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LANCET

A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the journal of the Winnipeg and Manitoba Medical Associations.

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Vol. 6.

WINNIPEG, OCTOBER, 1898.

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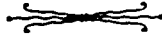
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WINNIPEG, OCTOBER, 1898.

No. 6.

ORIGINAL ARTICLES.

THE WIND AS A FACTOR IN SPREADING INFECTION.

By R. S. Thornton, M. B., C. M., Deloraine.

At this season of the year when the prevalence of typhoid fever reaches its maximum the physician is often sorely puzzled to account for the origin of many isolated cases occurring apparently without connection with each other or with pre-existing cases. Now that the bacterial nature of the infection in typhoid fever has been satisfactorily established we can no longer fall back on insanitary conditions as being the source of the outbreak of this disease. These can only be regarded as accessory and contributory causes. The drinking water is, of course, the favorite medium of introduction to the system, and it is well recognized that "the maximum prevalence of typhoid co-incides with the lowest recession of the ground water from the surface of the soil." This condition favors the presence of organic matters in the wells which will thus constitute a suitable radius for the development of the typhoid germs, but the real problem is to account for the presence of the germ itself.

Typhoid has become so generally distributed in the province that it may be regarded as endemic. We have few cities where large communities are receiving the same water supply. In the towns and villages, and on the farms, the water is almost entirely supplied from surface wells and

not a few people use rain water collected in cisterns. These sources of water supply are all largely independent of one another. There are few water courses. In some cases, especially in towns and villages, the wells may be contaminated through direct soaking of surface water containing the germs, but the great majority of cases cannot be so explained. In trying to account, under these circumstances, for the general distribution of the disease there is one factor which does not seem to have received the attention it deserves. The wind may be a very potent agent in the dissemination of disease. The tendency of bacteria to cling to dust particles is well known, and they may thus be carried to places where the conditions favor their development.

In this prairie land we are quite familiar with the long distances to which dust may be carried by the high winds, and the agriculturist recognises this as one of the most active agents in distributing the seeds of noxious weeds. That this agency of wind is also at work in mountainous regions the following incident will show. Early this year there was a fall of dirty yellow-colored snow at Lugadi in Switzerland. When the snow was boiled and allowed to settle there was a thick deposit of mud which was found to contain iron in combination with other minerals--a particular combination characteristic of certain iron ores in Hungary hundreds of miles away. The dust had been swept up from the plains and carried in the higher currents of the atmosphere till

intercepted by the falling snow. What happened to the iron ore might also happen to typhoid and other germs which retain their vitality for some time even when subjected to drying. They could be carried along with the dust particles into open wells, into vessels containing water, milk, butter and so on, into stagnant sloughs, and be deposited on the roofs of houses thence to be washed by the next rainfall into the cisterns. In this manner many epidemics and isolated cases may be accounted for.

There are two points of practical importance to be deducted from the above. The first concerns the management of the individual case of typhoid. The physician directs the attendant to disinfect excreta-fæces, urine and sputa, but as the thorough disinfection of a typhoid stool is a matter requiring time and trouble and is very disagreeable, it is safe to say that it is never completely done. Indeed there is often great carelessness in the disposal of typhoid excreta, and sometimes they are thrown out on the surface, whence they may be carried by water into the wells, but more likely, on the prairie, after becoming partially dried to be swept with the dust to neighboring farms. In rural districts all typhoid stools should be buried in a hole, away from the water supply, the bottom of the hole being first covered with a liberal quantity of lime or other disinfectant. Or they should be burned.

The second point concerns the public health authorities and has to do with the water closets in use on the railway trains. These are, for the most part, open chutes down which the excreta are projected to the railway track. Many people with ambulatory typhoid, and patients in various stages of the disease en route to hospitals or home, use these closets, and thus typhoid stools are spread along the railway, ready for distribution by the wind all over the neighboring country. The same thing might

happen were cholera ever to obtain a footing on this continent, but apart from the specific danger in such diseases the method is unhygienic and offensive. It should not be difficult to attach a box below the chute and adopt some modification of the earth closet, the excreta being removed and buried at divisional points along the line.

SELECTED ARTICLES.

TREATMENT OF DYSMENORRHEA:

The well-known gynecologist, Mr. Skene Keith, in the "Medical Press and Circular" of October 27, 1897, in discussing the treatment of dysmenorrhea, tells us that in every case, without exception, general treatment must be most thoroughly tried first, because many, and certainly all the slighter cases, can be cured or much relieved in this way, and also on account of the very evident objection there is to local interference. It is fortunate that this is one of the conditions which can often be treated without actual local knowledge of the pelvic organs. The general treatment, and with it the preventive treatment, may now be considered. At the time of puberty enough attention is not given, more especially to the delicate girls, to keep up what is commonly called a good circulation. Many girls get far too little exercise—occasionally far too much and of an unsuitable kind—and far too little care is taken both at home and at school to keep them warm, especially at night. People do not seem to think it matters to let a growing girl go to bed with cold feet, or if they do, imagine that to have a hot-water bottle is coddling. A greater mistake is never made. It is essential that the feet be kept warm during the night whenever there is uterine dysmenorrhea, or, indeed, whenever there is any pelvic trouble. In some cases it is advisable to have the feet and legs thoroughly rubbed before going to bed.

The preventive treatment consists, then, in keeping the girl warm and in attending to her general health. When a delicate,

chilly girl is developing into womanhood, a winter passed in a warm climate may make all the difference whether she is to be a strong or a delicate woman, and at the same time dysmenorrhœa, if present, will usually be cured. To most, this form of treatment is not accessible, and we must rely on the avoidance of too many lessons, of too much practising in a draughty school-room with probably perfectly cold feet, and on the indulgence in plenty of fresh air, with outdoor exercise—not too violent nor continued for too long at a time—in going early to bed and not being up too early in the morning, in keeping warm day and night, and in the judicious use of the morning bath. Some may be able to bathe in cold water, others will require to have the chill taken off the water, and others again may do well, while standing in warm water to have first tepid and then cold water poured over them, and especially down the spine. The best guide to go by is that the person must feel warm by the time she has been dried. As soon as there is the slightest appearance of the "period" the girl must be kept rigidly to bed, and not allowed to get up until the pain is entirely gone and the flow is either over or at least past the worst. A large poultice should be kept over the abdomen as long as there is any pain. For medicine, a brisk saline draught at the commencement, or, if possible, twelve hours before, and then a mild diaphoretic, with a small dose of bromide of sodium or potassium if the patient be strong, or if weak some aromatic spirits of ammonia are best. Sedatives should be avoided, as a rule, and the very favorite remedy—hot gin—should not be prescribed except for very weak people.

When the dysmenorrhœa has lasted for some years it is more difficult to effect a cure by means such as these, because secondary results have now come into play. In spite of this, they should be tried in all cases where the pain is not very severe for six months, or, better, for a year. It cannot be too carefully explained that this general treatment is not meant only to relieve pain at the time, but is intended to

effect a permanent cure, otherwise it is difficult or impossible to get the average patient to take the rigid care which is necessary.

With the exception of the use of various drugs there does not seem to be much difference of opinion about the general treatment of such cases, though the necessity for keeping the patient warm is often not insisted on as it ought to be.

When we come to the consideration of the local treatment, we find more or less difference of opinion, and it is not necessary to go over in detail what this one and that one has written on the subject, for they may all be classified. Opinions about local treatment may be divided at present among those who do nothing and will hear of nothing being done; among those who advocate the use of stem pessaries; among those who recommend dilatation, either slight or great, with or without curetting; and among those who advise lateral or posterior division of the cervix. To this number of methods the writer adds two: posterior division of the cervix with stitching; Dudley's operation and the use of the constant current, after Apostoli's method.

(a). Those who will do nothing, and a sub-class those who very seldom will advise anything, in all probability base their opinion on the very poor results that have come under their notice, either in their own practices or in those of others. This class appears to be a large one.

(b). The stem pessary has had its day in the treatment of flexions. It is unscientific, and, what is much worse, it can only relieve, seldom cures, and may do harm.

(c). Dilatation requires more consideration; it consists of two kinds—slight and great. The first has its advantages in certain cases. It is suitable in the case of married women, when the flexion is not great. In such circumstances it is used in the hope that by distending the canal impregnation may take place, for if the patient becomes pregnant the dysmenorrhœa is cured. Its purpose is simple, and an anæsthetic is not required; it seems to be entirely devoid of danger, and the patient does not require to stay in bed.

When impregnation does not occur the good effect passes off very quickly. This line of treatment is useless when the flexion is very acute; for the unmarried it is also impossible, or, at least, very painful without an anæsthetic.

Overdilatation has also its merits. It may be done with tents or the rapid forcible method. The action is not the same; with the tents it is simply a distension of the canal; by the rapid method there is, in addition, more or less tearing of the tissues when the operation is pushed to its fullest extent. Dilatation by means of tents is simply the beforementioned slight dilatation carried a step further, and under similar circumstances may be admissible.

The advocates of the rapid method claim that it is suitable in all cases, whether the patient be married or not. If it cured or greatly relieved the majority of cases at the first operation, this treatment could have much said in its favor, for it is easy in its performance, and is, so far as the writer has seen, harmless, if the late Professor Spence's saying be remembered, that to pass a bougie through a urethral stricture, what was most wanted were patience and sweet oil, though nowadays it would have to be something more than sweet. Many patients are not cured unless, of course, they become pregnant, and the writer has heard a strong advocate of the method say that we must go on dilating until we get a cure. This necessity for repetition is a fatal objection, if by any other method even as great a proportion of cases can be cured by one single operation. With reference to this form of dilatation, there is one thing that must be borne in mind—it is that when the stretching is done it must be done thoroughly. Hegar's dilators, or some similar instruments, are as a rule employed in this country, and they do very well, though sometimes, when the tissues are very hard, a double-bladed dilator does better. Whatever instrument is used, the stretching ought to be carried out while the uterus is fixed by tenaculum in its natural position; not as is taught in some schools,

when it is drawn to or outside the vulva.

(d). Simpson's lateral and Sims' posterior division of the cervix must have been performed a very great number of times, often with satisfactory results when the patients were married. The object of both operations is to enlarge the uterine canal; the objection to both is that this result is often only temporary. To give much prospect of the canal remaining open it is necessary to keep a plug (preferably one of glass) in the canal until the wound or wounds have thoroughly healed by granulation, and then to pass a bougie occasionally. The result of this irritation is that the cervix is apt to become hard, and symptoms may arise of as much importance as those the operation was intended to cure. As compared with dilatation, these operations have no advantage; they do not do more good than they may do more harm; they are not safer or more easily performed; and the patient requires to be kept in bed for as long a time.

All these different forms of treatment are wanting in certainty; dilating, division, etc., may result in complete failure; there may be improvement neither in the symptoms nor in the local condition; and it is thus not to be wondered at that many able practitioners are opposed to local treatment. The logical position they have taken up in the past is strongly assailed by Dr. Dudley's modification of Sim's operation of backward division. Indeed, the modification makes such a great difference that it is practically a new operation. What is aimed at may briefly be described as the straightening of the uterine canal, and the healing of the cut surfaces of first intention, so that there will be no hard tissue, or possibility of the old bend returning. The operation was described by Dr. George Keith two years ago for the first time in England. The most essential part of the operation is the accurate stitching together of each half of the wound made when the cervix is divided. Performed with the uterus in its natural position, with the help of a Sims' speculum three-quarters of an inch across, it is not

necessary to rupture an ordinary hymen, but it is not an operation to be undertaken by those who either have not the dexterity or have not had sufficient practice to permit them to do it without drawing the cervix to the outside. Frequently, in bad cases, there is more or less tenderness and swelling in the pelvis, and the result of dragging down a uterus when the pelvis is in such a condition can be easily imagined. By this operation nothing is left to chance and unless the cuts do not heal, the cervix remains permanently in the position and of the shape it is left at the time of the operation. So far as he knows, all the cases he has operated on have been cured or have been improved, not only as regards the monthly pain, but as regards the general health, the gain has been well marked. Naturally, the early cases have not done so well, on the whole, as the later.

The more the body of the uterus is anteverted, the less perfect is the result likely to be, and special care must be taken in such cases to split as far back as possible. Freedom from pain does not always result immediately, and the greater the anteversion the slower is the complete return to health on account of the old standing congestion of the uterine body. In a few cases the writer has had recourse to electricity to complete the cure. This operation is specially suitable for all unmarried women, and for all married women except those who are afraid of becoming pregnant, as it frequently cures sterility as well as dysmenorrhœa. Some there are who will have nothing of the nature of an operation, and then Apostoli's treatment will give relief. "Therapeutic Gazette."

DIAGNOSIS OF TYPHOID FEVER.

Dr. Philip Hanson, Jr. (in *New York Polyclinic*, January 15, 1898.) [Dr. Hiss has devised a new method for differentiating the typhoid bacillus, of which Dr. Wm. H. Park says it is by far the best method yet devised. It is a method, however, which will not be universally adopted, but only used in doubtful and puzzling cases.] Dr. Hiss has this to say: That recent experiments on

animals whose resistance had been reduced by exposure to noxious gases showed that under such circumstances they could be successfully inoculated with cultures of the typhoid bacillus, and certain phenomena resembling typhoid fever thereby produced. Up to about 1890 the characters of the typhoid-bacillus growth and the other means of differentiating this bacillus from the colon bacilli were few and indefinite, and, as the means of differentiating the typhoid organism from these other colon bacilli became more accurate, the difficulty of isolating the bacillus typhosus from the feces was greatly increased, and the opinion gained ground that the typhoid bacilli were found in the stools. In the various bacteriological studies of typhoid fever attempts had been made to separate the specific bacilli from the feces, urine, and perspiration, and from blood obtained by puncture of the spleen. The last procedure proved too dangerous for general adoption. The examination of the urine gave better results than the blood. Neumann had found the typhoid organism in eleven out of forty-six cases, and another observer had found the bacillus in one case as early as the third day of the disease. There was some reason for believing that the bacilli were found only in those specimens of typhoid urine which contained albumin. The examination of typhoid urine, nevertheless, had been shown to be a practical and important procedure. According to the best modern observers, the typhoid organism could be recognized ordinarily in from forty-eight to seventy-two hours. The colonies were much smaller and of a brighter color than those of the colon bacilli. In April, 1896, Dr. Hiss said, he had begun some investigations on the behavior of various bacteria with certain solid media, and particularly of the bacillus typhosus. Two media were devised—one for the differentiation of the colonies of typhoid bacilli from colon group by plate cultures, and the other for tube culture. These media were composed of agar, gelatin, sodium chloride, meat extract, and glucose, in varying proportions, acidulated slightly with hydrochloric acid. On the plate cultures the

bacillus typhosus developed into small colonies, with irregular outgrowths and with fringing threads. The colon colonies, on the other hand, were much larger and darker, and as a rule did not form threads. After inoculation these culture media with the specimens of feces, the cultures were kept in an incubator at a temperature of 37° C. The organisms isolated in this manner had been subjected to the usual tests for recognizing the typhosus, and definite and positive proof of their identity had been obtained by several observers. Seventy-eight cases had been investigated in this way. Forty-three were reported as clinical typhoid, of which thirty-seven were in the febrile stage and six were convalescent. In a number of instances only one stool had been examined, and the case not further followed, but even then 66.6 per cent of the cases had given positive results in the febrile stage. But the most interesting results had been obtained in a series of cases from the New York Hospital. Of these twenty-six cases, twenty-one were in the febrile stage and five were convalescent. Of the febrile cases nineteen were thoroughly investigated, and in seventeen, or 89.5 per cent, the typhoid bacilli were found in great numbers. In the other two the plates were not satisfactory and death occurred early. The bacilli were isolated as early as the sixth day, and as late as the thirtieth day, and in a case of relapse, on the forty-seventh day of the disease. The bacilli seemed to be more numerous in the stools after the tenth or twelfth day. In one non-febrile case the bacilli were found on the tenth day of the disease, and after three examinations with the Widal serum test had given a negative result. The fact that the specific bacilli were present in the blood, the spleen, and urine, and often early in the disease, seemed to indicate that the bacilli occurred more generally throughout the body than had been heretofore supposed, and that they did not reappear in the intestinal tract in great numbers until about the time of the breaking down of the intestinal lesions. The bacilli disappeared rapidly from the stools after the fall of the temperature, and when

they persisted there seemed to be a special liability to relapse.

Comparing this method of examination with the Widal test, it would be found to possess the advantage over the serum test of positively demonstrating the typhoid fever infection in a large proportion of cases, whereas the serum reaction might indicate past or present infection, and even then was not always to be relied on.

SEVERE SYPHILITIC ULCERATION.

The following instructive case is reported by Dr. H. Fournier (*Jour. des Mal. Cut. et Syph.*) which illustrates the advantages of euophen over iodoform, especially in cutaneous and venereal diseases. The patient, twenty-nine years old, consulted the author June 8th, 1896, with a history of syphilis acquired about nine years before. For a number of years he had not submitted to any regular treatment, but since then, January, 1896, had taken a variety of drugs, mercurial inunctions and potassium iodide. The reason of this was the appearance of a tertiary phagedenic ulceration of the prepuce which continued to spread and was aggravated rather than benefited by the various remedies employed. When the patient came under Fournier's observation the glans was occupied over one-half of its surface by a deep ulceration, while the prepuce had suffered an extensive loss of substance. Around the ulceration there were patches of sound tissue surrounded by reddish tubercles, some of which had commenced to break down. The patient complained of severe pain, which was made worse by some applications. The treatment at first consisted of a wash of infusion of laurel leaves with laudanum, application of euophen, inunctions with mercury lanoline, and iodide of potassium, 4.0 gm. daily. On June 17th the ulceration had a much cleaner and healthier appearance; there was some tumefaction of the organ, due to the constriction by the remaining healthy parts of the prepuce. Some pain was experienced during the change of dressings, which was greatly relieved by bathing the organ in a 1 per cent chloral solution.

The application of europhen was kept up until cicatrization was almost complete, the loss of substance being entirely filled up without deformity. The author concludes in assigning to europhen an important part in the cure of this, without ignoring the utility of the internal treatment. He points out that distinct improvement and arrest of the phagendic process did not occur until applications of europhen were systematically made, and recommends the use of this drug in all conditions where iodoform is ordinarily employed.

ROENTGEN RAYS IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS AND OTHER DISEASES OF THE LUNGS AND CHEST.

J. E. Stubbert ("Yale Medical Journal") has for more than a year been using the X rays in the diagnosis of areas of tuberculous infection in their incipency, depending upon the relative resistance to their passage through healthy and diseased tissues. A machine with four-inch spark coil was at first employed, but subsequently it was found necessary to double the power of the coil. Practice and a knowledge of the fluoroscopic picture of a normal thorax are necessary for success. The patient is seated in a chair without a back, with a Crookes tube held between the scapula and the fluoroscopic screen in front of the chest. A dark cloth, placed over the tube and the patient's shoulders, concentrates all the light on his chest, and the outline of the thorax appears on the screen in front of the patient. The distance between the light and the patient should be about one inch, which would ordinarily mean twelve inches between the light and the fluoroscope. Having examined the apices, the fluoroscope is passed up and down the whole thoracic region in search for other foci of disease. It is important not to take the eyes from the instrument when sliding it over the chest, lest fine points of comparison be lost. Slight haziness indicates beginning tuberculous infiltration. Decided shadows indicate consolidation; circumscribed spots of bright reflex surrounded by dark rings, or in dark areas, indicate cavities. Intense darkness, es-

pecially at the lower portion of the lung, indicates old pleuritic thickening over consolidated lung tissue. Pleural effusions give black shadows, the upper level of which may be agitated by succession. The shadows of the second stage of pneumonia and of tuberculous consolidation are identical. The reflex of emphysema and of asthma is abnormally clear, and the movement of the diaphragm is restricted. Stubbert gives a table of 100 cases, comparing physical and fluoroscopic examination, and believes that his own investigations and those of others have proved that: 1. The fluoroscope is an accurate agent for corroborating and extending diagnoses made by ordinary methods. 2. It is capable of demonstrating foci of tuberculous infection earlier than they can be distinguished by the ear. 3. It shows unilateral or bilateral enlargement or displacement of the heart. 4. Emphysema, asthma, pleurisy, hydropneumo-thorax and pneumonia are all easily recognized, and their limits demonstrated. 5. Thoracic aneurisms are recognizable in their early stages.

SIMPLICITY IN MEDICAL WRITING.

From an editorial in *The International Journal of Surgery* we select the following:

First select a title that will tell the reader as near as possible what the article contains. To write a paper of value an author must understand his subject. He should express his ideas and convictions in plain language, and aim at brevity *always*. Revise; cut down; boil down; "I came, I saw, I conquered." All manuscript is improved by the boiling process. Busy readers thank an author for using this rare gift to condense. When the subject has been covered, stop writing.

In commenting editorially upon "brevity and simplicity," in the March issue of *The Laryngoscope*, Dr. Scott Bishop, of Chicago, says:

"When a man says clearly just what he means, in a way that one cannot help but understand, you mentally say: 'That's good; I like that,' and you go on reading his article to the end, enticed sentence after sentence by such a plain presentation of his

subject that it appeals to your appreciation of the beauty of simplicity, and you follow him to the end, in spite of the fact that you merely glanced at the article, intending not to read it. This man gets you by a sympathetic chord and he holds you. Whenever you see an article labeled with his name you do not leave it until you know its contents. It is like the child and the sugar-bowl.

"Short articles invite attention. They are the ones that are the most likely to have many readers, other things being equal we will not say *ceteris paribus* for English is good enough, and stands a far better chance of being understood by the majority."

The brilliancy and success as teacher and operator of one of New York's most noted surgeons consisted largely in the simplicity of his methods. One of the ablest ministers we have ever listened to uses words and illustrations that can readily be understood by children. Goldsmith said if you were to make little fishes talk, they would talk like whales.

SURGICAL HINTS AND ITEMS.

To remove blood stains apply acetic or tartaric acid.

Make wounds as dry as possible before applying final dressing.

Rhubarb, santonine and many other substances give the same reaction as sugar.

Elevate parts that have been wounded, thereby preventing oozing and discomfort.

Ligatures are most frequently too tightly drawn, especially in plastic operations.

Use needles a size larger than seems necessary, and see that they are smooth and sharp.

Unless there are special indications aseptic wounds do not need redressing for eight or ten days.

Wounds about the face may be closed by a subcutaneous ligature, and thus render a scar less likely.

Varnell says he cures anal fissure most successfully by the direct application of pure collodion.

The rectal injection of 30 grains of chloral hydrate is advised as curative in the vomiting of pregnancy.

A teaspoonful of glycerine at meal time in water or coffee or tea, will cure a sour stomach and overcome flatulency.

The Lyon medicale says that washing the hands with orange juice water after using iodoform dispels the unpleasant smell.

To remove warts painlessly and with avoidance of scars apply a supersaturated solution of potassium bichromate once daily.

The tincture of the horse-chestnut, in 10-drop doses every three hours, is said to be of value in the treatment of hemorrhoids.

Aristol is declared by a competent authority to be far superior to iodoform in the treatment of indolent ulcers and in many diseases of the ear, nose and throat.

Tincture hydrastis and tincture viburnum prunifolium, equal parts, 10 drops every two hours, is stated as excellent for dysmenorrhea.

Dr. Jacobi says that cow's milk should never be given to infants without a little addition of salt to prevent the solid coagulation of the milk.

Dr. Hare says that when a patient has Bright's disease, and requires for any purpose any anesthetic, chloroform should be used, as so little is necessary that the kidneys are not irritated.

In blepharitis, Dr. Fuge says, free the lids from crusts with a warm solution of boric acid or ichthyol, then apply picric acid in solution of from 5 to 10 parts to the thousand; repeat every second day.

Never allow rubber paste to come in contact with a surface uncovered by normal skin. Since it cannot be sterilized by heat, it must be considered as being dirty.

As long as any urine issues from the urethra, it cannot be said that there is an impassible stricture. Patience and gentleness will do wonders. The most skilful surgeons see very few strictures that prove impassible.

An aseptic dressing, placed over a wound that is expected to unite by first intention, should be left undisturbed until it is time to remove the stitches, or until there is reason to believe that the case is not running the expected aseptic course.

If you find albumin in the urine before operating for pelvic trouble, remember that it may be due to cystitis and not to a nephritic condition. Investigate microscopically or by catheterization of the ureters if possible. Albumin does not signify much if casts are persistently absent.

Fishbones stuck in the pharynx are nearly always inserted upon the lateral walls a little above the aryepiglottic fold. It is often difficult to detect them with the mirror. Spray cocaine, and search with the finger; remove with forceps, and warn the patient that he may feel for a long time as if the bone were still in position.

Wherever large wet dressings are indicated for a long time, we often find that all of the antiseptics now in use may cause an eczematous condition of the skin, unless so diluted that their antiseptic power is more than doubtful. In such cases the employment of simple saline solution is frequently of the greatest value: cutaneous irritation seldom follows its use, and wounds do as well as with any of the antiseptics.

Do not cauterize infected wounds unless it is to obtain a moral effect on a scared patient. It was shown more than fifty years ago that when horses were inoculated with glanders, and sheep with pox, cauterization with red hot iron, applied ten minutes after inoculation, failed to check the disease. An infected wound should simply be well laid open and covered with a wet dressing. The use of nitrate of silver to cauterize wounds is a harmful absurdity.

In cystitis due to stricture it is well to dilate it if we can do so: but if it is of very small caliber and very resistant urethrotomy should be resorted to by means of the Otis or Maisonneuve urethrotome, if it is anterior or, by an external perineal operation, if it is deep. The drainage following an external perineal operation is of the greatest value in cases of cystitis. — *R. Guiteras.*

Some surgeons have asserted that, if urine can be discharged through the canal, it ought to be possible by skill and perseverance for an instrument of some kind to be introduced through the stricture into the bladder. I cannot, however, admit this statement, for the urethra may be absolutely impermeable to instruments, although the urine can be discharged in a tiny and tortuous stream. — *J. M. Cousins.*

In competent hands the surgery of the gall-bladder is to-day the most satisfactory in its results of all abdominal work, and when we reflect how often it could be made preventive of the dread consequences of calculus, it should urge us to a due appreciation of the great advantages to be derived from a recognition of gall-stones, if possible before jaundice has become a symptom. — *A. M. Gartledge.*

The one sign of malignant disease of the uterus which should always be investigated, and especially so when it occurs at or near the menopause, is hemorrhage. We may say, I think, that in all cases in which the menstrual period becomes prolonged, the flow more profuse, or the interval shortened, the most rigid examination, no matter what the conditions or age of the patient may be, is demanded. In all cases which I have observed bleeding has been the earliest symptom. — *L. G. Baldwin.*

VALUE OF BOVININE.

The accompanying from Dr. J. O. Todd one of the surgeons of the Winnipeg General Hospital and St. Boniface Hospital, speaks for itself. — Ed.

Winnipeg, Oct., 21st, 1898.

Dear doctor,

At your request I used Bovinine in four cases of ulcer of the leg and as far as the results in these go I can speak most favorably of it. Two cases were old varicose ulcers and were treated with the patient going about ordinary occupation. The other two were chronic, inflamed ulcers in hospital practice and after a preliminary fomenting were rapidly healed by the bovine used locally.

Yours truly,

J. O. Todd.

EDITORIAL.

Now that the plebiscite has proved unmistakably that the large majority of the Canadian people are averse to any legislation interfering with the liberty of the subject, as a prohibition law would do, it is due to the inhabitants of the Province of Quebec to acknowledge the stand which they have taken in giving a majority approaching one hundred thousand against it.

To begin with, a prohibition act, though it became the law of the land, could never be thoroughly enforced.

We are supposed to be using every possible means to attract immigration to Canada, and yet it is proposed to enact a law which nine-tenths of the population of the old world would regard as grievously obnoxious, and intending emigrants would seek other lands where crankism and intolerable oppression did not prevail. There are, no doubt, many conscientious people who entertain the Utopian idea of turning the human race into teetotallers, and that by the strong arm of the law; but there are a large number of persons advocating prohibition from the housetops who are actuated by motives of self-interest. They desire to be regarded as shining lights among the sects to which they belong, and under the cloak of religious zeal advance their worldly interests; probably the loudest singers in church or chapel, and when opportunity offers, the most tedious prayer utterers, though glibly perverting the true meaning of texts in the bible to suit their false arguments, they forget that the prayer of the self-confessed publican, "God be merciful to me, a sinner," was more acceptable to the Great Architect of the universe than the rhodomontade of the self-righteous pharisee.

The distorted, contorted and wholly unsupported argument used by prohibitionists as to the meaning of the word wine as

met with in the bible, in support of the doctrine of prohibition, is mere clap-trap. The unfermented juice of the grape is not wine, drink it *ad libitum*, it may make you sick but will not intoxicate you. Grape juice does not become wine until it has undergone the process of fermentation. It was not on grape juice that Lot got drunk, it was on wine. We are not told to put grape juice into old bottles lest they burst, but to "put new wine into new bottles." The bottles in use in those days were made of skin, not glass, but new wine breaks many a glass bottle. Every text bearing any relation to this subject has a plain straightforward meaning, and to endeavor to distort that meaning would prepare the ground for similar distortion on other points, at which the skeptic would rejoice and infidelity receive an undesirable impulse.

Wine is one of God's gifts to his people. Some there are who turn it into a curse. Then enact a stringent law for the protection of such weak-minded individuals who are unable to control themselves, and it will receive a cordial support. That alcohol, in its varied forms, judiciously used, is one of the most valuable drugs for the relief of suffering humanity not one educated physician in five thousand would deny, though they themselves may not take any spirituous liquor, they know full well that to deny it to their patients in certain cases would be handing them over to that grim reaper which the daily papers take such delight in portraying in their varied advertisements.

Prohibition among the Anglo Saxon race is an unattainable fad. If the earnest workers in the cause of temperance would devote their energies to promoting the accepted meaning of this much perverted word, they would command the support of the community at large, and much good might be accomplished in this direction. It would be well for them to remember that we are told "to be temperate in all things." A glutton-

ous appetite is more inimical to length of years than intoxicating drinks. Though the amount consumed of various alcoholic preparations increases yearly, inebriety is steadily on the decrease. A multiplying population, and a generally easier condition in pecuniary resources which enables men to purchase what they require, is the solution for this increased demand, not that civilized people are becoming more addicted to drink: the opposite is the fact. The arguments used by prohibitionists are almost entirely unsound. That habitual intoxication does frequently lead to crime we allow. Then legislate for the habitual wine-bibber. Let him or her be treated as human beings wanting in one of the highest attributes of mankind, self-control, and therefore requiring legal supervision until educated up to it. Let the small minority give up pursuing the will-o'-the-wisp idea and take in hand what is possible of attainment.

At the taking of the late plebiscite the general idea prevailed that not casting a vote told against prohibition. Such, however, was theoretically wrong, though practically right. But it gave the promoters of it an opportunity, of which they were not slow to avail themselves. Any one who is desirous to scan the feelings of the people on this subject, can take the populations of cities or rural districts, and count the numbers voting for prohibition. It is certain that all voters in favor of it were drummed up to the polling booths, then count the numbers polling against and add to them those votes unpollled and a correct idea will be arrived at. Take the city of Winnipeg as an instance. On the voters' list are 7,469 names, 1,451 voted for prohibition, 921 against it, giving a majority against prohibition of 6,018. It may be fairly claimed that every one not recording a vote is either adverse to a prohibition law or is unable to see the necessity for it. But is the registersd voters' list a fair criterion of the *vox populi* in a matter where in-

dividuals are so personally concerned? We believe not, and manhood suffrage in taking this and similar votes would be the true and just way of testing the question. Every adult male should have the privilege of recording his vote, and if such was the case, it would prove overwhelmingly against it.

The revenue returns for fermented liquors for the year 1897 was \$5,924,235, and at least a similar amount would have to be expended in the vain endeavor to enforce the observance of the Act, leaving an annual deficit of \$11,968,470. In what way is this to be replaced? Why, by taxation that would set the whole Dominion in a ferment. Could any government pass a prohibition law without first compensating the manufacturers and dealers in liquors for the millions they have invested in their business: encouraged, fostered and protected by the Government in their outlay, by the licenses granted to them? Would it be just to do so? How many thousands would be thrown out of profitable employment, and their wives and children deprived of their bread? And what would the farmer say when the price of his barley was reduced two-thirds, and the hop-grower, whose now profitable crop would only be useful for the ornamenting of verandahs and terraces? And how about the immigration of that class who we desire to see settling on our vacant lands: immigrants whose advent is an immediate benefit to the district they settle in? It would simply cease, and many who could do so would seek other lands, where man's liberty was less restricted. Probably the scourings of the world would not be deterred from coming to Canada by such a law: they would come simply with the intention of disregarding it, and afford full employment to an army of preventive-men who would be required to enforce it. Let honest prohibitionists leave the accomplishment of prohibition to the womb of the future, and promote

temperance in every legitimate way, and they may reckon on the co-operation of all right-minded men.

MISCELLANEOUS.

THE MEDICINAL PROPERTIES OF ONIONS.

Onions are a kind of all-round good medicine. A whole onion eaten at bedtime will, by the next morning, break the severest cold. Onions make a good plaster to remove inflammation and hoarseness. If an onion is mashed so as to secure all the juice in it, it will make a most remarkable smelling substance that will quiet the most nervous person. The strength of it inhaled for a few moments will dull the sense of smell and weaken the nerves until sleep is produced from sheer exhaustion. It all comes from one property possessed by the onion, and that is a form of opium.

THE COLOR OF NEGRO CHILDREN WHEN BORN.

There has been a discussion recently in France as to the color of newly born Negro children. It is probable that scarcely one out of a million white laymen would, if asked this question, be able to answer it correctly. The large majority of the medical profession, too, are ignorant on the point. Not that it is a matter of great moment, but in these days when one's knowledge is expected to be absolutely accurate it is satisfactory to have even the most minute details made clear. On the authority of Dr. Farabery, whose statement will doubtless be supported by many medical practitioners who have had experience in Negro obstetrical practice, "the Negro baby at the time of its birth is exactly the same color as its white brother, and it shows signs of color only after an interval usually of several days, but often extending to many weeks." Some little time ago, says an English journal, there was an exhibition in the Champ de Mars of a Soudanese village, the colony of which numbered several hundred persons as black as ever were born. An eminent

French physician saw there an opportunity to settle this vexed question, and he thus expresses his deductions: "The Negro baby comes into the world a tender pink color; the second day it is lilac; ten days afterwards it is the color of tanned leather, and at fifteen days it is chocolate color. The coloring matter in the case of the Negro lies between the layers of the epidermis. This pigment is semi-fluid, or in the form of fine granulations; in the Indian it is red, and in the Mongolian yellow. It is influenced not only by sun and by climate, but by certain maladies, and the Negro changes in tint just as the white person does.

SUMMONING A PHYSICIAN.

While physicians rarely refuse to answer a worthy call, they are in no sense obliged legally to respond. Attempts to make laws compelling them to come when called have in no case been successful. The public is ever ready to summon a physician when he is supposed to be needed, but it should never be forgotten, when the demand for a physician is made, that some one is legally responsible. But in cases of an injury when unconsciousness supervenes, the patient has no power to ask for help, and therefore in an emergency almost anyone offers to call the physician without considering on whom the responsibility rests.

In a recent action by a physician to recover compensation for his professional services it was held that the one who requests a physician to attend another person professionally without disclosing the fact that he acts as agent or messenger, is liable for the physician's charges. Physicians rarely dispute such refusals to pay, and, as a rule, are the losers in transactions of this kind, but their rights in the matter should not be imposed on simply because they are generous enough to respond to calls of assistance without further questioning.—"Maryland Medical Journal."

QUESTIONS OF MEDICAL SECRECY.

Two questions relating to the observance of professional secrecy have lately been discussed in France. The first was as follows:—Should a medical man reveal to a mother the fact that her daughter is syphilitic? On the one hand it was maintained that if the girl consults the practitioner on her own account he is absolutely bound to secrecy. On the other hand it was held that if the mother brings the girl—who is very probably a mere child—to the practitioner, he has to consider that she is not likely to appreciate the gravity of the disease or the risks of contaminating other members of the family as well as her mother can, and his own common sense must guide him under the circumstances of the particular case as to whether it may not be for the patient's own advantage as well as for that of the family to explain matters to the mother. The other question relates to a case which has recently occurred. A practitioner having been sent for to a family whose regular attendant he was, became a witness of a violent scene between husband and wife, terminating in acts of cruelty. He withdrew without giving any professional advice or any prescription. Subsequently he was summoned to give evidence in a court of law in connection with a demand for legal separation of the husband and wife, but refused, claiming that he was bound to professional secrecy, which, it must be remembered, is more obligatory, from a legal point of view, in France than in this country. The court, however, did not admit the plea and fined him 10 francs. In view of an appeal against this he asked for the opinion of his professional brethren as to his action. Different views were expressed, some holding that what he saw was not a secret confided to him as a medical adviser, for in fact he was not acting in a professional capacity at all and therefore could only have been an ordinary witness, while others thought that having been for a long time the family professional confidant and having been sent for as a medical man he was bound not to divulge what he knew, especially as he might have been pressed in the witness box to mention circumstances which had come under

his notice in previous visits which had been strictly professional. Doubtless, too, it was urged, it would create a bad precedent if it were established that one of two disputants might send for a medical man simply for the purpose of ensuring the presence of a witness to some *fracas*, for this would be a degrading position for a medical man, whose work is certainly not that of a professional witness. The case, as a matter of fact, came to no definite conclusion, being withdrawn by the parties themselves. *Lancet*.

FEEDING THE SICK.

To provide a sick person with nutritious food of proper quality and quantity is one of the most important requirements of nursing. Not all cases of sickness call for the observance of asepsis and antiseptics; medicines may be used sparingly or not at all, and the principles of hygiene may be so well known by the household that the nurse is relieved from care on that score; but the problem of diet is ever present. What may the patient eat is a question that constantly presents itself to the nurse.

It is well known that drugs cannot take the place of food. They only rally vital forces for a time, or else, by modifying circulation, restrain the consumption of materials previously supplied by food. Generally they act either as a whip or a check, and soon become useless; when the function of nutrition is disregarded.

Not only is the feeding of the sick an important matter because of its relation to vital processes, but it is a difficult one. The skill and knowledge requisite for scientific feeding cannot be gained in a day, and from what we have seen and heard of the various training schools for nurses this branch of instruction does not in all cases receive the attention which its importance merits. Many physicians, too, feel a lack of knowledge in this matter, and happy indeed is he who finds a trained nurse capable of formulating the patient's menu. Many of our larger hospitals now have diet kitchens, and it would be well indeed if every training school in the land had a well-equipped laboratory for the study of foods and their preparation.

The nurse who has had the good fortune, industry, and application to become proficient in the science of feeding the sick will have no occasion to complain of lack of cases; for, no matter how much we may theorise on the relation of the public, the physicians, and the nurses, it is the personal proficiency that must count with trained nurses as well as with doctors. Health.

IRRIGATION WITH SALT SOLUTION AND OTHER FLUIDS IN SURGICAL PRACTICE.

By Dr. Hunter Robb, Columb. Med. Jn., June 7, 1893.

Bichloride of mercury and carbolic acid are objectionable even when greatly diluted, on account of their toxic effects when used in the peritoneal cavity. Mild solutions of boric and salicylic acids possess no sufficient germicidal influence to justify their use. Even plain hot water is said to have a deleterious effect upon the tissues. The purpose of irrigation after abdominal section is not only to cleanse the parts, but to stimulate the patient and overcome shock. Normal salt solution corresponds in specific gravity with the normal serum of the blood; has not been known to have any deleterious effect upon the tissues; is prepared by dissolving six grams (90 grains) of sodium chloride in each litre (33½ ounces) of distilled water. The solution is filtered into a clean flask stopped with non-absorbent cotton, and sterilized in an Arnold's steam sterilizer. Pus or other infective material should first be sponged out with pledgets of sterile gauze before irrigation is used, to avoid disseminating the sepsis. Salt solution at a temperature of 112° F. may be left in the abdominal cavity, from half a pint to several quarts, to lessen shock and prevent thirst, which is usually intense after abdominal sections.

The question of drinking at meals forms the subject of an interesting article in the "Zeitschrift für Krankenpflege," by Dr. Ewald, of Berlin, and he discusses the question at some length. He considers soup, because of its small percentage of nourishing material, merely as fluid, and he states

that aside from what is directly taken as drink, much fluid reaches the stomach during a meal through the sauces and from the water percentage of the meats, vegetables, etc. Most persons feel the necessity of adding more fluid to the meal by drinking either ordinary water, carbonated water, or alcoholic beverages. The more one eats generally the more one drinks, and the greatest eaters are the greatest drinkers. It is a well known fact that if the appetite is weak and the mind and nerves are somewhat relaxed, a drink of water will excite the appetite and stimulate both brain and nerves; and this is due directly to the fluid and not to alcohol contained, for we find these facts the same in abstainers. The more fluid in the way of gastric juice, the greater is the quantity secreted; hence the greater the tax upon the gastric glands. Health.

LIBRARY TABLE.

Kyrotine observations made at the clinic in Zurich, by Eugene Baek.

Report from Dr. Machenrod's gynecological clinic, Berlin.

Hunyadi Janos, Budapest.

A salicylate compound in sub-acute rheumatism and gout, by Geo. Howard Thompson, M. D., St. Louis.

Parke, Davis & Co., price list.

The advantage of physical education as a prevention of disease, by Charles Dennison, A. M., M.D. Denver.

CANADIAN MEDICAL ASSOCIATION.

RESOLUTION: Whereas a revised edition of the British Pharmacopœia has been issued containing numerous and important changes, and whereas uncertainty exists as to the date under which the British Pharmacopœia 1898 is to be considered in force.

Resolved:—That the Canadian Medical Association in annual meeting assembled recommends that October 1st., 1898, be taken as the date on and after which, in the absence of instructions otherwise, physician's prescriptions should be compounded with the preparations of the British Pharmacopœia of 1898.

Manitoba Medical College

WINNIPEG

IN AFFILIATION WITH THE UNIVERSITY OF MANITOBA.

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J. WILFRED GOOD, M.D., Dean.

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The total Collegiate fees amount to \$205 including enreregistration for students taking the four year course, payable if desired in four annual instalments of \$75 each. Graduates in Arts taking their work in three years will be required to pay \$70 or \$90 each year.

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Hospital Tickets for the Winnipeg General Hospital are \$10 for each session.

Maternity tickets \$6.00.

Tickets must be paid at commencement of the session.

The University fees are payable 30 days before each examination, to the Registrar, Mr. Pitblado.

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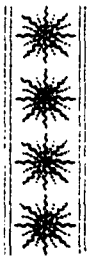
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