server of the day. Our great men are fast dying off, and the new code advocates are swarming over the places which they once graced, dignified and honored.

Ridiculed, violated and contemned as it is, it will be a sad day for American medicine when the Code of Ethics shall have passed into "innocuous desuetude."—T. O. Summers, M.D., in *Southern Practitioner.*

MEDICAL NOTES.

Prof. Keen says persons suffering from *Chordee* should empty the bowels before retiring.

Prof. Keen says the irritation of *Inflamed Intestinal Piles* very often produces urinary disturbances, and in some few cases even retention.

Prof. Hare says in cases of *Diabetes* in which there is reason to suppose that the kidneys are in an acne condition, alum will sometimes be found an active drug.

Prof. Parvin says that some women abort repeatedly; this is not due to an acquired habit, but to the cause that brought on the first abortion still being present and acting.

Prof. Parvin says, in an *Abortion* occurring before the placenta is formed, the hæmorrhage is from the entire surface of the uterus; but after the placenta is formed, it is only from the placental site of attachment.

Prof. Hare says inunctions of a very small amount of mercurial ointment, rubbed in once a day in a case of *Anæmia*, will increase the fulness and redness of the cheeks and lips and the number of the corpuscles.

Prof. Hare is of the opinion that anything which acts either chemically or mechanically and maintains a constant but slight degree of unusual vascularity of a part, may lead possibly to development of a *Malignant Growth.*

In *Abortive Cases of Typhus*, Prof. Wilson says, a favorable termination may take place by a critical defervescence at the end of the first or the beginning of the second week.

Prof. Hare advises the following combination in cases of *Eczema* with much induration, or in cases of *Psoriasis*:—

℞—Resorcin,
Zinci oxidi, ... ʒ ij.
Ung. aquæ rosæ . . . . ʒ iiss.—M.
Sig.—Apply locally twice a day.

Prof. Wilson says it has been frequently observed that women who have been suffering from *Amenorrhœa*, and have been attacked with influenza, have had their menses re-established after recovering from the attack of influenza.

THE TEMPERAMENTS.

It is interesting to find that so thoroughly scientific a man as Professor William Preyer has adopted the four-fold classification of temperaments made nearly two thousand years ago, namely, the choleric, sanguine, melancholy, and

lymphatic. The existence of one or the other of these temperaments may be descerned, he says in his work on "The Infant Mind," very early in the great majority of children—in the second quarter of the first year, beyond a doubt.

Nearly every one who has written about temperaments has gotten up a classification of his own; Galen had nine, Haycock gave six, Graham Brown seven, and others have got down as low as two. Modern writers use the word nervous for choleric and bilious for melancholic temperament. With these verbal modifications the old classification seems to answer all practical purposes, and individuals can build up combinations as needed.

Hutchinson defines temperament as the sum of the physical peculiarities of a man exclusive of his tendency to disease. This is not very satisfactory, though, perhaps, temperament is a thing a little too vague to be satisfactorily defined. In modern terms it may be said to be the peculiar way in which the individual reacts to the stimuli of his environment. There is no doubt that one class of persons react quickly and easily, expending energy profusely and often needlessly in their life work; others react hopefully and work buoyantly yet with less waste. We can thus distinguish the nervous, the sanguine, the melancholic, etc. A capacity to recognize and appreciate the importance of temperament used to be considered part of a sound medical training. It has been too much neglected in our pursuit of minutiæ with microscopes ond test-tubes. Our teachers of practical medicine might well revive its study.—*The Physician and Surgeon.*

Intra-Uterine Cauterization.—Sänger (*Centralblatt für Gynäkologie*, 1894, No. 25) in a paper on this subject, read before the Leipzig Obstetrical Society, criticizes sharply the generally accepted view that gauze when introduced into the uterine cavity acts as a drain. He believes that when the os is not stenosed the uterus drains itself, artificial drains simply acting to plug the canal and prevent the escape of the accumulated blood. The gauze only permits the discharge of a thin, watery secretion, but not the escape of purulent or viscid material and coagulated blood. There is neither disinfection of the uterine cavity, as Abel maintains, nor the establishment of permanent drainage, as claimed by Skutsch. It is only after the removal of the gauze that there is an escape of the retained secretion. The rise of temperature often noted is an indication of this retention. The expression "gauze drainage" is incorrect; it should be "gauze tamponade." The gauze simply dilates the cervical canal and sets up uterine contractions, thereby increasing the circulation in the uterus. After its removal drainage is better because the canal is more patent. There is no medicinal effect from the iodoform. The writer has had better results from the use of gauze saturated with a solution of chloride of zinc; in fact, he uses the gauze tamponade merely as a preliminary to cauterization of the endometrium. The real action of intra-uterine caustics has been generally misunderstood. Gynæcologists do not allow sufficient time for the caustic to act, but repeat the application at frequent intervals, without waiting for the slough to separate; hence frequently arise cicatricial stenosis and other bad results. Again, weak solutions are ordinarily used, such as tincture of iodine, acetic acid, dilute carbolic acid, and liquor ferri sesquichlor., which not only do no good, but, when frequently applied, often cause violent irritation and increase the local pain.

The writer's practice is to apply strong caustics at long intervals; fifty per cent. chloride of zinc, introduced on cotton (wound around a silver. probe), being suitable in all forms of endometritiss A narrow cervix, such as is often present in virgins or nulliparæ, is a contra-indication. In this condition, the writer first uses, experimentally, a weak solution of zinc (ten per cent.) or tincture of iodine. The strong solution is applied at intervals of from sixteen to twenty days, two or three such applications being sufficient to cure a case of ordinary catarrhal endometritis. Erosions of the cervix he formerly touched with fuming nitric acid every three weeks, but now uses instead the strong solution of chloride of zinc. The thermo-cautery is the ideal aseptic caustic in the treatment of erosions. The writer, of course, places curettage before intra-uterine cauterization as a means of treating endometritis.

In the discussion of this paper, Zweifel agreed with the reader that gauze did not really drain the uterine cavity. He had abandoned the use of iodoform gauze as a vaginal tampon in cases of hæmorrhage, preferring to use pledgets of cotton saturated with acetate of aluminium. Gauze introduced into the uterus checks hæmorrhage, but only in the same way as any foreign body, *i.e.*, by causing contractions of the organ. He was inclined to go still farther and to affirm that gauze when introduced into the peritoneal cavity acts purely as a tampon and not as a drain.

Döderlein expressed the same opinion with regard to the inefficiency of so-called uterine gauze drainage. He was opposed to the common practice of applying a caustic to the raw surface left after curettage. Iodoform gauze has no medicinal action within the uterus; the iodoform is simply mingled with the blood-clot and is not absorbed at all.

[We are glad to receive such weighty support of an opinion which we have held for some time, in spite of our habitual use of the gauze drain after curettage. Notwithstanding the emphatic commendation of this practice by eminent Ameri-

can gynæcologists, we have long been in doubt as to the amount of drainage secured by tamponade of the non-puerperal uterus, even after the cervix has been thoroughly dilated. In our experience, not only has a frequent slight rise of temperature during the first twenty-four hours after operation indicated retention of secretions, but drainage has only been free after removal of the gauze. Sänger's well-known iconoclastic tendency is supported by so much native keenness and common sense that we cannot afford to treat lightly his criticism of this generally-accepted practice.—ED.] —*Amer. Jour. of Med. Science.*

SALOPHEN AS AN ANTI-RHEUMATIC. — During the past year and a half I have frequently had occasion to make use of salophen in rheumatic affections, and with results so satisfactory that I am led to contribute these brief memoranda.

The first case in which I employed this remedy was one of muscular rheumatism affecting the muscles of the right arm and shoulder, and so painful that the patient was incapacitated from work and could dress himself only with great difficulty. Salophen was administered in ten grain doses every three hours, together with friction with turpentine liniment. The remedy was given dry on the tongue and followed by a swallow of water. The pain began to disappear within a few hours after its administration, and on the following day, aside from slight stiffness of the muscles, the patient was completely relieved. This favorable experience has been repeated in a number of other cases of muscular rheumatism, and it would seem that in this affection salophen is a most valuable acquisition to our list of remedies.

In acute articular rheumatism my results from salophen have so far been quite good, although my experience has been too limited to warrant positive statements. It has proved fully as effective as salicylate of soda, over which it possesses the following decided advantages: It is free from irritating effects on the stomach and intestinal canal, does not weaken the heart muscle, and does not produce disturbance of the nervous system. Aside from an abundant perspiration, which appeared within half an hour of its administration and was followed by a reduction of the temperature, it is devoid of after-effects. The patients were not nauseated, and did not complain of headache, ringing in the ears or vertigo, as so frequently happens with the salicylate. The cases treated were of moderate severity, and what impressed me most was the rapidity with which salophen relieved the pains and promoted the comfort of the patient. In the case of a very sensitive woman, who suffered from acute rheumatism of the one ankle and knee-joint, the pains abated considerably after the first three or four doses of fifteen grains, given at intervals of two hours, and she was enabled to enjoy a good night's rest. As regards the disappearance of the swelling and other symptoms, I failed to note any appreciable difference between the action of salophen and salicylate of soda.

Before closing, permit me to call the attention of your readers to the value of salophen in cases of tonsillitis. There is nothing surprising in this, since tonsillar inflammations occur so frequently in rheumatic subjects that there seems to be a distinct relationship between these affections. It has lately been my habit to prescribe in acute follicular tonsillitis five grain doses of salophen every two or three hours until the pains and discomfort were relieved, and then at longer intervals. Here also I noted the analgesic and sedative properties of the remedy, the pains and irritation in the throat usually yielding rapidly to its influence. In cases attended with marked fever I usually combined three to five grains of phenacetine with the first two or three doses of salophen, and found this combination very effective.—P. J. Rosenheim, M.D., in *Times and Reg.*

THE SIGNIFICANCE OF THE VENOUS PULSE.—Dr. James Mackenzie divides the venous pulse into two forms, the auricular and the ventricular. The former, he says, presents distinct evidence of the functional activity of the right auricle. In this form there is also a wave due to the ventricle, and as it increases the auricular wave decreases and finally disappears, and thus the ventricular venous pulse is developed. The latter form is a more advanced stage than the auricular, and, as during its development there is a gradual fading of the auricular wave, there is a period when such terms do not sufficiently denote the character of the pulse; but the terms are convenient for descriptive purposes. The ventricular venous pulse appears only when there is organic disease of the heart itself (most commonly in valvular disease). When failure of the heart is functional and not due to organic disease of the valves, the auricular pulse persists to the end. Similar types of pulse may be recognized in the liver. Here the pulse appears only when there is organic disease of the heart. In many respects, says Dr. Mackenzie, more information regarding the various cavities of the heart can be obtained from the study of the venous pulse than from that of the arterial pulse. Thus, during a cardiac revolution the arterial pulse is in free communication with but one chamber, the left ventricle, only a portion of the right auricle during its systole and its diastole may be observed, while the time of the appearance of the ventricular wave gives information regarding the degree of incompetence of the tricuspid orifice. Information may be gathered regarding the exact time of closure of the pulmonary valves, and the

persistence of the ventricle in systole for a short time after the outflow through the arterial orifices has ceased may be noted. There is also distinct evidence of the diastole of the right ventricle in the venous pulse. In heart failure the venous pulse affords information of a kind entirely different from that supplied by other means.

Its appearance, increase, decrease and disappearance may give evidences of changes in the blood-pressure inappreciable by any signs given by the arterial pulse. While, as a general rule, an increase of the venous pressure implies a diminution of the arterial pressure, that nevertheless, is not always the case. Although in some cases the disappearance of the venous pulse is a sign of the restoration of the body to a healthier condition, yet in other cases it may precede a fatal termination. In these last cases there is also a failure of arterial pressure. In pulse irregularities no true knowledge of the action of the different chambers of the heart can be obtained except by the study of the venous pulse, and this study, says the author, throws a new light upon the heart's movements, and reveals a variety of them hitherto unsuspected.—*New York Med. Jour.*

THE RACIAL FACTOR IN PATHOLOGY.—The influence of race as it affects predisposition to certain diseases or immunity therefrom is still very imperfectly understood. It is generally believed that the negro races show a special proclivity to tuberculosis and cholera, and they are also particularly liable to tetanus. On the other hand, they enjoy comparative immunity from cancer, malaria and yellow fever, and are seldom attacked by diphtheria or dysentery. The yellow races are very prone to ophthalmia and myopia, and insanity is said to be relatively more common among them than among other races; on the other hand, they show greater proclivity than the black races to tetanus, while they are more subject to tuberculosis and cholera than white races. Among white races and Europeans, M. Bordier, who has recently studied the subject, points out that almost the only observations recorded relate to the Jewish race, which exhibits a special predisposition to diabetes and nervous disease, while, on the other hand, it appears to enjoy some measure of immunity from croup. The population of France, as is well known, is made up of three great ethnological divisions, corresponding more or less closely to those found by Julius Cæsar: north of the Seine, the Belgians; in the centre between the Seine and the Garonne, the Celts; and in the south to the Pyrenees and the Mediterranean, the Aquitanians and Ligurians. These three divisions present certain differences in stature, complexion, etc., which are the marks of a different origin. Thus in the north the men are well grown, dolichocephalic, fair and blue-eyed, while in the centre and the south they are short, brachycephalic, and dark in complexion. As showing the difference of stature, the rejections among conscripts on this account in the Belgian part of France from 1831 to 1860 (when the minimum stature for military service was 1.56 metre) were from 24 to 56 per 1,000, whilst in ancient Aquitania and Liguria the proportion was from 57 to 81 per 1,000; in the part of France corresponding to Celtic Gaul from 84 to 174. It was, therefore, in the north-eastern part of France where the population is Cymric that the rejections for defect of stature were least numerous. The people of the east, in French Flanders and in Picardy, have fair hair; those of Brittany and Anjou have chestnut hair; those of Auvergne and Haute-Loire, black hair. In Cymric women the breast is conical or pear-shaped, while in Celtic women it is globular and rounded; the latter begin to menstruate earlier. In the Cymric element in the French nation the pulse is normally more rapid than in Celts, and the northern races are more long lived than those of the south. Velpeau remarked, at the time of the Crimean war, that the English soldiers recovered better from wounds and from operations than the French. The French soldiers themselves used to say the English "flesh" was different from theirs. Statistics show that tuberculosis is more frequent in the north than in the south of France. Myopia is more frequent in ancient Aquitaine and Liguria; caries of the teeth and varicose veins in the Cymric departments; hernia in the Norman departments. The Cymric seem to have a special tendency to sweating sickness.—*Ed. Brit. Med. Jour.*

SKIN GRAFTING.—Having washed the healthy granulations with mercuric bichloride 1 to 3,000, or carbolic acid two per cent., and the part furnishing grafts with 1 to 1,000 bichloride, and lastly with distilled water, instead of lifting the skin with a needle, or instrument which injures the graft, I have a sharp pair of straight scissors with two inch cutting blade. I press the open scissors upon the skin sufficiently to bulge the integument between the blades, and gently close, catching one end of the skin, and then increase or lessen pressure according to the thickness of the bulging skin, and at the same time cut. In this way I can secure a graft from a millimetre to a centimetre long; taking only the epidermis. The graft is then lifted by a fine pair of tweezers from the blade of the scissors, and placed, cut surface down, on the granulations. Instead of applying protective of pure rubber or gutta-percha tissue, and over the productive a wet compress followed by oiled silk, a pad of absorbent cotton and bandage, I simply strap the grafts, after having them exposed fifteen to twenty minutes, with adhesive plaster. The strips are applied basket fashion,

as one would strap an ulcer. If a discharge is to be anticipated, we may leave a small opening in the plaster to favor drainage, removing the straps in thirty-six to forty-eight hours, or we may remove the straps in ten hours, and allow distilled water to trickle over the grafts, then re-applying the adhesive plaster. I now put on one or two turns of bandage, sometimes putting one layer of iodoform gauze between the strap and bandage.

The advantage of the adhesive plaster is threefold, viz.: 1. You can press the grafts so tightly into the healthy granulations that they cohere so that no discharge can lift the graft from the granulations. 2. No dressing will hold the grafts in place, keep the parts at rest, and lessen the discharge so well as straps applied in this way. 3. In removing the dressing there is no danger of the grafts clinging to the plaster, as the moisture collects between the strap and graft, preventing adhesion. Even after subjecting the tissues to an injection of cocaine (four per cent.) I have dissected off grafts two centimetres square, and they rarely fail to live when dressed this way.—*Med. Record.*

THE GRAVITY OF HYSTERIA.—In some diseases the patient has the sympathy of the family, friends, and ofttimes even of the physician, while in other diseases that virtue is obtained from all except the physician. Hysteria is a diseased condition which usually elicits little sympathy from the practitioner of medicine, and Dr. Gustavus Eliot thinks we do not pay it sufficient attention, and attempts to show in the *New York Medical Journal* what the gravity of this condition is.

Sir Thomas Watson considered it a distressing disease, but never fatal, and indeed it always left the patient with no lesion of mind or body. Whatever the physician may think of any disease, he should never underestimate it, and in this case it is a question says Dr. Eliot, if hysteria has not been considered too lightly. Rough means may abort an attack and banish all sympathy for the patient, but such attacks leave an impression on the woman, and this disturbance of the nervous system may lead on to neurasthenia, neuralgia or melancholy. The hysterical woman who marries may bring up children with epilepsy, or even insanity.

Dr. Eliot thinks it a mistake to say that persons do not die of hysteria. They do. It is also well to pay more attention to the disease and show more sympathy and less brutality. It is true that physicians feel provoked at some hysterical patients, still it is rare for a man with tact to spare sympathy in such cases, for aside from everything else such cases, while being very troublesome and annoying, are a constant source of revenue, and proper care and sympathy, even if care does not follow for a long time, bring great credit on the physician's head, and such tact and skill are appreciated. Dr. Reed says in conclusion that it should never be forgotten that:

1. Hysterical manifestations indicate an abnormal condition of the nervous system.

2. This condition will be aggravated if the patient is not properly treated.

3. Prolonged or frequently repeated attacks may inflict serious and permanent damage upon the nervous system of the patient.

4. As a consequence, a tendency to functional disorders of the nervous system may be transmitted to the children and grandchildren of the patient.

5. Serious symptoms and even death may be caused by hysteria.

TEMPERANCE BIGOTRY.—We are indebted to the Penzance Board of Guardians for a fresh proof of the fact that even the extreme of virtue constitutes a species of vice and a cause of mischief. In their case (almost the whole Board are teetotalers) a love of abstinence in respect of alcohol has deepened into an obstinate and exclusive devotion. Recently they forbade its introduction to the workhouse, and they confirmed this arbitrary measure by refusing to defray the cost of a bottle of champagne purchased for the use of an inmate by their medical officer. The latter, however, insisted upon his right to prescribe this remedy if needful, and effectually vindicated his position. As a consequence, there were laid in for use on occasion two bottles of brandy and one of champagne. The Guardians are scarcely to be congratulated either on the moderation of their views or on their penny wisdom. We yield to none in our advocacy of temperance or of total abstention from alcoholic stimulants where this is called for. The case before us, however, touches another subject—that of illness. There are times at which alcohol is in this relation an important medicinal agent. As such, it is known to exert a definite influence upon the course of nutritive changes in the body, which is for certain purposes wholesome and beneficial. It is useful in many states of exhaustion, and invaluable at times of emergency on account of its convenience. In losing it we should part with an effectual aid to recovery and one of our best means of maintaining the functions of old age. No other known substance can exactly or adequately fill its place as a remedy, and we trust, therefore, that the day is far distant when its legitimate use in this way will be hindered by the misdirected zeal of teetotal authorities.—*Ed. Lancet.*

THE ULTIMATE RESULTS OF THE TREATMENT OF RETRO-DISPLACEMENT BY PESSARIES. — Dr. Francis Devenport, of Boston, selected this as a subject for his remarks. There was no doubt

that there were certain objections to pessaries, but were they not exaggerated? Most persons could wear a pessary without discomfort, and all that was required was a certain amount of skill in the fitting. Many objected to them on the ground that they required frequent attention from the physician; again, that they were a foreign body, and necessarily unpleasant; and also that they did not cure and would have to be worn for the rest of the patient's life. He gave the history of fifty selected cases of retroversion that had been treated by pessary. Ten were completely cured and the uterus was in a normal position. Nine were benefited and symptomatically cured. Thirty-one patients now went without the pessary; their uteri were in normal position, but they still had some symptoms. This treatment gave twenty per cent. of absolute cures. Of the ten cured patients seven wore the pessary a year and a half. The shorter the displacement had lasted the quicker the cure. He thought that these results were worth trying for, and where many patients objected to operation a fair trial of several months or a year should be given to the pessary.

In summarizing Dr. Devenport said that in cases of uncomplicated retroversion or retroflexion of the uterus the choice lay between shortening the round ligaments and the wearing of a pessary. That a cure, either anatomical or symptomatic, could be assured. Where a cure was effected it took place usually in about a year. A large proportion of those not cured could wear a pessary and did not want an operation. The operation for shortening the round ligaments should be limited to those who could not wear a pessary or in whom vaginal treatment was inappropriate, and as a supplementary proceeding to other operations.

Dr. E. W. Cushing thought that the usual statistics given on this subject were valueless. He thought that it was too often that the symptoms were treated and not the cause. He was satisfied that few cases required Alexander's operation. If, after fair trial of every form of treatment, including pessaries, the uterus would not remain in position and the symptoms were not cured, then the abdomen should be opened and the trouble looked for and corrected.

Dr. Clement Cleveland, of New York, said that he believed in the use of the pessary and in the Alexander operation, and thought that there was a field for each. The pessary was chiefly useful in retro-displacements. A most beneficent operation was the Alexander, and he believed that it had come to stay. It had always proved a success in the speaker's hands, and he had done the operation over forty times with most gratifying results.

Dr. G. M. Edebohls, of New York, said that the discussion was as to the relative value of the Alexander operation and pesseries. He maintained that the only cases where pessaries could be used was where there were no adhesions and where the tubes and ovaries were in a normal condition. In the other class of cases, which were by far the largest, it was his plan to shorten the round ligaments. He had operated in this manner seventy-five or eighty times and in not one had the uterus returned to retroversion. There was always an anatomical cure, but not always a symptomatic one.—*N. Y. Med. Jour.*

THE BICYCLE AND FEMALE PELVIC ORGANS.—"The Effect of Bicycle Riding on the Female Pelvic Organs," was the title of a paper read by Dr. James M. Craighill before the Gynæcological and Obstetrical Society of Baltimore, which recently held its sixty-fifth meeting. In the course of the reading he said that he believed the exercise to be beneficial to women, and gave as his reasons for so thinking the following:

Nothing will more rapidly improve that class of anæmic women which every medical man meets in his daily rounds suffering from backache, ovarian pain, leucorrhœa, etc., caused by a general relaxed condition of the pelvic organs, in unison with her general run-down condition, than proper exercise, and it is the custom among physicians to advise women suffering in this way to exercise in the open air, this being regarded as much more likely to do good than the various tonics that are prescribed in such cases. The exercise usually consists of a walk of possibly a mile for the first day or two, but, becoming tiresome, it is not tried long enough to do good; if our patient is put on a bicycle she soon becomes very enthusiastic, and indulges whenever an opportunity presents itself, and, if properly instructed, wears loose clothing, with no corsets, sits erect on her wheel exercising every organ and muscle in her body, and as her course naturally leads her out of the city, she gets the benefit of the pure country air, and her exertions make her breathe in much larger quantities than ordinarily, thus purifying her blood and adding health and strength directly to that part of her body to which our attention is directed in this paper. This a very different picture from her sister bending over a sewing machine, usually in a close room, with her corsets drawn tightly, crowding all of the abdominal contents down on her pelvic organs, with the subsequent congestion and the many female troubles with which we are all familiar.

Of course there are many conditions of the female organs that would prohibit this exercise which are unnecessary to mention, although it is customary with some to ride during the menstrual period, and apparently with no harm resulting, but the writer of this paper would include riding at that time among the abuses.—*Dietet. Gaz.*

So Have We.—A Kentucky doctor writes as follows to the *Louisville Medical Monthly*: "The hungry and unprincipled learned physician does more harm than an honest one of less capacity. He tramples upon your feelings; he lies to your people; he makes capital out of your labor; he boldly takes possession of a case when he is accidentally called upon; he introduces a speculum, and tells your patient she has lacerated cervix, from carelessness of her attendant; he calls, or sends wife (who belongs to the same euchre club, or church), to see how she is getting along. You call him in consultation, and he drops in socially afterward, just because he was passing. You can't lance a boil; you must send for the surgeon (who treats measles, whooping-cough, and obstetrical cases). This surgeon is your friend socially, but takes your cases, and when called in your place, tells the family how he would have treated the case if he had seen it in time. A plain case of bellyache is now a case of appendicitis, and the regular family doctor is 'not in it.' All kinds of ovarian troubles meet with prompt removal at the hands of some so-called specialist. A family doctor can't set a common fracture, and if he does, on his return call he finds this so-called surgeon has taken off his dressing, and has dressed it himself, with the excuse to his friend, the family M.D., that he had to, as the family asked him. You are called to a man hurt in a railroad accident, or at a fire, and spend all night ministering to his sufferings; next morning you are called to the telephone, and notified that the railroad or fire department doctor will take care of your patient, as he is paid by the company, and you can take a walk. I have met with all the above abuses time and again, and I have always kept my temper, remembering a physician should be a gentleman. But I have changed my mind, and this is about what I intend to do: take the next unprincipled doctor by the neck, and make him think that old Drs. Kellar, Gilpin and Ross are still alive. Yours, etc., F. E. Corrigan, M.D."

The Management of Face Presentation.—Davis *(Medical News)*, calls attention to the frequency of face presentation, occurring in one hundred and thirty confinements, according to the German observers.

The treatment best adapted to secure spontaneous labor in face presentations consists in retaining the membranes unbroken until the time of spontaneous rupture; in sustaining the strength of the patient, and conserving her energies by suitable feeding, stimulation, and anodynes; and placing her in such a posture as will favor the rotation of the chin anteriorly. The patient should be placed on the left side, with flexed thighs, if the face looks to the left side of the mother's pelvis, and *vice versa*.

The uterus should be brought as nearly as possible with its long axis corresponding to the long axis of the mother's body during labor-pains. If this be carried out, it is quite possible for a face presentation to be spontaneously changed into an occipital one, and for the occiput even to rotate spontaneously to the front. When dilatation is complete, the obstetrician is to choose between radical interference by version or an effort by the method of Baudelocque and Schatz, to correct the face presentation by converting it into an occipital one. This will depend upon the size and shape of the mother's pelvis, the comparative size of the child's head, and the condition of the pelvic floor. When no disproportion exists between the head and the pelvis, and when the pelvic floor, although elastic and resistant, offers no undue obstacle to the mechanism of labor, it is certainly proper to allow the head, under good labor-pains and with good extension, to come down upon the pelvic floor in face presentation, and thus an opportunity be given for the mechanism of labor to proceed spontaneously. Should there be a disproportion between the head and the pelvis, as evidenced by pelvic proportions less than the average, ascertained by pelvimetry, or a large fœtal head, as ascertained by palpation, and a thorough vaginal examination under an anesthetic, the case becomes quite different. Davis believes it the duty of the obstetrician to completely change the position, if the pelvis be roomy, by podalic version under anæsthesia, by chloroform, or in so enlarging the pelvis that the mechanism of labor in face presentation can continue.

Podalic version is, in well-selected cases, a prompt and efficient method of treatment. Symphyseotomy, he believes, is a procedure of too recent a date to occupy an established place in these cases.—*Univ. Med. Mag.*

Tuberculosis and Butter.—It is hard to get away from the malign influence of the cow. Such at least is the case if we may trust the investigations of bacteriologists and sanitarians. The statistics of slaughtered animals in Prussia, Hanover, Switzerland, and other European countries show that from two to twelve per cent. of the cattle are tuberculous, and though their flesh is not often dangerous, yet the milk must in most cases have been so. We can guard against tuberculous milk by sterilization, but now danger is threatened us from the butter. Several years ago Heim showed that butter from tuberculous milk contained bacilli and could produce infection. Bang (*Deut. Zeitsch. f. Thiermed.*, vii., p. 5) reached similar conclusions.

Professor Roth, of Zurich, has, however, recently made experiments of more striking significance (*Correspond. bl. f. Schweit. Aertz*). He went into the markets and purchased butter from twenty

different sources representing different cantons of Switzerland. He then inoculated guinea pigs with this butter. In eighteen series of experiments the results were negative, but in two the inoculations were followed by tuberculosis. In other words, ten per cent. of the butter of the Swiss markets contained tubercle bacilli.

Quite independently of Roth, Dr. Brusaferro, of Turin, made experiments with the butter of the Italian markets. In nine tubs he produced infection once, which gives about the same proportion as Roth's. It is not to be supposed that ten per cent. of market butter is necessarily dangerous, for in many instances the number of bacilli is small and quite unable to cope with the juices of the stomach. Still, infected butter is not safe to the predisposed, and the fact of its existence in Europe at least should be borne in mind. What makes the matter additionally serious is the fact that there is not, so far as we know, any practical way of sterilizing butter.—Ed. *Med. Record.*

THE TREATMENT OF TAPE-WORM.—Dr. Leslie Ogilvie attributes the frequent failures in the attempt to remove a tape-worm to a lack of attention to details in the administration of the drug used. When the purgative is given soon after the anthelmintic, the worm is carried away, all but the head. In such cases it is useless to repeat the drug, as is frequently done, in a short time, as the worm offers but scanty absorbing surface, and the chief effect of the drug is to poison the patient. Neither does he consider castor oil a suitable purgative to give before the administration of the anthelmintic, as there is in all probability a considerable coating of mucus about the worm which the oil does not remove. Sulphate of magnesia with tincture of jalap he considers the most efficacious preliminary purgative. He conducts his case as follows, and reports thirteen consecutive cases successfully treated, ten of which had been previously treated without result. The patient should eat less than usual for a few days before treatment, and the day before should be restricted to a milk diet with a little stimulant. At bedtime a purgative draught of sulphate of magnesia and tincture of jalap is given, and repeated at 7 the next morning if the first dose has not operated. At 8 a.m., a drachm of fluid extract of male fern is given, and at 9 o'clock a second dose. At 11 o'clock a dose of castor oil is administered; even if the worm has been passed previously, it is well to give the oil to remove any of the poison which may be left. The physician should pay a visit soon after the second dose of male fern has been given, not only to observe the patient, but to inspect all the motions, each one of which should be passed into a separate utensil. In searching for the head it is convenient and less unpleasant to use a dilute solution of permanganate of potash as a disinfectant with which to separate the worm from the feces.—*Boston Med. and Surg. Jour.*

A NEW METHOD OF TREATING FRACTURE OF THE LOWER END OF THE RADIUS.—Prof. Ferd. Peterson, *Hospitals-Tidende*, recently demonstrated a method of treating Colles' fracture which is astonishingly simple. An ordinary roller bandage is applied to the forearm down to or near the place of fracture, and the arm placed in a sling with the hand in ulno-volar flexion over the edge of the same. The hand hanging down by its own weight keeps the fragments in position. He claims that excepting in complicated cases, or in those of a low degree of intelligence (drunkards, etc.), this method has the advantage of having the site of the fracture constantly in sight, the callus has free opportunity to develop, and healing takes place more rapidly than with other methods; active and passive movements may be begun earlier, and no stiffness of the fingers is liable to follow. The lightly constricting bandage aids callus formation by the slight venous stasis which it induces. In typical cases he regards it as the best method. He demonstrated a case of lower radial fracture in a physician before the recent Surgical Congress at Berlin, where healing had smoothly taken place in the three weeks. In eight other cases healing took place in one in eight days, in two in ten days, in three in fourteen days, and in two in three weeks. Only in one was there a slight thickening and dislocation of the fragments, in the others the result might be called ideal.—*Lancet Clinic.*

THE "SOUL" HAS LOST ITS SEAT.—The abstract theory advanced by "Descartes" that the pituitary gland is the seat of the soul has at last been exploded, and the proper functions of the gland demonstrated almost beyond a doubt. A summing up of the researches of many experiments upon the lower animals and of observed symptoms in human beings in whom the pituitary body presented pathological conditions upon section, goes to show that the pituitary is a trophic gland to the nervous system, regulating the chemical composition of the ventriculo-spinal fluid by supplying needed neutralizing acids and eliminating the products of oxidation and metamorphosis.

In rabbits deprived of the gland and in human beings where the gland had undergone pathological changes a marked swelling of the head and thickening of the skin with trophic changes, "akromegali," were observed. The following additional symptoms indicating auto-intoxication of the organism from deficient cerebral metamorphosis and elimination of the products of oxidation were observed in human beings: 1. Headache (frontal); 2. Sense of suffocation; 3. Digestive

disturbances; 4. Eye-symptoms, first in one, then in the other eye, such as amblyopia, hemianopia, permanent or intermittent amaurosis, strabismus, ptosis and exophthalmia; 5. Dulness and apathy; 6. Impaired memory; 7. Motor disturbances of the muscular system; 8. and, finally, death by coma.—*Pacific Med. Jour. Trans.*

INTRA VENOUS INJECTIONS OF CORROSIVE SUBLIMATE.—The success of intra venous injections of quinine in grave forms of malaria induced Bacelli to try the same plan in cases of syphilis, using corrosive sublimate. Two cases of cerebral syphilis, which had resisted ordinary specific treatment, were treated in this way with excellent results. The method is as follows: The skin is first rendered aseptic, and a ligature is placed around the arm, and one of the veins at the bend of the elbow is selected, in which the following injection is made:

R.—Bichloride mercury, . . .	1 gr.
Chlor. sodium, ...	3 grs.
Dist. water, ...	1000 grs.

The hypodermic syringe is filled with the solution, the needle carefully inserted, and the injection made slowly. The patient in a few seconds notices a salty, then metalic taste in the mouth, and in five or six minutes an increase flow of saliva. The commencing dose is a cubic centimetre of the $\frac{1}{100}$ solution each day (1 milligramme). This may be increased to 2, 4, and even 8 milligramme, which is the maximum dose. The advantages claimed are: 1. Small quantity of drug. 2. Rapid action on the symptoms, which show the syphilitic condition of the blood. 3. Quick and direct action on the walls of the vessels, one of the chosen seats of specific lesions.—*Annales de Med.*

SELECTION OF GLASSES FOR DEFECTIVE EYES.—Dr. Charles W. Kollock, of Charlestown, S. C., in summing up a very useful article (*Trans. S. C. Med. Assoc.*, 1894) says:

1. Ascertain as nearly as possible the general condition of the patient; and then test the refraction—preferably while the eyes are under the influence of a mydriatic (atropine).

2. Then, according to the condition of the eyes, the general health and occupation, advise the glasses that are most useful and comfortable.

3. For correcting squints and abnormal muscular relations, rely first upon the proper correction of refractive errors, exercise the orbital muscles with prisms, and finally perform advancement or tenotony.

4. Glasses should be used as long as their good effects last. In progressive myopia, astigmatism—simple or compound—and in high degrees of hyperopia, their employment should be constant. In slight degrees of hyperopia, complicated by weakened accommodation, or in cases of emmetropia (normal vision) when the accommodation has been weakened, it will frequently be found that the glass acts as a tonic, and may be laid aside after the normal tonicity has been recovered.

Dr. Kollock has seen a case of blindness caused by suppression of the menses. Vision quickly became normal after re-establishment of the function.—*Virginia Medical Monthly.*

CROUP. — To summarize briefly the medical treatment of croup that will give the little victim the best chance of recovery is as follows: A warm room, the air of which is to be saturated with moisture; an emetic of turpeth mineral (hydrarg. subsulph. flav., gr. 2 to 5 to a child two years old), *to be repeated whenever the respiration becomes embarassed*, if the bowels are constipated, a sufficient amount of mild chloride of mercury to move them thoroughly; ice to the throat, either in a rubber bag or bladder; if thirst exists, pellets of ice internally; quinine *to decided cinchonism, which is to be maintained*; a sufficient amount of hydrate of chloral to allay spasms of the air passages, with decided doses of belladonna; the inhalation of steam, medicated or not, as may suit the peculiar belief of the individual practitioner; the juice of the pineapple, trypsin with carbonate of soda in warm water; to be supplemented by the administration of a suitable amount of easily digested food.—*Med. Brief.*

ABORTIVE TREATMENT OF GONORRHŒA BY PERMANGANATE OF POTASH.—Large injections of permanganate of potash methodically used, is the best method of treatment yet introduced. Its advantages are, being absolutely painless in cases of anterior urethritis, and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucous membrane, but suppresses every trace of discharge from the first lavage, and is successful about eleven times out of fifteen. The size of the injection, its frequency and strength, must be adapted to individual cases. Generally, strengths of 1 to 4,000, or 1 to 2,000, or even 1 to 1,000, are tolerated.—*Times and Register.*

TRAUMATIC PERITONITIS IN CHILDREN.—Dr. G. Frank Lydston says:—1. I do not believe in acute primary idiopathic peritonitis. 2. The majority of cases of so-called idiopathic peritonitis in children will be found upon inquiry to be traumatic. 3. Slight injuries of the abdominal wall are relatively more dangerous in children than in adults. 4. Surgical interference is indicated in all cases of severe general peritonitis and cases of localized supurative peritonitis.—*Maryland Med. Jour.*

THE CANADA LANCET.

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OLIVER WENDELL HOLMES, M.D.

In an old almanac of the year 1809, kept by the Rev. Abiel Holmes, against the date August 2nd, is the simple entry, "Son born." Within the last month nearly every newspaper and journal in America has made a biographical reference to the son, regarding whom that old entry was made. What need to repeat here the details so often given. To very many of the readers of the CANADA LANCET the announcement of Dr. Holmes' death must have come with something like a sense of personal bereavement. And yet not half a dozen in our craft are living to-day, who can remember when he began his life-long task of bringing the profession of medicine into pleasant, agreeable contact with society at large. More than any man who has ever lived, Dr. Holmes has morial has existed between the medical profession bridged over that chasm which from time immeand the world.

By his life he illustrated the important lesson, that he who becomes distinguished as a physician need not remain a slave to his calling, or see things only from one point of view, but that he may, while maintaining his position, become a leader in ethical culture, and an ornament to literature. Emancipated, as he fortunately was, from the need of earning a livelihood, as well as from the drudgery of practice, his many sided genius made it easy for him to become, while, perhaps, never a great anatomist, certainly the best teacher of anatomy on this side of the Atlantic. At the same time he was building an enduring fame as poet, essayist and philosopher. If wit is the highest wisdom, as in its best form it certainly is, how much this century has to thank him for! Very truly he

> "Never deemed it sin to gladden
> This vale of sorrows with a wholesome laugh,"

and that warmth of nature which brought him into sunny contact with the whole world, made even the pessimist and the misanthrope laugh with him.

Dry bones lived again when he described them, and his old students bear willing testimony to the fact that his happy illustrations made it the easier to grasp and to retain the full significance of what he taught. One of their number, referring to his dual allegiance to science and literature has written of

> The doctor-poet so doubly stored
> With science as well as with native wit
> *Poeta nascitur*, you know *non fit*
> Skilled to dissect with knife or pen,
> His subject dead or living men;
> With thoughts sublime on every page,
> To swell the veins with virtuous rage
> Or with a syringe to inject them
> With sublimate to disinfect them;
> To show with demonstrative art,
> The complex chambers of the heart,
> Or, armed with a diviner skill,
> To make it pulsate at his will;
> With generous verse to celebrate
> The loaves and fishes of some giver,
> And then proceed to demonstrate
> The lobes and fissures of the liver;
> To soothe the pulses of the brain
> With poetry's enchanting strain,
> Or to describe to class uproarious
> *Pes hippocampi accessorius*;
> To move with fervor of appeal
> The sluggish muscles into steel,
> Or, pulling their attachments, show
> Whence they arise and where they go;
> To fix the eye with wit consummate
> Or draw the aqueous humor from it,
> In times of peril give the tone
> To public feeling called back-bone,
> Or to discuss that question solemn
> The muscles of the spinal column.

All the world knows that for thirty-seven years he was Professor of Anatomy at Harvard, that some of the poems which he has written—"The Chambered Nautilus," for example—are as perfect as any in our language, and that the wit, the wisdom and the unsurpassable grace of the Autocrat Series has given him an *open sesame* into hearts and homes everywhere. But it may be doubted if as generous and universal recog-

nition is given by our profession to the fact that he first demonstrated puerperal fever to be a private pestilence, a something which has been carried to the patient who develops it, by her physician, by her nurse, or by someone else. He ante-dated by four years the similar announcement for which Simmuelweis is now being so greatly honored. Dr. Holmes' professional writings have been collected into one volume, called "Medical Essays," and medical literature contains very few books at once so entertaining, so suggestive and so instructive.

With his right to be classed as one of the five great and distinctively American, poets a medical journal has perhaps but little to do. He lived his life in touch with all the people, and for very many years the recognition of his place in literature has been as universal as the reverence felt for his name and character.

In the best sense of the word Dr. Holmes was a book-lover. He was President of the Boston Medical Library for a long period, and to that institution he presented his own medical library about six years ago. When it was proposed to begin the collection of a medical library for the use of the profession here in Ontario, he sent over a specially bound copy of his own contributions to medical literature, and ever since then his interest in the growth of our library has been unflagging, and to him, as well as to Drs. Jas. R. Chadwick and E. H. Brigham, the librarians, we are under obligation for assistance given in many ways, and for valuable contributions sent. Dr. Osler is the only other correspondent on our list who has seemed to have the interests of the Ontario Medical Library always on his mind.

In rare degree Dr. Holmes mastered the art of growing old gracefully, and in his case the prayer contained in William Winter's poem was fully answered—

> True bard, true soul, true man, true friend,
> Ah, gently on that reverend head
> Ye snows of wintry age, descend;
> Ye shades of mortal night, be shed!
> Peace guide and guard him to the end,
> And God defend!

Dr. T. P. McCullough has sold his practice at Everett to Dr. C. M. Kingston, of Sterling, and will in future devote his attention to diseases of the eye and ear. He will study in New York.

CASTRATION FOR ENLARGED PROSTATE.

The fact that the prostate resembles very closely the uterus, as to its structure, and that hypertrophy of the male organ is due largely to the development within it of separate tumors strikingly resembling uterine fibro-myomata, has suggested the likelihood of castration bringing about an atrophy of the prostate. The overgrowth is almost entirely due to increase in size of the fibrous and muscular constituents, the glandular elements undergoing little or no change; but the tumors may vary in size from that of of a pea to a child's fist.

Now, as uterine tumors do not appear after the cessation of active sexual life in woman, and those which may be already existent, usually, if not always, undergo atrophy, it was suggested long ago, by Velpeau, and the idea was afterwards taken up by Sir Henry Thompson, that castration should, reasoning by analogy, be followed by atrophy of the prostate. It has always been known that hypertrophy of the so-called gland occurs at that period of life when sexual power is waning, though not entirely extinct. The figures are that one-third of all males over middle age show an enlargement, while in one-tenth of all males over 55 this enlargement is so great as to become pathological. Now we should expect that if castration induces atrophy, so also would the total cessation of sexual life. Some authors state that such atrophy really does take place, but inasmuch as the condition of hypertrophy so often tends towards the early death of the sufferer, observation in this direction has been limited.

The treatment of enlarged prostate, with all its attendant train of vesical troubles, has never yet been very satisfactory. Harrison's *brochure* of a few years ago, showing the feasibility of keeping the channel patent by early and constant catheterization, and thus avoiding bladder trouble from retained urine, has not had much effect upon practice in this disease. Again, prostatectomy in any of its forms, is a very serious operation, especially if undertaken as it usually is, when the patient's strength is greatly lessened by the long-standing disease. The bladder may also be drained, as is done by Harrison, by intro-

ducing a straight trocar and canula, in the middle line of the perineum about one inch in front of the anus, and pushing it through the prostate till the bladder is reached. Then, by introducing a self-retaining catheter, permanent drainage is secured; and some cases have been reported in which, after such operation, permanent shrinkage of the prostate occurred.

Castration seems to be the safest and surest means of securing atrophy of the organ. Dr. White, of Philadelphia, in 1893, *Bost. Med. and Surg. Jour.*, found that castration in a series of cases caused rapid atrophy, first of the glandular structure, and then of the muscle. He has reported a number of castrations in various parts of the country, by different surgeons, himself included, in all of which decided benefit accrued, and in several, an actual restoration of the healthy function of the bladder was the pleasing result. If further observation prove the truth of the above reported cases, then we shall have at our command an operation which, while almost necessarily limited to the latest period of life, might with profit be taken advantage of by men in whom virility is not entirely lost, looking forward to the greater comfort of later years and to the almost certainly longer span of life they would enjoy, by the loss of the usefulness, for procreation at least, of what Burns called their "dearest member."

ANTITOXIN TREATMENT OF DIPHTHERIA.

In our last number we gave an extract on the dry bones of what many of our readers no doubt considered a dry and ultra-scientifiec subject. But the medical world to-day is ever on the advance, and what may appear to many foolishness to-day, will, perhaps, in the course of a decade, be the foundation-stone in a great and grand medical edifice, by which disease shall be kept in check and even defeated. The antitoxin movement has not yet assumed the proportions, nor excited the comment, by the thousandth part, that did the "Koch craze," now in oblivion, yet containing, we believe, a germ of scientific truth which may some day grow to magnificent proportions.

All humanity is credulous. The medical man should be less credulous in matters relating to medicine and reputed cures than anyone else; yet we are all ready to accept the wonderful, all are glad to learn that someone has, fortuitously or not, found a panacea for some malignant disease.

When we consider the number of drug cures for diphtheria, specific in their nature, which have been held up to the wondering gaze of the profession in the past ten years, need we wonder if some of the older practitioners hesitate to exclaim, "He has found it."

Those who laud antitoxin hold, substantially, that immunity to the disease may be produced, in a similar manner as that in small-pox, by inoculation. But it yet remains to be shown how long this immunity shall last, whether, as in small-pox, for a term of years, or for only a few months, as is the case of the immunity to tetanus in guinea-pigs. No doubt many a parent would be willing to submit his child to an innocuous (and it is said to be entirely innocuous) injection during a serious epidemic, or after he was certain exposure had obtained.

As to the second object sought, viz.: cure after the disease has been established, increasing numbers of cases seem to point to the power of the procedure to lessen the fatality. With a summary of these reports we need not trouble our readers, but would say, from a consideration of the whole matter, from knowledge gained from a large number of reports, that the time is not yet, to sit in judgment upon the process; with a personal leaning to the greatest care being exercised in the using of it, for we fear that in a year or two it will be among the things that are not.

THE MORNING VISIT.

BY O. W. HOLMES, M.D.

A sick man's chamber, though it often boast
The grateful presence of a literal toast,
Can hardly claim amidst its varied wealth,
The right, unchallenged, to propose a health.
Yet though its tenant is denied the feast,
Friendship must launch his sentiment at least,
As 'prisoned damsels locked from lover's lips
Toss them a kiss from off their finger tips:—

The morning visit; not till sickness falls
In the charmed circle of your own safe walls,

Till fever's throb, and pain's relentless rack,
Stretch you all helpless on your aching back—
Not till you play the patient in your turn
The morning visit's mystery you learn ;
'Tis a small matter in your neighbor's case
To charge your fee for showing him your face,
You skip up stairs, inquire, inspect and touch,
Prescribe, take leave, and off to twenty such.
But when, at last, by Fate's transferred decree,
The visitor becomes the visitee—
O, then indeed it pulls another string,
Your ox is gored, and that's another thing.
Your friend is sick-plegmatic as a Turk,
You write your recipe and—let it work.
Not yours to stand the shiver and the frown,
(And sometimes worse) with which your draught goes down.
Calm as a clock, your knowing hand directs :—
Rhei, jalapæ—ana grana sex,
Or trace upon some tender missive's back :—
Scrupulos duos—pulveres ipacac.
And leaves your patient to his pains and gripes,
Cool as a sportsman banging at his snipes.
But, change the *time*, the *person*, and the *place*,
And be *yourself* the "interesting case,"
You'll gain some knowledge which it's well to learn,
In future practice it may serve your turn—
Leeches, for instance, pleasing creatures quite,
Try them, and bless you ! don't you find they bite ?
You raise a blister for the slightest cause,
But be yourself the great sublime it draws.
And trust my statement, you will not deny
The worst of draughtsmen is the Spanish fly.
It's mighty easy ordering when you please
Infusum sennæ—capiat mucias tres.
It's mighty different when you guzzle down
Your own three ounces of the liquid brown,
Pilulæ—pulveres—pleasant sounds enough,
When other jaws receive the shocking stuff ;
But, oh, what flattery can disguise the groan
That meets the gulp that sends it through your own.
Be gentle, then, though Art's inspiring rules
Give you the handling of her sharpest tools,
Use them not rashly—sickness is enough,
Be always "ready—but be never "rough."
Of all the ills that suffering man endures
The largest fraction liberal Nature cures,
Of those remaining 'tis the smallest part
Yields to the efforts of judicious Art.
But simple kindness—kneeling by the bed
To shift the pillow for the sick man's head,
Give the fresh draught that cools the lips that burn,
Fan the hot brow, the weary frame to turn ;
Kindness untutored by our grave M.D.'s,
But Nature's graduate, whom she schools to please,
Wins back more sufferers with her voice and smile
Than all the trumpery in the druggists' pile.
Once more—be quiet coming up the stair,
Don't be a plantigrade—a human bear,
But stealing softly on the silent toe
Reach the sick chamber, ere you're heard below
Whatever changes there may meet your eyes
Let not your looks proclaim the least surprise,
It's not your business by your face to show
All that your patient doesn't wish to know.
Nay—use your optics with considerate care,
And don't abuse your privilege to stare.
But if your eyes should probe him overmuch,
Beware still further how you rudely touch.
Don't clutch his carpus in your icy fist,
But warm your fingers ere you take the wrist.
If the poor victim needs must be percussed,
Don't make an anvil of your patient's bust.
Doctors exist, within a hundred miles,
Who thump a thorax as they'd hammer piles.
If you must listen to his doubtful chest,
Catch the essentials and ignore the rest,
Spare him—the sufferer wants of you and art
A track to steer by—not a finished chart.
So of your questions—don't, in mercy, try
To pump your patient absolutely dry.
He's not a mollusk, squirming in a dish,
You're not Agassiz—and he's not a fish.
And last, not least, in each perplexing case,
Learn the sweet magic of a cheerful face,
Not always smiling—but at least serene,
When grief and anguish cloud the anxious scene,
Each look, each movement, every word, and tone
Should tell the patient you are all his own,
Not the mere artist—purchased to attend—
But the warm, ready, self-forgetting friend,
Whose genial visit, in itself combines
The best of tonics, cordials, anodynes.
Such is the visit that from day to day
Shed's o'er my chambers its benignant ray.
I give him health who never cared to claim
Her babbling homage from the tongue of Fame,
Unmoved by praise—he stands by all confessed
The truest, noblest, wisest, kindest, best.

INCREASE IN SUICIDES IN ENGLAND.

The interest felt in Great Britain over the increase in lunacy is now supplemented by that felt in the increase of suicide. Naturally enough, the two go hand in hand. It has been held that no one in a perfectly sane state will commit suicide. That opens the old and large question of "What is it to be sane?" Most thinking men, we believe, do not attempt to draw a hard and fast line, at least so far as words and definition go, between sanity and insanity, but look upon it as a relative matter, which would go pretty near to saying that we are all insane in some particular line or lines.

The time was when the friends of a suicide could not recover insurance on his life. Now, however, the suicide clause having been elided, it has been suggested that this elision may have something to do with the increased number of persons taking their own lives, the supposition being that many a man would be willing to "face the clay" but for the fear of leaving those dependent upon him, without any proper means of support. Now that his heirs can recover his insurance, he may often feel that he would be of more service to them dead than alive, and being weary of bearing fardels, flies to that "bourne," etc. Following out this line of thought, several English insurance companies have been lately prosecuting an inquiry as to whether the known increase of self-murder has any connection with their business. The unanimous expression of

opinion from coroners all over the country is that the suicide acts without any thought of the suicide clause being left out of his policy, which goes to make him out more honest than wise. When one gets into the condition in which he has no regard for his own life, he is not likely to consider very much the welfare or happiness of others, no matter how near they may be to him by the ties of nature. It is a very good thing that those who are able to judge best of the inner workings of the suicide's mind, viz., the coroners who have to investigate each case, speak so definitely upon the point, otherwise we might be having the suicide clause again inserted into life policies, which would be, if not a great injustice, at least a great hardship to the friends of the unfortunate one.

TESTIMONIAL TO SIR JOSEPH LISTER FROM FORMER COLLEAGUES AND PUPILS AND WELL WISHERS.

To the Editor of the CANADA LANCET:

DEAR SIR,—Sir Joseph Lister having recently retired from active hospital and teaching work, the occasion has been thought appropriate for presenting him with a testimonial of the esteem in which he is held by his former colleagues and pupils, and Committees have, therefore, been formed in Glasgow, Edinburg, and London for the purpose of raising the necessary funds.

It is proposed that the testimonial shall take the form of a portrait. Subscriptions have been limited to two guineas, and it is hoped that sufficient funds will be collected to permit of some memento of the occasion being presented to each subscriber of that amount.

As there are probably many surgeons in Canada who may wish to join in the movement, but whose names and exact addresses it has been difficult to ascertain, I should be glad if you would permit me to state that subscriptions may be sent to me at 29 Weymouth Street, Portland Place W., London, England, or to one or other of the following gentlemen who have kindly consented to act as Treasurers, viz.:—Dr. James Finlayson, 4 Woodside Place, Glasgow; Professor Chiene, 26 Charlotte Square, Edinburgh; Professor William Rose, 17 Harley Street, London W., England; Dr. Malloch, 124 James St. South, Hamilton, Ont., or Mr. J. Stewart, M.B., Pictou, Nova Scotia.

I have the honour to remain, Sir,
Yours faithfully,
J. FRED. W. SILK,
Honorary Secretary.

P. S.—Two guineas are about $10.23.

THE DECLINE OF MARRIAGE.—Mr. Grant Allen has undertaken to explain why marriage is less common than it was a century ago: "Thirty or forty years ago young men used to rush by blind instinct into the toils of matrimony—because they couldn't help themselves. To-day they shilly-shally, they pick and choose, they discuss, they criticize, they say foolish things about the club and the flat and the cost of living. They believe in Malthus. Fancy a young man who believes in Malthus! But they don't marry, and it is because they are less of young men than formerly. Wild animals in confinement seldom propagate their kind. Only a few caged birds will continue their species. Whatever upsets the balance of the organism in an individual or a race, tends first of all to affect the rate of reproduction. Civilize a red man and he begins to decrease at once in numbers. Is not the same thing true of us? Civilization and its works have come too quickly upon us. The strain and stress of correlating and co-ordinating the world we live in are getting too much for us. Railways, telegraph, the latest edition, has played havoc at last with our nervous system. We are always on the stretch, rushing and tearing perpetually. We bolt our breakfast, we catch the train or 'bus by the skin of our teeth. The tape clicks perpetually in our ears the last quotation in Eries, the telephone rings us up at inconvenient moments. Something is always happening somewhere to disturb our equanimity. Life is one turmoil of excitement and bustle. Financially, 'tis a series of dissolving views; personally, 'tis a rush; socially, 'tis a mosaic of deftly fitted engagements. Drop out one piece and you can never replace it. You are full next week from Monday to Saturday—business all day, what calls itself pleasure (save the mark!) all evening. Poor old leisure is dead. We hurry and scurry and flurry eternally. One whirl of work from morning till night; then dress and dine; one whirl of excitement from night till

morning. A snap of troubled sleep, and again *da capo*. Not an hour, not a minute, we can call our own. The first generation after Stephenson and the Rocket pulled through with it somehow. They inherited the sound constitutions of the men who sat on rustic seats in the gardens of the twenties. The second generation—that's you and me—felt the strain of it more severely. New machines have come in to make life more complicated; telegrams, Bell and Edison, submarine cables, evening papers, perturbations pouring in from all sides incessantly; the suburbs growing, the hubbub increasing, metropolitan railways, trams, bicycles innumerable; but we still endured, and presented the world all the same with a third generation—ah, me! there comes the pity of it! One fancies the impulse to marry and rear a family has wholly died out of it. It seems to have died out the most in the class where the strain and stress are greatest. I don't think young men of that class to-day have the same feelings towards women of their sort as formerly. With certain classes and in certain places a primitive instinct of our race has weakened. The present crisis in the marriage market is due not to clubs or the comfort of bachelor quarters, but to cumulative effect of nervous over-excitement."

Arsenic Treatment of Cancer.—At the Medical Gesellschaft, Lassar showed, *Med. Press*, a woman whom he had successfully treated for melanotic tumor of the breast with arsenic. In his remarks he said that all were familiar with the general and rapid progress that these tumors made in spite of surgical treatment where they usually recurred. All had a wholesome dread of the systematic affection which early occurred, and that literature confirmed. Some of these neoplastic growths were slow in their increase, others more rapid, but the present case came under the former category. It appears that the steel of her corsets had pressed unduly on the mammilla, after which a nodule appeared. The treatment adopted seems to have been caustic, or blisters to the part to reduce the swelling, which evidently gave it a new impetus, for after a week we are told it assumed the size of a large pear, when energetic treatment by extirpation was proposed. Lassar commenced internal treatment with five drops of Fowler's solution three times a day after food. From the very first week after this treatment was commenced the tumor began to shrink, often succeeded with pauses, but still the size retrograded till the present year, when it has finally disappeared. The treatment has been discontinued for two months, and no recurrence is evident.

He notes one particular which is worth bearing in mind in connection with nævi which increased during the treatment with arsenic. He believes, however, that heteroplastic neoplasms of malignant character can be easily counteracted by arsenic if promptly applied at an early stage of progress.

County Medical Association.—The eleventh regular meeting of the County of Simcoe Medical Association was held in the council chamber, Collingwood, on Thursday evening, Sept. 27, the newly elected president, Dr. Howland, of Huntsville, in the chair. The following members were present: Drs. Aikman, Ardagh, Arthurs, Aylsworth, Ball, Bird, Decker, Donaldson, Hanly, Hunt Large, Lehmann, McGee, McGaul, McLeod, McClinton, McKay, Morton, Resbitt, Pauling, Peters, Raikes, Ross, Smith, Starr, Stephen, and West. The meeting was opened with a paper by Dr. Hunt, of New Lowel, on the diagnosis and treatment of scarlet fever, which was very fully discussed by Drs. Hanly and Stephen. Dr. McKay, of Collingwood, presented a patient with an abdominal tumor, giving a full and exhaustive history of the case. Dr. A. E. Ardagh, of Orillia, read a paper on meningitis in children, which was discussed by Drs. Morton, Stephen and Shaw. Dr. Starr, of Toronto, the Secretary of the Dominion Medical Association, was present as the guest of the Society, and read a paper, illustrated by numerous photographs, on inflammation of the frontal sinus. In the absence of Dr. Paul Gillispie, Dr. McGee, of Midland, read his paper on the treatment of pneumonia, which was discussed at considerable length by Drs. McFaul, Stephen, Raikes, and Starr. After an address by Dr. Hanly, of Waubaushene, in support of his candidature for a seat in the Medical Council, the meeting adjourned.

Strophanthus in Dipsomania.—It would seem,

to judge by some of Dr. Skvottzow's, *Sem. Med.*, observations, that tincture of strophanthus may arrest an attack of dipsomania very quickly. This curious effect of the medicament in question was discovered accidentally by the author in a corpulent man of 63 years, who drank large quantities of brandy. As he exhibited feebleness and intermittence of pulse, the author considered it necessary, to relieve the embarrassed cardiac action, to prescribe a dose of seven drops of tincture of strophanthus three times a day. The patient was seized, after the first dose, with nausea, and experienced such a disgust for alcohol that he abandoned its use abruptly and definitely. The same effect is reported by the author in two other instances. Strophanthus always provoked a nauseated condition, soon followed by abundant perspiration—an effect not ordinarily observed in non-alcoholic persons. The abrupt suppression of alcohol is said not to have produced any delirium, which is contrary to the usual experience with drunkards.

THE EFFECT OF ETHER AND CHLOROFORM ON THE KIDNEYS.—Wunderlich (*Annals of Surgery*), after the examination of the urine in 125 cases, before and after anæsthesia, draws the following conclusions as to the effect of ether and chloroform narcosis on the kidneys: 1. An already existing albuminuria is often increased by etherization. No such case in which chloroform was given was observed. 2. Albuminuria can be caused by narcotization with chloroform and ether, more often with chloroform, the relative frequency with which it occurs after the use of chloroform and ether being 11.5 to 6.9. 3. As a result of the use of chloroform, casts may appear in the urine. This is less frequent after the use of ether. The relative of frequency is 34.8 to 24.6. 4. When casts are already present, both anæsthetics have the effect of increasing the number.

BLOODLESS OPERATION FOR HÆMORRHOIDS.—Manley, *Boston Med. and Surg. Jour.*, describes his bloodless method of treating hæmorrhoids. A brisk purgative is given the evening before the operation. Before operating, two to four ounces of whisky are administered and effective cocainization applied hypodermically. Anal dilatation, gradual and steady, without rupture of the muscle is done, and after drying and mopping with cocaine solution, each hæmorrhoid is separately seized, close to its base, firmly between the tip of the thumb, index and middle fingers. It is put on full stretch, then twisted, and finally so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except in the mucous membrane and its under stratum of fibrous tissue. The mass is then returned and an opium suppository introduced. He has treated thirty-two cases in this way with perfectly satisfactory results.

OBITUARY.—The sad news has been cabled from London, Eng, of the death of Dr. Hugel Guelph on Oct. 24th, one of our recent graduates, and a man giving promise of much future usefulness. He had just commenced a post-graduate course at the College of Physicians and Surgeons, London, and was looking forward to a speedy return to Toronto, where he had lived with his aunt, Miss Kent, in Gerrard Street. His death was caused by meningitis. Much sympathy will be expressed by all who knew Dr. Guelph for his bereaved relatives.

THE death of Professor Hermann Ludwig Helmholtz leaves another great blank on the roll of living scientists whose names are household words wherever science is known. The Professor was born in 1821 at Potsdam, and died on the 8th ult.

FOR ACNE AND COMEDONES.—Dr. Spaulding, says, *Med. World*: I have found by actual treatment in numerous instances of acne or comedones that an ointment of red iodide of mercury and vaseline, made up in the proportion of two to ten grains to the ounce, has been a sure cure in all cases where used with perseverance in the following manner:—First wash the face thoroughly with some non-astringent soap and warm water; after drying the flesh, apply by thorough rubbing, to all diseased places, the ointment once a day. This treatment should be kept up for at least a month, or until every remnant of the disease has disappeared. The ointment should be made very mild for delicate, thin skin, but hard, thick, dry flesh will often require the full strength of ten grains to the ounce. If made too strong it will blister the surface.

THE ROCKING CHAIR. — An English surgeon says that people who use rocking chairs most, get deaf soonest. Rocking also hurts the eyes and makes people near-sighted, *Med. Compend.*

Rocking chairs are also a very common cause or one of the factors in producing pelvic diseases. The contraction, pressure and relaxation produced by several hours' constant rocking produces a hyperæmic condition of the pelvic organs. At first the vaso-motors soon exert themselves and the vessels return to their normal condition, but when this is kept up for years the vaso-motor control becomes less and less till congestion takes place, and the long list of pelvic symptoms follows. A straight chair and hot water injections have cured a large number of gynæcological cases in our hands.

WANT NO PHYSIOLOGY.—The Christian Scientists of Burlington, *Times and Reg.*, Iowa, have petitioned the school board to excuse their children from attendance when physiology is taught. The petition declares that there is no material body, and objects to having their children taught to believe there is anything so much in evidence as a stomach or a liver. It objects also to geography, on the score that it recognizes a material body. The petition was refused, as the school board was too painfully conscious of its own stomach, liver, and other of the fabulous imaginary organs of the myth and delusion called the human body, to be able to coincide with the views of the petitioners.

RECEIVED sample of Bromidia some time ago. Since receiving same we have given it a fair test with the result that we keep it constantly on hand as a reliable sedative in all cases of insomnia and delirium arising from the abuse of alcohol or other stimulants. THE KEELEY INSTITUTE, Marysville, O., Jan. 20th, 1892.

WE are indebted to Dr. N. A. Powell, of this city, for the poem by the late Dr. Holmes, which appears in another column, as well as for his very interesting obituary notice. The poem appears in only one, and that a very rare edition, of Dr. Holmes' works.

NOT HEALTHY.—Mr. Hugging: What do you think of the latest medical dictum that kissing is unhealthy? Mr. Hunker: It is quite true. Mr. Munn happened to catch me kissing his daughter, and I was laid up a whole week.—*N. Y. Sun.*

ON the ground of a statistical study, Mr. Barling (*Brit. Med. Jour.*) states that the supra-pubic operation is by all odds the most dangerous.

AT the Antwerp World's Fair Exposition, Wm. R. Warner & Co., were awarded the Grand Prize for the purity and excellency of their preparations.

INCONTINENCE OF URINE.—Dr. White, *La Revue Médicale*, recommends the following formula in incontinence of urine in children:

℞—Benzoate soda, Salicylate soda,	āā . (grs. xv.)	1.0
Ext. belladonna, . . .	(grs. xxx.)	2.0
Cinnamon water, . .	(ʒ iv.)	120.0

A teaspoonful four or five times a day.

Books and Pamphlets.

OPERATIVE SURGERY. By T. L. Kocher, M.D., Professor at the University, and Director at the Surgical Clinic at the Berne University; with 163 illustrations. New York: William Wood & Co. 1894.

The object of this work is very well outlined by the author in the following paragraph selected from the introduction: "The most important task of a surgical text book applicable to the living subject, appears to be that the reader be enabled to post himself rapidly and surely regarding the path the knife has to follow in incisions in any part of the body, and to any depth desired."

This object has been consistently kept in view throughout the book, and the result is a work of undoubted value to the busy practitioner. Without discussing indications for operation, the author has pointed out the preferable lines for incision, and the dangers to be avoided. The many excellent wood-cuts are a decided aid to the student. His articles on anæsthesia, the treatment of wounds, and the selection of the direction of incisions, embody the results of prolonged and careful observation, and ripe experience. The anatomical nomenclature differs in some instances from that to which we have been accustomed. This is, however, a very trifling detail, and the reader soon learns to admire and appreciate the remarkable clearness with which the whole subject is presented.