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INDEX.

Acute Suppuration of the Knee-Joint Treated by Continued Irrigation.....	1
A Successful Case of Total Extirpation of the Larynx.....	4
Amaurosis and Strabismus from Ascaris Lumbricoides.....	5
Nutritive Value of Wine in Disease.....	6
Incised Wound of the Heart.....	6
Extra-Uterine Pregnancy—Laparotomy—Delivery of Dead Fœtus.....	7
Editorial—Drinking and its Cure.....	9
“ The City’s Health.....	10
Drinkers and Non-Drinkers.....	10
The First Home for Inebriates.....	11
Medico-Chirurgical Society of Manitoba.....	11
Correspondence.....	13
Miscellaneous.....	13

TO ADVERTISERS.

Banff Sanitarium.....	24
Joseph Parkinson, Manufacturing Chemist.....	23
J. Stephens & Sons.....	3
Leading Hotels—Leland House; The Queen’s.....	4
“ The Clarendon; Whelan House.....	21
M. Hughes & Co., Undertakers.....	22
Medical Publications.....	Title Page
Martin, Toms & Co.....	2
Physician’s Visiting List.....	Title Page
Provincial Government Manitoba.....	24
Radiger and Co—Pure Wines and Spirits.....	23
Redwood Brewery—E. L. Drewry.....	21
Richard & Co., Wine Merchants.....	23
Security Mutual Benefit Society of N. Y.....	22
William Hine, Taxidermist.....	22
West & Co., Aerated waters.....	23
W. F. White—Buffalo Horns, etc.....	23
Winnipeg Drug Hall.....	23
Young & Co’s Cider Works.....	23

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CONTENTS.—Almanac for 1888 and 1889. Table of Signs to be used in keeping accounts. Marshall Hall’s Ready Method in Asphyxia. Poisons and Antidotes. The Metric or French Decimal System of Weights and Measures. Dose Table, revised and rewritten for 1888, by Hobart Armory Hare, M. D., Demonstrator of Therapeutics, University of Pennsylvania. List of New Remedies for 1888, by the same author. Aids to Diagnosis and Complete Treatment of Diseases of the Eye, Dr. L. Webster Fox, Clinical Asst. Eye Dept. Jefferson Medical College Hospital, and G. M. Gould. Diagram showing Eruption of Milk Teeth. Dr. Louis Starr, Professor of Diseases of Children, University Hospital, Philadelphia. Posological Table, Meadows. Disinfectants and Disinfecting. Examination of Urine, Dr. J. Daland, based upon Tyson’s “Practical Examination of Urine.” 5th Edition. Incompatibility, Professor S. G. L. Potter. A New Complete Table for Calculating the Period of Uterogestation. Sylvester’s Method for Artificial Respiration. Diagram of the Chest. Blank leaves, suitably ruled for visiting list; Monthly Memoranda; Addresses of Patients and others; Addresses of Nurses, their references, etc.; Accounts asked for; Memoranda of Wants; Obstetric and Vaccination Engagements; Record of Births and Deaths; Cash Account, etc.

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*A Monthly Journal of Medicine,
 Surgery, Chemistry and
 Scientific News.*

WINNIPEG, AUGUST, 1888.

**ACUTE SUPPURATION OF THE
 KNEE-JOINT TREATED BY
 CONTINUED IRRIGA-
 TION.**

BY FREDERICK TREVES, F.R.C.S.,

Surgeon to, and Lecturer on Anatomy at, the London
 Hospital.

Acute suppuration of a joint, as a result of injury, is becoming a less frequent surgical possibility. An improved method of treating wounds, a more exact acquaintance with the inflammatory process, and, above all, a fuller knowledge of the disposition of serous membranes, have all tended to make this condition comparatively uncommon. Some fifteen years ago it is probable that there were very few large accident wards that could not have provided an example of a joint in a state of acute suppuration. Although the condition is less frequent in occurrence, it is hardly less serious in result, especially where a large articulation is involved, and the inflammation is vigorously established. There may be no great risk to life or even to limb, but there is a prospect of long-continued trouble, and of a joint recovering with much impaired functions.

In the present paper I have described a mode of treatment which had long appeared to me the best adapted theoretically to a large joint acutely inflamed and full of pus, but it was not until recently that I have had opportunities of carrying the theory into practice.

A school boy, aged 16, was admitted into the London Hospital under my care, on April 16, 1886, with hydrops articuli.

The lad was well developed and in good health. There was no suggestion of scrofula nor of hereditary syphilis. The joints presented the following conditions. The right knee was greatly distended with fluid. The whole synovial sac was demonstrated. The patella dimpled the swelling, and the ligamentum patellæ formed a groove in it. The swelling extended four finger's breadth above the knee-cap, and the greatest circumference of the knee was fifteen inches and a half. The articulation was free from pain, tenderness, or thickening. The left knee was in the same condition, but the effusion into the joint was more extensive. The swelling reached five inches above the patella, and the joint measured sixteen inches in circumference. Both ankle-joints were distended with fluid, the effusion in each instance being more obvious on the outer and anterior aspects. There was hydrops of the left elbow, the distended synovial membrane forming a conspicuous projection about the olecranon. All the affected joints were free from pain and tenderness. The patient only complained of feeling tired in the legs if he walked far—if he walked over three miles. His gait was awkward and rolling, but he was not lame. His general muscular condition was fair. No enlarged glands were to be found in any part of the body. The temperature was normal.

The following was the patient's history of himself. He had always lived in Essex, and had enjoyed good health. His father was a little liable to rheumatism in the winter, but, apart from this, there was nothing to note in his family history. In September, 1882, he had rheumatic fever; all his joints were swollen and painful, and he was confined to bed five weeks. In the early part of 1883 he noticed that his right knee was swollen. The swelling increased slowly and painlessly. By June, 1883, the joint had become so large that he sought advice. He was kept in bed nine weeks with the leg on a splint. At the end of this time he wore a Martin's elastic bandage, but the knee had not exhibited any marked improvement. The swelling in the left knee was not noticed until 1885, and the patient was unaware of swelling in other joints.

Between 1882 and 1886 the patient had, in spite of his swollen joints, indulged in vigorous exercise, and had more than once walked a distance of eighteen miles.

On May 8th, 1886, I tapped the right knee-joint under a carbolic spray, and withdrew three and a half ounces of fluid. One ounce of a solution of iodine was then injected into the joint, and allowed to escape at the end of five minutes. The wound was sealed with collodion, and the limb firmly fixed upon a back splint. The fluid removed separated into two strata on standing; the upper was clear, the lower formed a kind of loose yellow coagulum. The specific gravity of the fluid was 1020. It was thick and sticky, faintly alkaline, and solidified by heat. With acetic acid it gave a copious opalescent deposit. It was cleared by liquor potassæ, and slightly clouded by nitric acid. It contained $\frac{1}{2}$ per cent. of urea.

No pain and no rise of temperature followed the little operation. After becoming much swollen, the joint again diminished in size. By May 20th the circumference of the knee was $14\frac{1}{2}$ inches, and by June 12th, $13\frac{3}{4}$ inches. The back splint was kept on.

On June 12th the left knee was tapped, and injected with iodine in the same manner; $2\frac{3}{4}$ ounces of fluid were removed. No pain and no rise of temperature followed the operation. The joint very soon refilled, and attained its original dimensions. The fluid showed no sign of abatement.

As the patient was becoming enfeebled by long confinement to bed, and as the injection of the joint had failed in both instances in effecting a cure, I resolved to open and drain each joint in turn. On June 25th I opened the left knee-joint from in front, making an incision on either side of the patella. A drainage-tube was then passed through the joint under the patella. The operation was performed under the spray. The splint was retained. A dressing of carbolised gauze and iodoform was applied. No disturbance and no rise of temperature followed the operation. The dressing was taken off for the first time on the fifth day, and the drainage-tube removed. No pus had formed. By July 15th the little wounds were entire-

ly healed, and the joint was sound. No fluid appeared in it again.

On August 6th, during my absence from town, the right knee-joint was opened in the same way, and a drain passed through under the patella. The drain was removed on the sixth day, and by that time, through some flaw in the antiseptic appliances, the joint was suppurating. The patient's temperature rose for the first time since his admission. The knee became red and greatly swollen. On August 15th it was necessary to make fresh incisions into the joint, and to introduce two drainage-tubes. On August 23rd the patient came again under my care. His temperature was now between 101° and 103° . He had had rigors. He was very feeble, had lost his appetite, and was unable to sleep. For nine days his average temperature had been 102° . His tongue was dry. His general condition had become greatly changed. The whole limb was swollen, and the foot and leg were very œdematous. The joint was the seat of a great deal of pain. Through four openings drainage-tubes passed from the joint, and from these much pus was issuing. Within the last day or so the part had been poulticed. The joint was in a condition of acute suppuration, and so marked a change had taken place in the patient's state that the question of possible amputation was discussed. I resolved to apply continued irrigation according to a method I had already adopted in some other suppurative conditions.

The patient was anesthetised. The limb was well secured by straps and buckles to a back splint with a foot-piece, and with large bays cut out of the splint on either side of the knee-region. The splint pad was covered with gutta-percha tissue applied with chloroform. The whole limb was then slung from a large cradle. The knee-joint was well washed out with carbolic lotion; the drains were removed, and in their place one fenestrated tube was passed right across the joint under the patella, two of the existing sinuses being made use of. One end of the tube was connected with an india-rubber pipe that passed into a large bath and was made to act as a siphon. This bath

was placed at some distance from the bed, and its base was one foot above the level of the patient's limb. The other end of the drain was conducted into an "arm bath" placed below the cradle, and thence the escaping water passed to a reservoir under the bed. A screw clamp was placed on the tube before it entered the knee-joint, and another clamp on the tube after it had left the articulation. By means of these clamps the amount of fluid passing through the joint could be regulated, and also the degree of distension of the joint could be varied. I am much indebted to my house-surgeon, Dr. Perry, now assistant physician to Guy's Hospital, for the ingenuity and care with which he carried out these arrangements.

When the syphon action of the tube was established a stream of water could be made to flow evenly through the joint, and to flush all parts of it. This stream of water ran through the patient's knee-joint, without a moment's cessation night or day, for the period of one month (thirty days). For the first few days some of the fluid escaped through the two sinuses unoccupied by the drainage-tube, but within a week these openings closed, and the skin was soon quite dry. Cold water was employed, to which was added a minute quantity of corrosive sublimate, carbolic acid, or boracic acid. The limb was kept out in the open air of the ward. Twice a day, by closing the lower clamp, the knee-joint was fully distended with water. No trouble was experienced in keeping the apparatus in action. The effect of the irrigation was very pronounced. At once the patient was freed from pain; he slept well, his tongue cleaned, and his appetite returned. His temperature steadily fell and reached the normal line on the third day. During the remainder of his stay in the hospital the temperature never rose to 99°. The swelling of the leg subsided, and the parts assumed their normal appearance.

The irrigation was discontinued on September 22nd. The tube was removed a few days afterwards. The sinuses were healed over by October 5th, and on October 15th the patient left the hospital. At this date both knee-joints were quite

free from fluid; both patellæ were movable and the stiffness existing in the articulations was no more than could be accounted for by the long confinement of the limbs upon splints.

I saw the patient again in June, 1887, seven months after the irrigation. He was in excellent health; his joints were all free from effusion; both knee-joints were of normal appearance, and both exhibited a normal degree of mobility.

It is well known that acute peritonitis is more readily treated when it supervenes upon a chronic form of the trouble, and it is probable that the acute inflammation of the knee-joint in the present case was rendered more amenable to treatment by the circumstance that the articulation had already been the seat of a chronic inflammation. Even with this possibility before one, it may be questioned whether simple drainage and intermittent irrigation of an acutely inflamed joint would lead not only to the recovery of the limb, but also to the perfect restoration of the functions of the articulation.

In the second case, recorded below, the question of the influence of a previous chronic inflammation did not confuse the issue. The case was a simple one of acute suppuration following injury. The patient, a stoker, a vigorous, healthy man, aged 23, was admitted into the London Hospital on November 7th, 1887, with acute synovitis of the right knee-joint.

On November 1st he had fallen and had received a violent blow upon the knee. He was disabled and taken home. The joint did not become visibly swollen until the evening, some hours after the accident. There was no wound. The patient had never had any previous joint trouble, nor, indeed, any notable illness.

When seen on admission the patient appeared ill, and was much worn out by pain and want of sleep. The right knee-joint was a little flexed, was extremely distended with fluid, and was the seat of great pain. The skin covering the articulation was red and oedematous, and the œdema had extended some little way beyond the joint district. The temperature was 100° F. The case was evidently one of suppurative synovitis. The limb was

fixed upon a straight back splint, and the joint was opened by two lateral incisions, each about one inch in length; through the incisions escaped much synovial fluid mixed with pus and flakes of lymph. A drainage-tube was passed through the joint underneath the patella, and the irrigation apparatus was adjusted precisely as in the case already detailed. Cold water containing a little boracic acid was allowed to run through the joint without intermission night or day for one month. The temperature became normal the day after the operation, and never rose again above 99°. The patient was at once quite easy.

The tube was removed on December 8th, and was replaced by two short tubes for either incision. On December 17th all drains were left off and the splint was removed. There had been no rise of temperature, no suppuration, and no sign of a relapse. The wounds were now (December 17th) quite healed, and passive movement was commenced. The patient left the hospital on January 8th.

In the following month I exhibited the patient at the Harveian Society. His recovery had been complete. The patella was quite moveable, and he could execute a complete range of movements with the right leg; indeed there was no appreciable difference between the right limb and the left, except that the former presented two cicatrices.

The treatment advocated is extremely simple, and would appear to be efficacious. In my previous experience of other methods of treatment I have never seen complete restoration of function to follow an acute suppuration of a large joint.

A SUCCESSFUL CASE OF TOTAL EXTIRPATION OF THE LARYNX.

A case in which the whole of the larynx was extirpated for epithelioma was communicated to the meeting of the Victoria Branch of the British Medical Association, on April 25th, 1888. The patient was a man, aged 62, a native of Germany, residing at St. Kilda, Victoria, who began to lose his voice in the early part of 1887,

when Dr. Cox, of Melbourne, diagnosed a smooth growth below the left vocal cord, but the patient refused treatment. His voice was regained for about four months, but he again became hoarse, and in September he began to suffer from cough, attacks of spasm, and inability to lie down. Laryngoscopic examination on October 1st showed a small ulcer below the left vocal cord, and Dr. W. Garduer, of Adelaide, who happened to be in Melbourne, concurred with Dr. Cox in making the diagnosis of cancer. Dr. Cox then removed with the laryngeal forceps a small portion of the growth, which was examined by Professor Allan, who pronounced it to be epithelioma. On the following day Dr. Gardner, assisted by Drs. Cox and Yorke, removed the whole of the larynx. Next morning the patient almost died of suffocation from blocking of the tracheotomy tube; but Dr. Yorke sucked the tube clear, and restored the patient by performing artificial respiration. After that his progress was uninterrupted. Jelly was taken by the mouth on October 10th; on the next day he was able to get up, and on Christmas Day he was able to go out in the city unattended. The patient attended the meeting of the Branch in excellent health; there were no signs of recurrence of the disease, and he could speak in a whisper intelligible to those around. An artificial larynx of silver was made for him, but he preferred not to use it. The report published in the *Australian Medical Journal*, May, 1888, contains an addendum by Dr. Gardner, giving his reason for preferring total extirpation as a rule. There are (1) diminished probability of recurrence *in situ*; (2) diminished risk of blood and pus passing down the wound into the trachea, this being prevented by the immediate insertion of a rectangular tube into the trachea; (3) greater facility in administering the anæsthetic during the later stage; (4) scepticism as to the results after partial excision turning out eventually to be so much better as is now said; (5) diminished risk of perichondritis. In this particular case the disease was so nearly in the middle line that removal of half the larynx was contra-indicated. Examination after removal showed that all

the cartilages of the larynx were so completely ossified that to obtain a view of the interior it was necessary to split the organ down both back and front. The growth infiltrated the soft tissues immediately below the left vocal cord, which was itself ulcerated at its posterior part. The growth extended downwards to the lower border of the cricoid cartilage, and was broken down in the centre, leaving a rounded ulcer with hard irregular edges. It may be added that the time occupied by the operation from the commencement of the administration of chloroform was fifty-five minutes, and that the highest temperature after the operation was 100.4° F.

AMAUROSIS AND STRABISMUS FROM ASCARIS LUMBRICOIDES.

BY JABEZ HOGG, M.R.C.S.

Consulting Surgeon, Royal Westminster Ophthalmic Hospital.

From a record of cases, carefully tabulated and extending over many years, I find that strabismus in young children is more frequently due to the irritation of intestinal worms than is generally stated in manuals of eye diseases. It is, however, quite an uncommon thing to find reflex amaurosis and strabismus associated in one and the same person, and arising from the same cause—the presence of worms. In the case I am about to narrate there is one other feature which renders it of more than ordinary interest. My little patient, barely three years old, was, when she came under my care, the intermediary hostess of three kinds of entozoa—namely: oxyurides (the little thread worm), tænia (tape worm), and ascaris lumbricoides (round worm). On searching through the medical journals, I have not met with a parallel case, and I have discovered only a very few cases of reflex amaurosis from worms, one of which, narrated by Dr. Burgers, was published in the *British Medical Journal* of 1862. A still smaller number of cases have also been reported in which, it is said, death has resulted from the perforation of the intestine by ascaris lumbricoides.

It is said that the three kinds of worms named by me will not exist together. It is difficult enough to account for their presence in the intestine of so young a child, and belonging as she did to the middle class of society. Polluted drinking-water is the carrier of filaræ, and this might have been unwittingly used by the nurse to mix with the milk which formed the staple food of the child. It is known, too, that the ova and embryos of parasitic worms will occasionally undergo a passive migration; that is, direct from intestine to intestine, and without passing through an intermediary host. It is quite possible, therefore, for embryos to be conveyed in the blood of the mother to the fetus *in utero*, and not reach their final stage until some months after the birth of the child. In my case, there was no history of the kind; the mother is quite certain she never was afflicted with worms, but, curiously enough, on going back another generation, the grandmother had passed several tape-worms after she was married. When Mrs. D. consulted me about her child's sight, the ordinary symptoms of worms were mostly absent. Her sleep was not disturbed; she had no nasal irritation; no craving for food of any kind; disliked meat, and had a small and capricious appetite; her daily food consisted for the most part of milk, bread and light sweet puddings. She was spare in body, weak in her legs, and her movements were consequently slow, passing from one chair to other by touch. This the mother attributed to the loss of sight, which had now persisted for more than a year. Her speech was very defective; her vocabulary consisting of a few unintelligible sounds, just sufficient to make her wants known to her nurse, and no more. When placed in front of a strong light, the eyeballs rapidly moved upwards, the irides being concealed by the upper lid. From this cause, and that of the persistent squint, I was quite unable to make any ophthalmoscopic examination. I, nevertheless, came to the conclusion, not shared in by any one who had previously seen the child, that the strabismus at all events was symptomatic of worms. I accordingly prescribed anthelmintics, commencing

with scammony and jalap, which, after the administration of a second powder, gave the first intimation of the correctness of my diagnosis, as it brought away a large number of ascarides. My next remedy, filix mas, dislodged a portion only of a tape-worm, eighteen inches long; other portions came away some days afterwards; and I next prescribed three-grain doses of santonin at bedtime, to be followed by a full dose of castor oil the following morning. This treatment proved very effectual; the first powder brought away five or six large lumbrici. In the course of the following fortnight, five or six and twenty round worms, measuring from four to eight inches in length, were expelled; the relief obtained by the little patient was most gratifying to behold. Two months have elapsed. She is recovering her sight, and the strabismus has entirely disappeared. Her bodily health is quite changed for the better; she is strong on her feet, can walk a considerable distance, and has gained in intelligence and in speech—is, in fact, an altered child. From the large size and strength of the female lumbrici, I should not have been surprised if perforation of the intestine, in one so young and delicate, had taken place before I succeeded in dislodging all the worms.

NUTRITIVE VALUE OF WINE IN DISEASE.

A matter of great importance is the decision as to the nutritive value of spirits of wine in disease. We can by this naturally only mean the respiratory value, not its value as a builder up of tissue. With the view that alcohol passes out of the body *en totalité et en nature* there could not, of course, be any talk as to its nourishing power. This view had become so firmly grounded that earlier German labors with an opposite result, a later English refutation, and fresh researches of my own pupils are not able to make headway against it. A thorough investigation in my laboratory had given the result, that with moderate doses of alcohol, most passed out through the kidneys and lungs, a much smaller quantity through

the skin, and not any through the intestines. Altogether about three per cent. thus passed out. Heubner, in conjunction with the author, had before ascertained that in pyrexial diseases the excretion of undecomposed alcohol through the kidneys was within the above named low figures, and often nothing at all. Alcohol can only be burnt off in the system into carbonic acid and water. Where it is burnt, however, it produces warmth, and this can be made use of as a vital power for keeping up movements, without the continuance of which we could not exist. The simple arithmetical use of calometrical works shows that a litre of medium Rhine wine is equal in nutritive value to five or six meat spoonful of easily digestible oil, over which it has the great advantage of immediately and directly raising the functional activity of organs, and passing without difficulty into the lymph and blood channels. Above all, however, albumen is spared. The physiology of nutrition teaches us that the decomposition of albumen is slight, so long as there is a supply of hydrocarbons, or other combustible substances present.

In agreement with this, we see in the urine the products of the decomposition of albumen diminish when moderate quantities of alcohol are taken. That is a fact, concerning which all investigators have been agreed, the only one in the whole pharmacological question of alcohol in which no marked contradiction has cropped up. So far theoretical investigation has anything to say, I hold the question: Is alcohol a food? to be settled in the affirmative.—By Prof. Binz, of Bonn, in a recent number of the *Medical Press and Circular*.

INCISED WOUND OF THE HEART.

In the *Centralblatt für Chirurgie* a notice is given of the following case of incised wound of the left ventricle of the heart, where healing had taken place, reported by A. P. Kiawkoff in the *Russkaja Medizina*.

In a quarrel one Cossack stabbed an

other in the left side. When the surgeon arrived the patient was found lying insensible and breathing stertorously. On inspection, a wound was found one and a half inches in length, in the fourth intercostal space, in the mammillary line, and running parallel with the borders of the ribs. The wound was washed off, a bandage applied, and restoratives given, on which the patient recovered consciousness. Next day the general condition was good. Pulse ninety and small, temperature 100° F. On percussion the upper border of the dulness was found in the fourth intercostal space; no apex beat could be made out; lower border of dulness at the upper border of the seventh rib; the right border lay to the right of the right parasternal line; the left border about one inch to the left of the left mammary line.

The day following the patient was taken to the hospital; after four weeks' sojourn there, left apparently well. Five days after leaving the hospital he fell dead while in the act of lifting a heavy weight.

The autopsy showed the wound in the skin perfectly healed. The wound in the parietal layer of the pericardium was also found healed, with adhesions to the walls of the thorax. The pericardium cavity was filled with dark blood. A gaping wound half an inch in length was found leading into the left ventricle. The edges of the wound were thickened, and the outer layers of the surrounding muscular tissue were softened, slight fatty degeneration having taken place. There was subacute endocarditis.

We have here a case of healed wound of the left ventricle of the heart, from which, however, the patient died because of overtaxing the heart at too early a period. The cicatrix was too recent and tender, and the endocarditis had not yet passed off, and because of this the effort of raising a heavy weight raised the blood pressure in the ventricle too high, and as a consequence the cicatrix gave way.

Up to the present time seven per cent. of wounds of the heart have healed.—*Dr. D. W. Montgomery, in Pacific Medical Journal.*

EXTRA-UTERINE PREGNANCY— LAPAROTOMY—DELIVERY OF DEAD FŒTUS.

The patient, twenty-five years old, unmarried, became pregnant fifteen months ago. Nothing peculiar marked the earlier stages of gestation, which latter progressed in an apparently natural manner until the end of the ninth month was reached. Being unmarried, and the family somewhat well to-do, when the ninth month passed without delivery, they began to believe that the pregnancy was not real, although all the external signs were present. Toward the end of the ninth month there were several abdominal pains, which continued until the middle of the tenth month, and then first, when the sufferings became so intense that they could no longer be borne, they called Dr. Charles Remme. He diagnosed extra-uterine pregnancy and urged an immediate operation. At this time the beating of the foetal heart could be plainly heard. The patient refused an operation, and Dr. Remme's skill was taxed to its utmost to relieve the constant tormina and excruciating abdominal pains. After a few visits his services were dispensed with and the woman was sent to the Female Hospital, where she remained but a short time and was brought back home, and Dr. Remme again called. The patient by this time was reduced almost to a skeleton. The foetal heart could still be heard, however. It soon ceased to beat, and with the death of the foetus there was, as usual, a temporary amelioration in the agony which the patient had endured for three months previously. She gained in strength, and finally was able to get out of bed and walk around the room—all of which made her family the more obstinately refuse surgical interference. However, in a few days pains returned, and the symptoms became so urgent that the consent to call a surgeon, so long withheld, was given.

I saw the patient for the first time on March 30, for about fourteen months the first after signs of pregnancy appeared, and five weeks after the last click of the foetal heart was heard. She was emaciated to the last degree, only the abdomen was enormously distended. She was rational,

thoroughly appreciated her situation and not only entirely willing but eager to have something done for her. There were no signs of septicæmia. Examination disclosed the uterus to be empty and normal in size and otherwise. By palpation the fetus could be felt lying in the abdominal cavity, the head apparently in the right lumbar region. She had already been made aware of the remoteness of any probability of recovery, fully understanding that the alternative was death from septicæmia or exhaustion. April 1, at eleven o'clock, laparotomy was made, the initial incision; in the linea alba, extending from the navel to the pubis. On getting into the cavity, the back of the child was disclosed, and by manipulation the head was found in the epigastric region. The fetus was of immense size, and before attempting to remove it I was compelled to extend the incision upwards almost or quite to the ensiform cartilage.

The child lay face downward among the intestines, and except a little strip of membranous material lying across its buttocks absolutely uncovered and loose in the abdominal cavity. The right tube was ruptured and showed that it had withstood considerable distention prior to giving way. The fetus was far advanced in decomposition, and on lifting it from its position I found portions of the intestines of a dark purple hue, the ascending color being almost black, from pressure and consequent mortification. Of the sac the only trace which remained in the cavity was the membranous strip which covered the buttock as before stated. The peritoneum was dark and congested in patches.

The dead fetus being removed, the placenta was found to be attached to the uterus, the right broad ligament, the omentum, the intestines and the peritoneum. In the examination of the attachment there was a very slight involuntary traction upon the placenta; being partially decomposed ruptured it, and a most appalling hemorrhage ensued; and although compression of the abdominal aorta was made almost instantly, so tremendous and sudden was the gush that not less than six quarts of blood were lost. The remainder of the placenta was then removed.

Finding considerable hemorrhage to continue from the omentum at the points of placental attachment, I ligated and removed about twelve inches thereof. The cavity was then thoroughly cleansed and the wound closed under antiseptic precautions. The patient was very nearly spent, but rallied under hypodermic injections of brandy. After she was put to bed hiccough set in and was momentarily controlled by ether and milk. It recurred, however, again and again, and the patient succumbed ten hours after the operation. The fetus weighed fifteen pounds.—By Dr. Waldo, in the *St. Louis Medical and Surgical Journal*.

PROFESSOR CHOUPEE is credited with stating that antipyrin, when given with ergot, produces painless uterine contractions, and therefore is a most useful combination after childbirth and also in cases of painful menstruation.

A CASE of well-masked epilepsy in a girl of eleven years, due to ascarides, was lately, according to French reports, entirely relieved by removal of the worms by a vermifuge. No attacks recurred for thirteen years, when there was a severe shock from fright, with immediate resumption of the attacks, persisting till now. This is of interest as showing that epileptic attacks may be produced by entirely different causes in a person predisposed, as in the case cited, to the disease.

ZINC, OXIDE OF, IN DIARRHŒA.—Dr. M. Dupre, in the *Brit. Med. Jour.*: This is by far the most effectual remedy in infantile diarrhœa. It should be prepared as follows: R Sublimed oxide of zinc, 3.50 grammes; bicarbonate of soda, 1.50 grammes; tincture of kremeria, 20 drops; plain syrup, 30 drops. A teaspoonful of this preparation is given every half hour until vomiting and diarrhœa have ceased. The first teaspoonful stops the vomiting, and the third or fourth the diarrhœa. In the few cases in which this treatment fails in entirely checking the disease, it gives great relief and prevents complications. From 1884, 234 cases, all of which occurred during the months of July, August and September, were treated with only eight deaths.

 MANITOBA, NORTHWEST AND BRITISH
 COLUMBIA LANCET.

 DRINKING AND ITS CURE.

Under this heading a late edition of the *Toronto Globe* gives the result of a series of interviews held with members of the medical profession in Toronto, as to the so-called Russian remedy for dipsomania, which is simply subcutaneous injection of strychnia in the proportion of 1 to 200 parts of water, five minims to be injected every 24 hours. The Toronto faculty seem to be unanimous in their opinion as to strychnia having no such property as that claimed for it by the Russian physician, Dr. Portugoliff. That strychnia, by its well known therapeutic action as a nerve tonic and stimulant, is valuable in counteracting the effects of alcohol, is familiar to every medical man, but that it possesses any such property as that which is now claimed for it by our Russian confrere, must be received with extreme doubt. We believe in but one cure for the inebriate, if the case be capable of cure; and it is not to be sought for in the pharmacopœia, but in the patient's own person, and consists in the awakening of that will power that perfect man possesses, and which all such are capable of exercising. When this fails the inebriate must be considered of faulty organization, and must have special legislation to meet his case, legislation which "we have not yet got the particulars of," but which the Imperial Parliament has recently enacted. Man stands at the pinnacle of the mammalian order, superior to all by his reasoning power, the powers of his mind. Physically, he is greatly their inferior, and the instincts with which the brutes are gifted will not unfrequently tax all man's reasoning faculties. If this reasoning power cannot be awakened and brought to bear on the habitual inebriate, clearly he is an unreasoning being, and it is but just and right that in his own interests and in those of the community at large, that he should be so treated. If greater effort were to be made by those many admirably intentioned people, who

are apostles of total abstinence, and prohibitionists, the latter a utopian idea that so long as the world exists and is peopled, will never become a reality. If these good people would concentrate their energies in endeavoring to awaken the drunkard to a sense of his degradation, get him to grasp the fact that by his own wilful act he is placing himself below the beasts of the field, and by persistence in his vice he demonstrates unmistakably that he is devoid of reasoning and will power, and therefore of inferior organization to the majority of the human race, their exertions would yield better results. To keep a man from debasing himself, to argue it necessitates that he should be treated as a cow who longingly looks at a fresh clover field but is carefully fenced out to prevent her entering and gorging herself until she bursts, would be to admit that man is of an inferior organization to what the Creator intended. But as this is an inadmissible argument, and we know that the majority, by far the largest majority of the human race, possess sufficient will-power, if they chose to exert it, to overcome the enticing pleasures of the wine cup, awaken that will into action either by argument or the knowledge that its continued disuse gives a right to others to consider and treat a chronic inebriate as one not entirely responsible for his actions. There can be little doubt that the fear of the latter will prove the most potent and that stringent legislation applicable to the habitual inebriate will have a greater effect in mitigating the evil than all other means that have been hitherto tried. The man who constantly loses his reason by the imbibition of stimuli knowing the inevitable results affords positive evidence of an inferior mind and irrefragable proof of inferiority to his fellow, who can use without abusing nature's gifts. That the day will ever come when prohibitionism will become law and the distillation of alcoholic compounds a thing of the past is a chimerical idea which none but a visionary enthusiast can entertain. Alcohol is a product of as inestimable value, and benefit to mankind when used, as it is degrading in its influences and effect when abused. That

a habit once acquired, a vice long nursed, is difficult to overcome we know, and in many cases the fear of the law alone will be able to accomplish it. But now that Imperial legislation has taken the matter up we may hope the habitual drunkard will be a character of the past, as the majority of men are willing to see extreme legislation, short of prohibition put in force to stay the evil. That casual cases of drunkenness are due more to the quality than the quantity of the concoctions consumed there can be little doubt, and the attention of the authorities might be with much advantage directed to this. One thing is certain, and that is, that no drug will cure the love for or counteract the effect of excessive indulgence in the use of alcoholic stimuli.

THE CITY'S HEALTH.

Fortunately the ravages of disease are not added to the other depressing influences which rest upon Winnipeg. But for this the health committee of the corporation in no wise deserve credit, as, were it not for the strong fresh currents of air that are ever in constant circulation above and around us, the entire absence of even rude attempts at hygienic action would render the city a very pest centre of disease and death, for which they would be largely responsible. We notice that a feeble attempt was made in the public interests to place some supervision over the sale of milk, a step loudly called for; but the proposal was buried ere it almost saw the light. No, this would be too advanced a step for these sapient health protectors, whose incapacity for the position has been so abundantly and flagrantly exemplified. Turn off the main street and one's olfactory organ is greeted with the most stinking odors. The streets and roads are banked up with the decomposing matter dug out of the trenches at each side, which, festering under a tropical sun, emits disgusting fumes and produces innumerable disease germs. Crawling along the main street, polluting the atmosphere to such an extent that if windows are open the room becomes almost unbearable, are daily and hourly to be seen the refuse

carts, laden with night soil together with vegetable and animal matter in all stages of putrefaction. The sink holes are cleaned out under a noonday sun, and in fact every exploded custom or unsanitary proceeding of other places seems to be the end and aim of the health committee of this city to practice and perpetuate. If the ordinary avocations of these gentlemen do not admit of their giving the time and attention necessary to the due fulfilment of the duties in connection with the important office they have undertaken why not pass it over to others who have more leisure at their command. Growing may continue for a space, but it frequently ends in a bite, and persons who desire to occupy important public positions should remember that they involve the performance of certain duties, and that the day of reckoning must at some time arrive, when their neglect of these duties will be punished by the bite which relegates them to their pristine obscurity.

DRINKERS AND NON-DRINKERS.

The total abstainers have been thrown into commotion by the publication of certain statistics—published, under the direction of Dr. Isambard Owen, by the Collective Investigation Committee of the British Medical Association—purporting to show that abstainers, after all, do not live so long as other people. This is a terrible reversal of statements enforced with much show of truth by the teetotalers, and based on the experience of insurance offices, which divide their lives into abstaining and non-abstaining classes, and find this as the rough result—that the actual claims in the *abstaining* section are, on the average, only 75 of those expected; whereas in the general section (including all classes of drinkers) the actual claims are an average of 98 per cent. or a difference of 23 per cent. in favor of the teetotal section. The Investigation Committee asked the members of the Association to give certain returns as to the connection of disease and intemperance, based on a study of the counterfoils of the death certificates for the preceding three years. It is unsatisfactory to

find that only 178 returns were made; these gave the returns of 4,234 deaths. The classification of drinkers was highly complicated, especially considering that those who supplied the information had only to depend for the facts of each case on memory and the counterfoils of the death certificate for three years past. The classification and the age at death are given below. We should premise that only males dying above twenty-five years of age are included. Of these, less than 3 per cent. were abstainers, 42 per cent. habitually moderate, 25 per cent. were careless, and 30 per cent. more or less distinctly intemperate (one-half of these latter being decidedly so). Here is the alleged achievement of these classes in the attainment of longevity. The figures give the average age at death:—

Years.	
Abstainers	51.22
Habitually temperate.....	62.13
Careless drinkers.....	59.67
Free drinkers.....	57.59
Decidedly intemperate	52.03

—London Lancet

We do not quote the above as an inducement to continue habits of intemperance, but to show that the arguments with regard to alcoholic effects are very diverse. The attempts that have been made to prove not only the uselessness, but perniciousness of alcoholic stimuli under all and every condition has signally failed.—Ed.

THE FIRST HOME FOR INEBRIATES.

The credit of designing and founding the earliest home for the treatment of inebriates belongs to Dr. J. E. Turner, of North Wilton, Fairfield, Connecticut, U.S.A. The philanthropic founder, animated by a strong desire to save an inebriate friend, devoted himself to the study of inebriety, with the result that he recognized as its cause a diseased condition. Dr. Turner devoted twenty-three years of unremitting work before his labors were practically rewarded by the laying of "the corner stone" of the New York Inebriate Asylum at Binzhampton on September 24th, 1858. This institution was sup-

ported by many of the leading physicians and surgeons in America, the well-known Dr. Valentine Mott having been its president for four years prior to his death. A large number of patients were treated at this establishment, nearly one-half of whom were benefited. Several of these patients have since attained to eminence in the American community. By an unhappy course of events the building and very extensive grounds were made over to the State and converted into an asylum for the insane. The veteran founder, Dr. Turner, is still alive, and has just issued a history of this, the first asylum for inebriates in the world. The transfer of Binzhampton to the State is being contested on the ground of illegality, the profits from the history, now published being devoted to a fund to pay the expenses of the suit. It is to be hoped that this pioneer of the movement to treat the inebriate as a sick person will yet live to see the fruit of his unwearied and unselfish labors once again utilised for the scientific care and treatment of the diseased inebriate.—British Medical Journal.

MEDICO-CHIRURGICAL SOCIETY OF MANITOBA.

August 7th.—Dr. O'Donnell in the chair. The minutes of the last meeting being confirmed, Dr. O'Rielly read the following paper:—

MR. PRESIDENT AND FELLOWS OF THE MEDICO-CHIRURGICAL SOCIETY,—I have some hesitation in reading this the second paper before you, feeling that it would have been more in place for older members of the profession to have given us some of the interesting cases which occur in their everyday practice; the only excuse to offer is that the subject is alike important to the physician, surgeon and obstetrician, and also of bringing to your notice an article of home production upon which, I believe, nothing heretofore has been written, and one which I hope ere long will prove of some commercial value to the province, besides supplying a long-felt want to the profession.

There are few medical men in practice who have not often felt the want of a cheap and reliable antiseptic absorbent;

this want is, I think, supplied by a species of moss indigenous to Manitoba and the Northwest Territories and generally known as muskeg moss. I am indebted to Mr. Carl Rish, a German botanist, at present engaged in collecting the Flora of this country, for looking up the botanical characters of the growth, he informs me that its botanical name is sphagnum arcutifolium, and that a somewhat similar moss grows in Germany, but it has not the same absorbent properties as the species found in Manitoba.

Its usefulness as an absorbent has been known to the natives of this country for many generations; the early explorers in their writings mention the use of the moss bag by the Indians.

I have been informed by early settlers that the usual practice when on the trail, was for the squaws to lay the papoose in the moss bag, carefully pack it about with dry muskeg moss, lace up the bag and thus travel for 8 or 10 days without changing or disturbing the packing, and that these infants enjoyed the best of health and were peculiarly free from the infantile ailments which carry off so many of their less fortunate white brothers and sisters. Of course this treatment of children has no doubt an aesthetic objection and is not likely to become popular with fond mothers of the civilized world, still it proves that the moss in its native state must have some inherent deodorizing properties.

I am indebted to Dr. Kerr, late of this city, for suggesting the use of muskeg moss as a surgical dressing. It was brought under his notice by an Indian nurse, who insisted on packing the children for some hours out of each day in the native moss bag, or Indian cradle, so that they would be straight and erect. After the suggestion I determined to procure some of the moss for trial, with some little difficulty three bags of the frozen material were obtained, the trial proved so satisfactory that since that time it has almost superseded other dressings in the Winnipeg General Hospital and it is alike popular with the medical staff and nurses.

The moss must be cut from the place of growth, after the frost sets in, it can then be cut with a spade like frozen snow, it is

better not to take more than 12 to 14 inches of the top layer as that will be the previous seasons growth. The mode of preparation which I use, is as follows: The moss is picked over and teased when damp, and then put under a running tap for some time and thoroughly washed, squeezed dry, and placed in a solution 1-2,000 of perchloride of mercury, after remaining in this bath for an hour or more, it is taken out rapidly dried in the air, and packed away in tin cases; it is now ready to be made into pads or to use as a loose dressing. If desirable it can be bleached by exposure to sulphur dioxide before soaking in the antiseptic solution. This mode of preparation is my own and no doubt other ways of preparing will suggest themselves to the individual members of the profession who may adopt the use of moss in their practice. In hospital work, economy is an important factor. Last November I procured one load of moss at a total cost of \$4, for the raw material. We have been using it steadily ever since and still there is plenty to last till November comes again. I consider the one load of moss as equal to 170 lbs. of Seabury & Johnson's absorbent cotton, the cost of that quantity would be \$119; put the cost at preparing the moss at \$5, this gives the hospital a net gain of \$110, besides being more satisfactory to doctor, nurse and patient.

As a surgical dressing it possesses many advantages over the various prepared cottons and marine lints; the moss does not mat whether the discharge be pus, serum or blood; a moss pad, owing to the capillary formation of the fibre, goes on absorbing till it is entirely saturated and can hold no more. As most surgeons know all cotton dressings are liable to mat and clog about the margins of a wound, the discharges are thus kept in creating often the most serious complications. We think because the bandage and dressing remain unsoiled that the wound has healed kindly by the first intention; in a few days the condition of the patient makes us suspicious of sepsis, we remove the dressing and find the wound hermetically sealed by matted cotton, and the discharges which should have been in the pad burrowing and infiltrating the sur-

rounding tissues—this condition one never need fear with a moss pad.

Thanking you Mr. Chairman and fellows for your attention, and feeling confident if you give the moss a trial you will not be disappointed. Dr. Pennefather has kindly consented to forward a sample box to Sir William MacCormac, and I am sending one to Sir Joseph Lister, so at some future meeting of this society I hope to be able to give you their opinion of the dressing.

CORRESPONDENCE.

Verily the medical professions in this city, cannot congratulate themselves on any reciprocal relations between them and their dispensers. It is a notable fact that in large proportion, by far the majority of medicos here, dispense little or no medicines, on their own account, and in those few exceptions where they do, it is from necessity not choice. The question naturally occurs to outsiders: what benefit does the physician secure as h. share of the present arrangement? I have no hesitation in saying, that in the majority of instances it amounts to *nil*, with the exception of one or more generous druggists who are liberal in their courtesies and obligations, but with these exceptions, for they do not amount to more than two or three at the outside, medical men cannot boast of any particular advantage gained so far as courtesies or obligations in their line are concerned. The druggist receives the shekels, while the prescriber who has had equal trouble and loss of time retains the doubtless honor as his *docceo*. It is no uncommon thing to be roused out of bed of a cold stormy midnight or after it, to prescribe for persons who always can pay the druggist but the unfortunate physician who has too often trudged through the frost and snow is metaphorically left in the cold. Neither he nor his family, require remuneration. Physicians as a rule, ask for no share of the dispensers profits, but they have a right to expect courtesies for themselves and families in the druggists' particular line, and above all neutrality. But it is not of this trifling matter that we have to complain. It is something deeper and more humiliating and bids fair to prove a source of estrangement between the two parties. I think I am safe in averring that the druggists of Winnipeg, have no reason to complain of any innovation or interference on the part of the doctors, with their legitimate trade. The majority of us send our prescriptions to them without promise or hope of reward. What return do we actually get? Why! simply that they encourage prescribing for themselves. In the face of positive unfairness they unblushingly assume the role of a consultant, in all probability making use of the prescriptions that do not belong to them and to which they have no

manner of right, save in trade for the prescribed. Besides this haphazard, hit or miss sort of prescribing is as illegal, on the part of druggists, as those of the unlicensed charlatan, who is heavily fined if detected. The law gives no privileges to the pharmacist to assume the practice of physic. He is not permitted to convert his shop into a consulting room. On this point it is distinct and clear, and admits of no compromise. The penalty of one hundred dollars is imposed upon conviction thereof, which can be consummated every day in the year in Winnipeg. It is all very fine to seek shelter behind the excuse, that if I don't do it somebody else will—ergo! I cannot afford to throw business away. Two wrongs never made a right and because our neighbor does wrong, is no excuse to do likewise. "Never follow the multitude to do evil," is a scriptural maxim, and distinctly involves the principles of moral rectitude.

There is a growing disposition on the part of physicians, in this city, to dispense their own prescriptions. It is true there is a good deal of trouble involved in the operation but it is not altogether unprofitable, particularly under existing circumstances. If the movement becomes general, our friends of the spatula in many instances will have themselves to blame. I for one will regret this change, because I have several warm friends among the druggists of this city, who are fairly entitled to our patronage. But even these gentlemen ought if practicable to remonstrate with the prescribers of their Association to warn them, that irrespective of the legal aspect of the thing, and its penalty, they are reaping not golden opinions but irreparable injury for the Pharmaceutical Association of which they form a large integral part.—R. C. HOWDEN, M.D.

MISCELLANEOUS.

QUERIE FROM CORRESPONDENT.—Mrs. Eliza F. asks, having been ordered Guinness' Stout by her medical man, and finding it very expensive to purchase, can she not find a substitute? Yes. Drury's strong bottled porter will be found quite as beneficial and equally palatable to Guinness, and can be procured at much less cost. Let Mrs. F. send to the Redwood Brewery, Winnipeg. See advt.—Ed.

AN application for gout and rheumatism is made of ether, fifteen parts; flex. collodion, fifteen parts; salicylic acid, four parts; morphine, one part. M. Paint hourly on the affected joints.

DR. DELON, *Lyon Medical*, reports a case of phthisis with cavity in the right apex, and, apparently, in the last stages of the disease, restored to health within five

weeks by inhalations of sulphurous anhydride. A handful of the flowers of sulphur was thrown upon a shovel of red-hot embers and the fumes were inhaled each day so long as the patient could endure it.

BIBORATE OF AMMONIUM is reported as having been successfully used in cases of nephritic colic. The doses are given at 1 gm. 25 cgm., every two hours until easy micturition is obtained, and afterward every four hours until pain has ceased. Between the attacks 3 doses of 1 gm. each should be taken daily with meals, and the treatment should be continued for several months with interruptions of one or two weeks.—*L'Union pharm.*, Jan., 1888.

A MEANS OF PROTECTION AGAINST MOSQUITOES AND GNATS.—Pour a small quantity of a 2 per cent. carbolic acid solution into a saucer. Dip the fingers into the liquid, and sprinkle sheets, coverlet, pillow, and bolster, on both sides, the edges of bed curtains, and the wall next the bed. The face and neck may also be slightly wetted with the solution. Not a single gnat or mosquito will come near, and a comfortable night's rest may be looked forward to.—*The Union Medicale*.

ACCORDING to Jordanis (*Bul. Gen. de Therap.*), very satisfactory results may be obtained from the employment of electricity in atrophy of the mammary glands, in those cases where, after delivery, the mammae are small and shrunken, and do not secrete milk. In a case reported, the patient had been confined eight days; but the child was not put to the breasts, as they were small and soft, and not secreting milk.

Electricity was applied, and after a few sances the breasts became firm and rounded, milk was secreted, and the infant was suckled. The improvement was lasting. The faradic current was used; the positive pole was placed over the breast, but the intensity of the current is not recorded.

CIRCUMCISION.—It has been found that the habit of staunching the bleeding after the rite of circumcision by sucking the prepuce with the mouth, may result in the inoculation of tubercle. In a Jewish town of the Continent there were in the

space of three months nineteen children thus operated upon. In nine of these cases the sucking was done by others present at the ceremony, and no disastrous results ensued; but in the ten instances where the operator himself did this, serious disease followed in from eight to twelve days. In three cases the little patients died within three months with all the symptoms of tubercular meningitis. Only three of the ten finally recovered after a long period of suppuration of the inguinal glands, etc. It was proved that the operator was in an advanced stage of phthisis.

TREATMENT OF PULMONARY PHTHISIS WITH FLUORHYDRIC ACID.—Another antiseptic is added to the already long list of medicines designed to destroy the bacillus of tubercle. A committee of the Paris Academy of Medicine, appointed to report upon this remedy, declare that fluorhydric is as powerful an antiseptic as the bichloride of mercury, having a special action upon the tubercle bacillus when inhaled. Its immediate effects are a return of the appetite, moderation of the fever and dyspnea, and a gradual decrease in the number of the bacilli present in the sputum. M. Garevi reports the following results from its use in 100 cases: thirty-five cured, forty-one improved, fourteen remained stationary, and ten died. The inhalations are attended by no inconvenience.—*L'Union Medical du Canada*.

PROFESSOR RONEBERG some time ago advanced the view that pernicious anemia may be dependent on the presence of intestinal tape-worm (*Bothriocephalus latus*.) His views were supported by some and combated by others. A case which tends to support Runeberg's view is recorded by Dr. Schapiro in the *London Lancet*. A lad thirteen years of age came under treatment for intense anemia of a progressive type, characterized by great diminution of red corpuscles and of hæmoglobin, with liability to cutaneous hemorrhage, epistaxis, etc., marked cardiovascular bruits, pyrexia, and without any emaciation. It was not until the administration of anthelmintics had resulted in the evacuation of a large quantity of seg-

ments of bothrioccephalus, that he began to regain strength and color. His recovery from that date was rapid. The writer attributed the anemia to the disintegrating action, on blood-corpuscles, of some chemical product of the parasite which was absorbed into the blood.

SUPPOSITORIES OF GLYCERIN.—Glycerin injections have been found to be of good service in habitual constipation. A more convenient method of administering the glycerin, according to Boas (*D. med. Woch.*, June 7) is by means of suppository capsules each containing 1cc. of glycerin.

URETHRAL PENCILS, retaining their shape for some hours, are recommended (*Monatsh. f. pr. Derm.*), to be prepared from cacao butter, 7; beeswax, 5; boric acid (or idoform, etc.), 2; zinc oxide, 1; and tragacanth, 4 parts. These pencils possess a certain degree of elasticity, and are best prepared of a conical form.

SALICYLIC COLLODION for the cure of warts is recommended by Vidal to be made from salicylic acid, 1 gm.; alcohol, 1 gm.; ether, 2-5 gm.; and collodion, 5 gm. It is applied daily. Salicylic collodion (strength not given) is also recommended by Dr. N. F. Penn (*N. Y. Med. Jour.*, May 19) as a sure cure for ring-worm.—*American Journal of Pharmacy.*

ATROPINE IN PILOCARPINE POISONING.—Dr. Wicherkiewicz records in a Polish medical journal a case of poisoning by pilocarpine from eight minims of a two per cent. solution of pilocarpine administered hypodermatically. A subcutaneous injection of morphine and the inhalation of nitrite of amyl proving useless, two drops of a one per cent. atropine solution were administered hypodermatically. This had more effect, and the patient recovered.—*Med. News*, June 25.

CODEINE is recommended by Dr. Lauder Brunton (*Brit. Med. Jour.*, June 2, 1888) in pain affecting the intestine and lower part of the abdomen. He advises $\frac{1}{2}$ grain three times a day, and increases the dose to a grain if the patient is not relieved; it does not cause drowsiness nor does it interfere with the digestive functions. In long continued enteralgia, not due to

organic disease, it has continued to relieve pain for months together.

ERGOT OF OATS has been used by Dr. Bousquet (*Union Med.*, Feb. 19, 1888) who observed that its action was as prompt and lasting as that of ergot of rye, and that it had its advantages of acting as a general excitant and restorative in cases of prostration from prolonged labor or copious loss of blood.

ACID SOLUTIONS OF CORROSIVE SUBLIMATE.—Dr. Laplace (*Gaz. degli Osp.*) states that ordinary solutions of corrosive sublimate are inefficacious for fabrics used in surgical dressings, on account of the tendency to form mercuric albuminate; this is prevented by acidulating the solution. He also says that the antiseptic power of sublimate solutions is increased by such additions, so that weaker mixtures may be used with equally good effect. He thinks that where acids are thus used there is no need of idoform. For lotions he recommends: Corrosive sublimate, 1 gm., tartaric acid, 5 gm.; distilled water, 1000 gm. A solution in which to immerse gauze, bandages, etc., is composed of: sublimate, 5 gm.; tartaric acid, 20 gm.; distilled water, 1000 gm.—*Nouv. Rem.*, May 24, 1888. See also *Am. Jour. Phar.* 1887 p. 355.

ARTIFICIAL RUBIES.—Fremy and Verneuil (*Acad. de Sci.*, Feb. 27, 1888), report important improvements in their product. The process as announced a year ago, consisted in the reaction at high temperature of barium fluoride upon alumina containing traces of bichromate of potassium. The crystals were lamellated and friable. By recent changes in manipulation, hard and regularly formed crystals are obtained, perfectly transparent and of great brilliancy. Mr. Des Cloizeaux, the mineralogist stated to the Academy that these crystals were identical with those of naturally formed rubies. The authors will continue their experiments on a more extended scale.—*Monit. Sci.*, April, 1888.

INCOMPATIBILITY OF CHLORAL AND CYANIDE OF POTASSIUM.—A pharmacist while preparing an ointment of chloral and potassium cyanide $\frac{1}{2}$ 10 gm. and lard 30 gm., found on mixing the two first sub-

stances, a reaction which sent them flying from the mortar. Blarez and Deniges in investigating the cause did not meet with so violent a reaction, but found changes which led them to the following conclusions: In preparing solutions of chloral and cyanide, the substances should be dissolved separately. This method adds also to the stability of the preparation, especially if the quantity of liquid used be large enough to lessen the chances of decomposition. But the authors think that physicians should abstain from associating chloral with potassium cyanide, the mixtures being really incompatible. As to the ointments, immediate reaction may be prevented by triturating the substances separately with the excipient. But the mixture turns brown in a few minutes, with disengagement of hydrocyanic acid. Unguents of this nature should be rejected absolutely from therapeutic uses.—*Bul. de la Soc. de ph. de Bordeaux: Arch. de phar., May 5, 1888.*

A STEP IN THE RIGHT DIRECTION.—NEW WESTMINSTER, U. C., July 31st, 1888. At a late meeting of our Medical Council, the fee for professional examination in the interests of all insurance companies and societies was placed at five dollars (\$5) for an examination including the ordinary examination of urine, and ten dollars (\$10) when a microscopic examination is required, and this irrespective of the amount of insurance applied for. We would therefore notify you, and through you the insurance company (or society) of which you are the agent (or secretary) that we shall in future examine no risk for less than the fee named. Yours, very sincerely, Loftus R. McInnes, M.D., W. A. DeWolf Smith, M.D., I. M. MacLean, M.D., H. M. Cooper, M.D., Thos. R. McInnes, M.D., Chas. J. Fagan, M.B., R. I. Bontley, M.B., Thos. S. Hall, M.D.

CYANIDE OF MERCURY.—Stelden, a Swedish doctor, has used the following formula in 1400 cases of diphtheria (since the year 1882), and claims that the number of deaths has been only 69, or less than 5 per cent., while the mortality in the same district had been over 92 per cent.; cyanide of mercury, 0.02 gm.; tinct. iocnite, 2 gm.; honey, 50 gm.;

mix. Dose, a teaspoonful every 15, 30 or 60 minutes according to the age of the patient. The throat should not be scraped, but a gargle of cyanide of mercury of 1 to 10,000 aq. menth. should be used every 15 minutes. The frequent small doses create, according to the author, a medium in which the diphtheritic bacillus cannot live.—*L'Union phar., April, 1888.*

CRUDE SULPHO CARBOLIC ACID AS A DISINFECTANT.—Laplace, (*Deutsche medizinische Wochenschrift, No. 7, 1888*), mixes sulphuric with an equal weight of crude carbolic acid (twenty-five per cent. in strength) which yields a blackish, syrupy liquid soluble in water. A four per cent. watery solution of this compound destroyed the virulence of anthrax in forty-eight hours. Creolin is impotent in solutions of two per cent., to destroy anthrax; the acidified solutions of corrosive sublimate (1 to 1000) are potent against anthrax, but are not so available in practice.

OIL OF PEPPERMINT AS AN ANTISEPTIC.—W. L. Braddon has instituted extensive experiments to discover if possible an efficient microbicide which would be sufficiently harmless to human beings to answer for internal use. In a communication to the *Lancet* the author reports that these experiments were carried out, first under conditions as nearly as possible identical with those which obtain with wounds, etc., the relative powers of carbolic acid, iodine, iodoform, corrosive sublimate and peppermint, being compared. The observer considers the complete superiority of the latter completely proved, and has tried its powers in actual practice "with most excellent results." He adds, "Absolutely harmless to the system in the largest doses, easily attainable, and readily prepared, oil of peppermint thus forms the best, safest and most agreeable of all known antiseptics." Trials of the value of the oil in phthisis "indubitably showed that it produces when inhaled no ill, but only beneficial effects, even in the latest stages of galloping consumption checks it earlier in its progress, and sometimes completely cures." In two cases of diphtheria it is said to have also produced entire and rapid recovery.

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