

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

“LANCET.”

A Journal of universal Medicine, Physiology, Surgery, Chemistry, Medical Literature and Scientific News.

PUBLISHED MONTHLY.

SUBSCRIPTION, \$2 PER ANNUM IN ADVANCE.

VOL. 2.

OCTOBER, 1888.

No. 3.

INDEX.

Treatment of Consumption by Residence at High Altitudes.....	33
The Sulphur Springs of Great Britain and their Therapeutic Action.....	35
Manitoba Medico-Chirurgical Society.....	38
New Inventions for Use in Dental Surgery.....	40
Editorial's.....	41
Medical Canvassing.....	42
Autopsy of the Late Emperor of Germany.....	43
Treatment of Typhoid Fever.....	45
Miscellaneous.....	45

TO ADVERTISERS.	
A. E. Hurrstell, Engraver of Wood.....	51
Joseph Parkinson, Manufacturing Chemist.....	51
Leading Hotels—The Queen's; New Douglass House.....	32
The Clarendon; Whelan House.....	31
M. Hughes & Co., Undertakers.....	30
Manitoba Medical College.....	49
Martin, Toms & Co.....	30
Medical Publications.....	Title Page
Physician's Visiting List.....	Title Page
Provincial Government Manitoba.....	52
Radiger and Co—Pure Wines and Spirits.....	51
Redwood Brewery—E. L. Drewry.....	41
Richard & Co., Wine Merchants.....	51
Security Mutual Benefit Society of N. Y.....	50
William Hine, Taxidermist.....	50
West & Co., Aerated waters.....	51
W. F. White—Buffalo Horns, etc.....	51
Winnipeg Drug Hall.....	51
Young & Co's Cider Works.....	51

With Many Improvements for 1888. Now Ready.—37th Year.

THE PHYSICIAN'S VISITING LIST.

(LINDSAY & BLAKISTON'S.)

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 Armore 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. O. 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.

COMPACT, STRONG, MOST CONVENIENT, DURABLE, LIGHT LOW IN PRICE.

REGULAR EDITION.		INTERLEAVED EDITION.	
For 25 Patients weekly	\$1 00	For 25 Patients weekly	\$ 1 25
50 " " "	1 25	50 " " "	1 50
75 " " "	1 50	75 " " "	1 75
100 " " "	2 00	100 " " "	2 25
50 " " " 2 Vols.	2 00	50 " " " 2 Vols	3 00
an. to Jun.—June to Dec. 2 50		PERPETUAL EDITION.	
100 Patients, 2 Vols. Jan. to June—July to Dec. 3 00		Without dates. Can be commenced at any time and used until full.	
		For 1300 Names, interleaved	\$1.25
		2600	1.50

THIS VISITING LIST can be bought through any bookseller, or, upon receipt of the price, we will send it, post-paid, to any address. Send for complete Catalogue of Medical Books.

P. BLAKISTON, SON & CO.,

1012 Walnut St., PHILADELPHIA, PA.

TO ADVERTISERS!

For a check for \$20 we will print a ten-line advertisement in One Million issues of leading American Newspapers and complete the work within ten days. This is at the rate of only one-fifth of a cent a line, for 1,000 Circulation! The advertisement will appear in but a single issue of any paper, and consequently will be placed before One Million different newspaper purchasers; or FIVE MILLION READERS, if it is true, as is sometimes stated, that every newspaper is looked at by five persons on an average. Ten lines will accommodate about 75 words. Address with copy of Adv. and check, or send 80 cents for Book of 256 pages.
GEO. F. ROWELL & CO., 10 SPRUCE ST., NEW YORK.

We have just issued a new edition of our Book called "Newspaper Advertising." It has 256 pages, and among its contents may be named the following Lists and Catalogues of Newspapers:—

DAILY NEWSPAPERS IN NEW YORK CITY, with their Advertising Rates.
DAILY NEWSPAPERS IN CITIES HAVING more than 150,000 population, omitting all but the best.
DAILY NEWSPAPERS IN CITIES HAVING more than 20,000 population, omitting all but the best.

A SMALL LIST OF NEWSPAPERS in which to advertise every section of the country; being a choice selection made up with great care, guided by long experience.

ONE NEWSPAPER IN A STATE. The best one for an advertiser to use if he will use but one.

BARGAINS IN ADVERTISING IN DAILY Newspapers in many principal cities and towns, a List which offers peculiar inducements to some advertisers.

LARGEST CIRCULATIONS. A complete list of all American papers issuing regularly more than 25,000 copies.

THE BEST LIST OF LOCAL NEWSPAPERS, covering every town of over 5,000 population and every important county seat.

SELECT LIST OF LOCAL NEWSPAPERS, in which advertisements are inserted at half price.

5,472 VILLAGE NEWSPAPERS, in which advertisements are inserted for \$2.15 a line and appear in the whole lot—one-half of all the American Weeklies Book sent to any address for THIRTY CENTS.



MARTIN, TOMS & CO.,

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments . . . + + + + + and Dressings,

GELATINE AND SUGAR-COATED PILLS,

PLASTERS & PHARMACEUTICAL SPECIALTIES,

Suppositories and Bougies—by Cold Compression—Our New Process
TRUSSES,

SUPPORTERS, SUSPENSORIES, PESSARIES,

Martin's Para Rubber Bandages,

SILK ELASTIC HOSIERY, SYRINGES, ATOMIZERS,

Proprietors of Tucker's Spring Pad Truss.

Licensees for Canada

—FOR—

WM. TEUFELL'S ^{Stuttgart} _{Ger.} Abdominal Supports & Flannel Belts,

and I. B. SEELEY & CO'S Hard Rubber Trusses and Specialties.

—The Correct mechanical Treatment of Difficult Hernia a specialty—

APARTMENTS FOR LADIES AND CHILDREN.

ESTABLISHMENT: CORNER QUEEN & SIMCOE STREETS,

TORONTO, ONT.

PAGE

MISSING

PAGE

MISSING

MANITOBA,
Northwest and British Columbia
Lancet.

Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.

WINNIPEG, OCTOBER, 1888.

**TREATMENT OF CONSUMPTION
 BY RESIDENCE AT HIGH
 ALTITUDES.**

BY JOHN LOWE,

Visiting Surgeon, Workington Infirmary.

The discussion of the above subject at the Royal Medical and Surgical Society, as published in *The Lancet* of May 12th, is worthy of attention. The difference of opinion on the part of eminent physicians is noteworthy. The material which guided Dr. Williams to important conclusions can hardly be considered inadequate for the purpose; nor is the mere expression of belief in the equal value of treatment at lower levels or at home sufficient to invalidate his position. It may be pardonable to ridicule a sojourn among the Alps as the best treatment for phthisis when one has not lived there. But is it wise? The climate does appear paradoxical to people in England, and I conclude from the remarks of Drs. Pollock and Quain that they have not adequate personal experience of an Alpine climate, especially in winter. I have lived there during the four seasons of the year, so there can be no *tu quoque*. A foreign physician has recently written a book to show the absurdity of sending phthisical cases to Davos. He declares very frankly that he has never sent any cases there himself, and that he has not visited the Alpine resorts. He argues from what he calls "natural laws," and the results which he has obtained in the south of France! Is there not too much of this clap-trap in our books and at our great societies? Life is not dialectics. If pre-

judice or Philistinism is to displace evidence in determining the treatment of disease, I do not see how therapeutics can progress. But as there is no permanently wise man, perhaps Drs. Pollock and Quain may reconsider their "most firmly" expressed beliefs.

I had an attack of phthisis in the apex of the left lung last summer. The lesion was well marked early in August, but I felt utterly unfit for work during many previous weeks. I proceeded to Davos on the advice of Dr. Clifford Allbutt and Dr. C. T. Williams, about the middle of August—that is, as soon as a pulmonary hemorrhage permitted me. A very few days at Davos sufficed to drive away intolerable lethargy, and to restore appetite and sleep. I gained a pound in weight each week during the first three months, and kept it. At the end of eleven weeks I walked sixteen miles over a stiff pass in four hours and twenty minutes. After this I did a good deal of climbing, and indulged in exercise that was accounted violent. On January 1st I went to Wiesen, and remained there in medical charge until May, when I returned to England feeling better than I had done for a couple of years before. All the signs and symptoms of phthisis are now absent, with the exception of the inevitable supra clavicular dulness.

There can be no doubt in my case of the tubercular nature of the disease. Bacilli were present in abundance. Two of my sisters died of phthisis a few years ago, and there is a family history of the disease as complete as could be wished. It began in my case precisely as it did in my sisters, and in them the average duration of illness was under two years. They were treated, by the advice of a very eminent physician, in the manner advocated by Drs. Pollock and Quain; and, notwithstanding everything that could contribute to success in this climate, the disease never showed any evidence of arrest in either case.

When I felt what I suspected to be the earliest subjective symptoms of phthisis, I gave the English health resorts a trial for a few weeks. During this time I steadily lost weight and strength, until at last I had no inclination to move about at

all. The Alpine heights changed all this in a few days, and at present I can put the weight, throw the hammer, or walk thirty miles with any man I know, not excepting his age or size. As there could be no question about the activity of phthisis in my lung last year, I believe there can be little doubt of its arrest now.

I had the opportunity of watching cases in Switzerland in every stage of the disease. I have had the same advantage in England to a greater degree. I never felt justified in giving a favorable prognosis in cases of phthisis sent to health resorts at home. Whatever may be said at societies, or written in books, the grim fact remains that, when the practitioner discovers phthisis, he is conscious of his utter inability to cope with it in this climate. I know a great many able men in large practice, and this is how they feel in the matter. There may be others, I admit, who really believe in the efficacy of respirators and general tinkering, but I do not know them. The English health resorts are the forlorn hope of phthisis, and so-called respiratory therapeutics—so far as they concern tubercular phthisis—constitute one method of advertising. I am aware of wonderful cases that are cited in even standard books to prove startling things, but I prefer to trust the evidence before my own eyes, and to do so I must reject authority in opinion. I believe it is wise to send an advanced case of phthisis to one of the English resorts, if only for the comfort thus afforded; but I hold it to be a cruel proceeding to do so in the early stage of the disease, and when little lung tissue is involved.

Many advanced cases of phthisis are to be seen at Davos which should not be sent there. They injure the good repute of the place and benefit nobody. If phthisis were diagnosed early, when there is slight consolidation, and Davos resorted to at once, there should then be no room for contention. Anyone can diagnose phthisis when there is a large cavity, etc., but it is useless to discover the disease then. A practitioner in search of useful knowledge ought to go to Davos in winter, where he will find a lamentable testimony of our ignorance. He will be wearied by people describing how they were under

their doctor at home many months before he discovered that they were suffering from phthisis, and then only when his attention was arrested by a hæmorrhage, or something prominent enough to make the case clear to an old woman. Cases with a large cavity in either lung are common enough at Davos. I have often wondered why medical men send these cases there to die. It is excusable to say that we cannot cure phthisis; but I am not sure that it is equally so to have to admit our inability to recognize the disease before a huge excavation exists in the lung. There has been a great deal of bacilli-hunting in our schools, and volumes of nonsense written about the pathology and cure of phthisis in recent years. Is it not as necessary to be able to tell when a patient has phthisis? We are all acquainted with the elaborate and learned controversy as to the pathology of the small pox vesicle, but all the eminent contenders have not equalled Jenner in controlling the ravages of small-pox. It is not necessary to be always dodging bacilli with a microscope in order to say when phthisis exists. Our own senses and a stethoscope are surely adequate, and especially for the general practitioner, who sees the disease in its early stage, and has in consequence the most valuable opportunities for becoming expert in diagnosis. This field of study is evidently neglected, and post-graduate lectures point to a time when the general practitioner will have to submit to a State examination from time to time in order to show his competence to practise. Dr. G. H. Sutton pertinently writes: "Phthisis is said to be due to a bacillus, but of what use is that view in curing phthisis? Do not be contented to love knowledge for the sake of knowledge, but for what you can do with it. The "view" is inadequate to cure phthisis, and on this account we must look on phthisis as made up of many physiological disturbances, and it can only be cured by bringing these disordered physiological changes into order again; and here hope in the cure of phthisis can be entertained." This is, at least, common sense, and will conform with experience at Davos. "The constitutional state," says Dr. Quain, "is th

most important factor in bringing about recovery." Precisely, and in an Alpine resort will be found every element that such state requires for its perfection. The climate there is the antithesis of that at home, and herein consists its efficacy. The peculiarities of each are known to men who read medical literature, and I do not propose to touch on that topic now. I would only remark that the Alpine climate invigorates the consumptive, and our climate depresses him. Abroad he can increase his weight through muscular development by exercise; at home he may put on some adipose tissue at the expense of his muscular system. Is it necessary to ask which is the more likely to be lasting? To benefit by exercise in the open air one must enjoy the exercise. Among the Alps the consumptive is never weary of exercise, but at home he loathes it.

Our great physicians are at last convinced that pure air is useful as a preventative and as a remedy, but it is now half a century since Dr. Henry McCormack urged with great earnestness the utility of pure air, and plenty of it. His advice was treated long enough with lofty sneers and contemptuous ridicule. Dr. Boddington pleaded in 1840 for what Dr. Williams is ably pleading now. It is worthy of reflection that we have not advanced one step in the treatment of phthisis for nearly half a century. Its rational treatment is still opposed by men deservedly eminent, but the educated public outside the professional circle have been to Davos in large numbers. They have benefited themselves by the change. Their friends at home have been apt in contrasting them on their return with other relatives who came back from Hastings, Bournemouth, etc., crippled and dying. We may go on to argue; the public will act. They are acting now. McCormack and Boddington lived to purpose; they gave a verdict.—*London Lancet.*

SALOL TOOTHPOWDER.—Salol 3, powdered sepiæ 6; prepared chalk 24; magnesium carbonate 16; powdered sugar 6 parts.—*Dental Reg.*

THE SULPHUR SPRINGS OF GREAT BRITAIN AND THEIR THERAPEUTIC ACTION.

BY WM. SQUIRE, M.D., F.R.C.P.,

Physician to the St. George, Hanover-Square, Dispensary.

At this season of the year, when holiday plans are made with a view both to health and pleasure, it may be well to consider the advantages offered by our own mineral springs, and to compare them with those of various continental spas. Visits to different health resorts often prove beneficial by mere change of air, of scene, of society, amusements, or occupation; most so by suitability of the climate selected, and in some degree by the directly medicinal properties of their mineral waters. To these last qualities attention is now directed, and chiefly to the efficacy and mode of action of the sulphurous waters. Many of our more noted health resorts are serviceable to the residents and visitors more by their climate, elevation of site, freshness of air, and by the purity of the water than by any mineral impregnation of it. Malvern is a capital instance in all these points. They are to be found on the chalk hills around London, at Chagford in Devon, Hinckley in Leicestershire, Otley or Ilkley in Yorkshire, and many other places in the north of England, in Scotland, and in Wales. The above qualities add to the efficacy of the small amount of iron found at Tunbridge Wells, or at San Moritz; with other excitants they aid the somewhat stronger chalybeate at Spa. The action of the equally potent alkaline waters of Vichy and of Vals is modified by the mild climate (hot in summer) of Vichy, and the more bracing effect of the higher site of Vals. The slightly mineralized waters of Contrexeville and of Buxton owe much of their efficacy to the elevated position in which they are used, both places being at a similar height above the sea-level. Thermal bath in the summer, when too relaxing in sheltered or low-lying situations, can still be enjoyed at Plombières, 1310 feet above the level of the sea.

Impaired health is not limited to one season of the year, and though our means

of restoration are restricted, yet suitable places for rest and treatment are always to be found. In winter days the more delicate patients return to the home fire-side or seek sunshine on southern coasts; some less invalided sufferers can still benefit by the pure cold air of the more elevated or northerly stations, or join in the out-door exercises and amusements of Leamington or Cheltenham. The claims of our own country in these advantages are too often neglected; the health resorts around us are remarkably varied, the benefits they offer are available at all seasons, and to all; to reach them no distant separation from friends and home is involved, the fatigues of a long journey and the discomforts of crossing the sea are avoided. Our own mineral springs are as rich in medicinal properties and as varied as those visited abroad. The bromo-iodides of the Woodhall Spa exceed the proportion yielded by the Kreuznach water. The thermal springs of Bath and the highly mineralized waters of Harrogate surpass those of Aix-la-Chapelle and Aix-les-Bains in the qualities for which they are famed. In sulphurous property the stronger Harrogate water exceeds the springs of Germany or Savoy; this is itself surpassed by that of Strathpeffer in Ross-shire; and this again by the Dinsdale sulphur spring.

For pure sulphur medication this source of Dinsdale-on-Tees is unequalled by any sulphurous water source short of the Alps or Pyrenees. Thermal sulphur waters, if useful in aiding some special remedial effects for which they are sought, interfere with other desired objects of treatment, partly by unduly exciting the circulation and increasing the action of the skin. On the other hand, any excess of saline ingredients in combination with sulphur may act unduly either as aperients or diuretics. At Schinznach in Switzerland, is a thermal sulphur water with 22 gr. of the sulphates of soda and of lime, 2 gr. of carbonates, 13 gr. of chlorides, and 3.5 c. in. of sulphuretted hydrogen to the litre or wine-quart. The Dinsdale spring has, in the same bulk of water, 25 gr. of sulphates, 2 gr. of carbonate, 5 gr. of chloride of sodium, 2 c. in. of CO_2 , and 8.32 c. in. of sulphuretted hydrogen,

equal to $2\frac{1}{2}$ gr. of sulphur. The Harrogate water has 1.4 c. in. of sulphuretted gases with some carburets, and 137 gr. of salts, chiefly chlorides, in the pint of 20 oz.; numerous other springs are near, of which that with proto-chloride of iron is remarkable. At Strathpeffer are two sulphur springs; the upper contains 18 gr. in 20 oz., chiefly sulphates of soda and lime, with $3\frac{1}{4}$ c. in. of sulphuretted hydrogen; the lower contains $13\frac{1}{2}$ gr. of the same salts, of which 11 gr. are sulphates, with $2\frac{1}{2}$ gr. of common salt; the sulphuretted hydrogen is only 1.7 c. in. to the pint of 20 oz. There is also a strong effervescing chalybeate spring in the neighborhood.

Dinsdale is not without its chalybeate water at no great distance, less than a mile, from the sulphur spring; moreover, beyond this is another mildly sulphurous water, and also a mineral spring with aperient and diuretic properties; this is likely to prove of considerable utility, both for its special purposes and as an adjunct to the use of the sulphur water and baths. The composition of this new spring, as analysed by A. W. Stokes, F. C.S., F.I.C., is in grains per gallon: sulphate of soda, 32.9; sulphate of magnesia, 37.68; sulphate of lime, 93.0; carbonate of lime, 38.7; chloride of sodium, 9.0; silica, .56; oxides of iron and alumina, .42. The water, therefore, contains 291.6 gr. per gallon of solid matters. On further analysis as to its freedom from surface infiltration (the spring has recently been re-opened) the organic matters yield nitrogen (present as nitrates), 0.28; nitrites, none; ammonia, 0.0014; albuminoid ammonia, 0.0098; oxygen in fifteen minutes to oxidise the organic matter was 0.019 gr., or in three hours, 0.028. This, he adds, is a sample of an undoubted and valuable mineral water entirely free from pollution. These springs are in a sheltered part of the valley of the Tees. The hotel and baths are near the rocky bed of the river, looking to the south; the new spring is on higher ground, but still sheltered from the north. Cliffs of the lower permian sandstone form picturesque additions to some part of the banks of the rapid stream. A line of fault is traced in the sandstone and adja-

cent millstone grit, so that geologically it closely resembles Harrogate; both are situated on the margins of the millstone grit, the one being on the northern edge of the Yorkshire coal basin, the other at the southern edge of the Durham coal-fields; they are thirty miles apart. Gillsland in Cumberland, on the northwestern extremity of the same stretch of raised gritstone, has also sulphur and chalybeate springs. The station of Dinsdale is the next south of Darlington on the Great Northern and Northeastern Railways.

Modern medicine has done much to confirm and explain the confidence expressed by a long series of sufferers in the remedial effects of the natural sulphur waters. Benefit results from their use in certain stages of convalescence, in most rheumatic accidents, in some constitutional disorders, in many local troubles and diseases, of the skin and glandular system, in various nervous affections, and in the numerous chronic disturbances of nutrition that interfere so much with health and comfort. Sulphur medicinally acts in three ways, whether used generally or locally; first, as a stimulant or excitant; second, as an alterative or sedative; third, as a germicide or antiseptic. The first of these effects is seen with crude sulphur when used internally as an aperient, or externally in the ointment as a rubefacient; neither of these actions result from the use of sulphurous waters, nor are they such as are desired by the visitors to sulphur baths. The alterative effects, under the second head, are chiefly sought; these vary from slight excitement to a notable soothing influence on the vessels and nerves, hence the relief of irritability of the surface of the body produced by the mild sulphur baths in certain skin diseases. Sulphur sprinkled on flannel for sciatica, and worn closely to the limb, may act in this way; so also the sulphide of carbon vapor as applied, for the relief of tic or migraine, by a late Harrogate physician. Sulphur given with aperients has little general effect; continued small doses of the confection may have some action of this kind, but none is noticed after the occasional use of the compound liquorice powder. In the stomach sulphur is not acted on by the acid gastric

secretions; in the alkaline media of the intestines sulphurets are formed and absorption commences. When first absorbed it is arrested in the liver, and finally expelled after more than one round in the hepatic circulation and the formation of some sulphuretted hydrogen while in contact with carbonic acid in the venous blood. Small doses excite less the activity of the liver, and by frequent repetition more readily pass through the vena cava to the pulmonary circulation. The sulphurets now meet with oxygen and are changed into sulphites and hyposulphites, and thus permeate to the other glandular organs and the skin, and penetrate to the muscles and fibrous tissues. In this way some of the special curative effects in chronic rheumatism may be wrought. Some of the antiseptic properties may be concerned in the alterative effects of sulphur, as in the use of sulphide of calcium in checking the tendency to boils or the effect of the hyposulphites in fermentative dyspepsias. Mialhe has observed that any alkaline sulphuret brought to the surface of the skin gives off sulphydric vapour under the action of its acid secretions, but that the hyposulphites acted on in the same way set free sulphurous acid with some deposit of sulphur, and, in time, possible discolouration of the skin. The most active antiferments of sulphur are thus found in the tissues, just as salicylic acid is always formed when salicine is given; and seeing the controlling power of this agent in rheumatic fever, some action of the same kind may be due to sulphur. Or it may act so as to modify the chemical metabolism of waste matters in the body, and so favour elimination.

In all acute disease, beyond the impaired activity of excretory organs, there is disturbed chemical evolution of the products of denutrition which delay restoration of health. These two factors are also concerned in chronic and subacute diseases in varying degrees and combinations. Thus in gout, while renal changes often check the elimination of urea, there is always incomplete evolution of waste matters, and that imperfect combustion of the results of disassimilation that lead to uric

acid being formed in place of urea. Here the chemical change seems to precede the special organic defect, though itself determined by some altered nerve control; this is seen in lead poisoning, where an exactly similar sequence set up by impaired innervation is the first step. In such cases the combination of saline diuretics or aperients, to excite the activity of the excretory functions, with the use of sulphur, may be advantageous. Not so where the weakly or debilitated are concerned, some of whom may benefit from the influence of sulphur under its third category, and most of whom require to use the chalybeate waters so constantly found in the neighborhood of sulphur springs. Anæmia has always to be combated, both before sulphur medication commences, and during its course. Dr. Blanc, of Aix, has remarked on the ready oxidation of sulphur in the blood; this affinity for oxygen creates the demand for an increased supply. Hence the necessity and often the desire for outdoor exercise, thereby the activity of the red corpuscles of the blood is increased, and they also increase in number.

The germicide powers of sulphur are well known; sulphur externally and sulphurous acid in the aqueous solution are largely used. Now that the germ or bacillus on which strumous and consumptive disease depends has been put under our view by Koch a much wider field is opened for sulphur medication. The amelioration of many glandular affections in children may thus be explained. Arrest of the devastations of lupus has been noted under the use of sulphur baths and washes long before the nature of the disease was understood; the tubercular bacillus has here lately been detected, and the disease is regarded as a consumption of the skin. The presence of this bacillus in phthisis being demonstrated, it is not surprising to find the use of sulphur attempted as a means of arresting its progress. For this purpose many precautions are needed; in this disease it is of first importance to keep the digestion unimpaired, and the stomach must not be fatigued. All sulphur products are irrespirable; still one of its gases has been used so as to modify some lung symptoms.

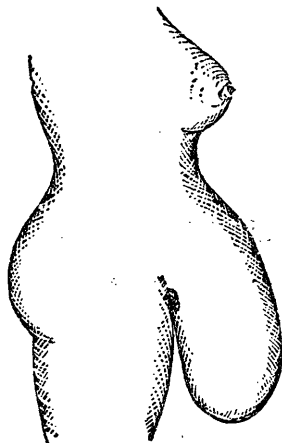
The time has come when the gradual modification of the phthisical diathesis should receive continuous trial under such favorable hygienic conditions as are known to be requisite in the long contest with so insidious a disease. The sheltered position of Dinsdale offers advantages for such trial; the facilities for frequent change of air to such healthy and exhilarating places as Redcar, Saltburn, Whitby, and Scarborough, with temporary sojourn in the keener climate of Harrogate, would enable young invalids, during the early summer, autumn and winter to make Dinsdale their head-quarters, and the scenery of the Tees, with great Yorkshire valley and the distant views of the Cleveland Hills, as seen from its northern cliffs, a constant pleasure either to look upon or to remember.—*London Lancet.*

MANITOBA MEDICO-CHIRURGICAL SOCIETY.

MEETING OCTOBER 2ND.

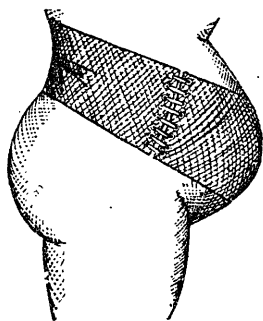
Dr. Orton in the chair. Dr. R. B. Fergusson gave a lecture on the treatment of frost bite. He said that he was much struck at the unsatisfactory results of the treatment usually pursued, and determined on a departure from it. The lecturer contended that instead of waiting for the line of demarcation, and then amputating well into the sound structures, which was the method in vogue, that the earliest removal of all dead substance should be made, taking care not to wound in the slightest degree the living tissues and to dress with antiseptic poultices until the cure was complete. Dr. Fergusson gave two illustrations in support of his practice. Two cases came under his care at the Winnipeg General Hospital which he treated in this manner, gouging out a considerable portion of dead bone, the patients were doing well, but his month for attendance having expired, he handed over the cases to his successor. Some time after he called at the hospital and asked for his frozen feet cases, when he was informed by the then house surgeon that they were both dead, that amputation had been deferred too long and that after its performance septicæmia had carried off both of them.

The lecturer declared that the amputations were the cause of death, and had his treatment been continued, both limbs and lives would have been saved. The second case was that of a halfbreed girl with feet badly frozen, she was enceinte at the time, and was under chloroform on the operating table to undergo double amputation when the membranes ruptured, further operative proceedings were abandoned and the case was handed over to Dr. Fergusson by the surgeon, under whose care she then was; by pursuing the above treatment this girl left the hospital in less than six weeks with two useful feet. A medico-legal question was involved in this case, and had the girl died, serious consequences might have resulted



The above sketch was shown by Dr. Pennefather with the following history: On Sept. 25th I was called in to see Mrs. S., aged 43, multipara, who was suffering from pneumonia and daily expecting her confinement. Struck by her peculiar appearance, I asked to make an examination, and figure No. 1 in no way exaggerates the appearance presented. The womb of unusual size was readily felt at the most depending part, contain-

ing a vigorous fetus. Since 1882 he had treated all cases of frost bite in a similar manner with uniform success, the average time for the patients to remain under treatment being from four to six weeks. An interesting discussion followed in which all the Fellows present took part. Dr. Orton related the case of an Indian girl, among the tribes under his charge, who had lost a considerable portion of both feet from frost bite, on enquiry he found that no other treatment had been pursued than that of wrapping up the injured extremities in moss, leaving the reparative process entirely to nature, he suggested that the application of a mixture of boracic acid and glycerine would prove of value in thawing out recently frozen tissues.



OUTLINE 2.

ing a vigorous fetus. It seemed a knotty problem how this child was to get into the position necessary for the woman's delivery. But as the lung symptoms were then the most urgent, I turned my attention to them. I regret to say, in the end, unsuccessfully. The same night I was sent for, Mrs. S. being in strong labor. The os was far from the reach of the index finger and though the recumbent position was almost intolerable to the patient the pains were so urgently expulsive that I got her on the bed and had the whole mass supported by two women at right angles to the pelvis exercising slight pressure underneath, when, to my great satisfaction,

after five or six pains, a male child was born, the after birth which was very small being ejected with it. The child was dead probably due to the detachment of the placenta during a paroxysm of coughing. The uterus was still of such a size that I inclined to the belief it contained another foetus but was assured that it had been that size for years. I bandaged her when the abdomen presented the appearance in outline 2. There was no secretion of milk, the lochia was suppressed on the day following and pneumonia had extended to the left lung. Dr. Orton saw the patient with me on that day and taking the surrounding circumstances into consideration we entertained but faint hopes of a favorable termination to the case, however, under heroic doses of brandy and stimulating expectorants she seemed to progress slightly, but on the afternoon of the 25th acute cardiac pain set in, cyanosis very marked, she died in a few hours after. Apart from the peculiar condition of parts, the case is singular from the ease with which natural labor was completed. There was literally no abdominal wall, the contents being confined by skin alone, which from the impulse of each cough threatened to give way. The idea that the muscles of the abdomen play any part in the process of parturition, I have always doubted, when finding the abdominal walls lax and applying a binder for the few cases that I have found benefited by the proceeding in a far greater number it seemed to me to retard labor. As a person endeavoring to burst open a door retires each time to gather fresh impetus, so I believe the uterine walls the sole expeller of its contents requires free space to expand to full extent so as to gather fresh force for the next expulsive effort. The abdominal walls in this case consisted of skin only. This woman was a strong active person celebrated for her rowing powers and for the work she performed on her husband's farm. She seemed to have a hazy idea as to when this protrusion commenced, but from what I could gather, originally a neglected small umbilical hernia had eventuated in this condition, each successive confinement, at which she was

always attended by women, and never at any time bandaged, contributed their quota to its aggravation, and finally attained the above enormous dimensions.

NEW INVENTIONS FOR USE IN DENTAL SURGERY.

The modern practice of dental surgery, requiring as it does so extensive a use of the dental engine, and that often in a cramped position, is much more laborious than formerly, when the forceps had almost unlimited sway, and any labour-saving appliances are welcomed. Mr. Coxeter has invented an electric dental engine. The whole apparatus weighs but a few ounces, and is held in the hand when in use, like the electric mallet, which it resembles in shape. The electric current is generated by a large primary battery, or the engine can be worked by means of accumulators or a dynamo. It is spoken highly of by some dentists who have used it, but seems to be rather deficient in power for heavy work. Another invention for a similar purpose is Hastie's water motor, which was introduced by Mr. Walter Campbell, of Dundee, and, as its name implies, is worked by hydraulic pressure. As it is now fitted it is almost perfect as a dental motor, but it requires a considerable force of water, and is hardly practicable unless supplied direct from the main.

GRINDELIA PROPERTIES.—*G. robusta* has the reputation of being almost a specific for certain forms of asthma, and externally in rhus poisoning. *G. squarrosa* has similar properties, but is less known and used.

ANEURYSM OF INNOMINATE ARTERY.—Dr. James Dunlop ligatured the right common carotid and subclavian arteries for innominate aneurysm, at the Glasgow Royal Infirmary, on August 1st, and the patient is so far doing well. This is the second case of innominate aneurysm operated on by Dr. Dunlop within a few months. The first case has been almost a perfect cure, and the patient has been seen this week by many members of the Association to be strong and well, and with barely a trace of his former ailment.—*British Medical Journal*.

 MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.

ON October 1st, Dr. Good, Dean of the School, delivered the introductory lecture of the session. The theatre of the college was well filled by members of the faculty in *esse* and *posse*, as well as numerous visitors among whom were several ladies who, by their presence graced the proceedings, and inaugurated an advance in this hitherto exclusively masculine gathering. There is no good reason why ladies should not attend the introductory lectures of medical as well as other schools. The ground over which the speaker may travel without trenching on points of interest to the profession only is extensive, and we congratulate the Dean on the very eloquent and able manner in which he handled his subject. His well known bashfulness was sorely tried at the floods of eulogy which flowed from the lips of the several gentlemen who were called upon to speak — another departure, by the way, from ancient custom which, from its novelty, perhaps, does not impress us much in its favor. Unlimited speechifying is apt to become monotonous; words of praise have a great similitude, and are often reiterated by successive speakers, holding the same friendly opinion to the party spoken of, and we cannot help thinking that if it is considered necessary a mover and seconder of a vote of thanks to the orator would be a fitting close to an eloquent address. It was with great pleasure the announcement made by the Registrar of the school that the same privileges were accorded to the students of Manitoba Medical College by the authorities in Great Britain as are conceded to those of McGill, Kingston and other colleges of the eastern provinces, was received. The class is fairly numerous, exceeding all previous years, and when taking into consideration the recent establishment of the college and the infancy of the country. The number of young gentlemen pursuing and commencing their studies at the Manitoba Medical College must be regarded with great satisfaction by all who are interested in its success, but more especially by those whose energies gave it birth, and under whose foster-

ing care it has attained to its present honorable position. A suggestion was made that a public grant would be well bestowed on this institution, with which we cordially agree. No cheese paring policy should be pursued towards a corporation who undertakes and are successfully carrying out the important work of educating the future medical practitioners for this great Northwest, which, notwithstanding early frost and Baron Munchausen stories of intense cold, will assuredly become in time a mighty and populous country. Allusion was also made to the matriculating examinations. On this point there are many diverse opinions. It is contended, and not without reason, that the man who aspires to be a leader in his profession necessarily takes the highest collegiate course, but that this should not be compulsory on him whose ambition is to settle in a country district and pursue the even tenor of his way, content to seek advice from others when at a loss. There is much to say in favor of this contention, but we believe it would be to the true interests of the profession that, though a higher standard of professional knowledge might be required from some, that all should graduate at a university after a full university course, which might be so arranged as to run concurrent with professional training. Nothing will tend more to place the profession of medicine in that position which its high and noble calling entitles it to occupy, than such a regulation. Under the new act the apothecaries companies issue licenses enabling their licentiates to practice a collegiate course need not be compulsory for those desiring such a diploma. But we hope and believe the time is not far distant when a physician and surgeon must have first received his arts degree before admission to either rank.

WE read that the Canada Medical Association intend to hold their meeting for the session of 1889 at Banff. It is to be regretted that the Association did not see their way to holding their first meeting in the Northwest in the capital of the district, as there can be no question in a professional point of view, that Winnipeg, for numerous reasons, possesses advantages

for such a gathering that Banff can have no pretensions to. The very important, though secondary consideration, of seeing places of interest, combining the pursuit of knowledge and pleasure, might have been readily arranged by fixing on Winnipeg as the meeting place of the association and making an excursion to the Pacific coast from there. Long before this journal was established, we are informed, the Canada Medical Association desired to hold their meeting in this city, but that through the miserable jealousy of one or two individuals, the wish was frustrated, and if we were told aright in anything but a creditable manner—Winnipeg was then in its early infancy and professional ethics somewhat loose in the observance—but a very different feeling now prevails. We have a young but vigorous Medico-Chirurgical Association and the decision of the Canada Medical Association to hold their annual meeting in the prairie capital would receive the warm approval and cordial co-operation of the profession, not only in Winnipeg, but throughout the Province and Northwest Territories, there would be no fear of any hitch occurring to prevent a meeting which the profession here consider an event to be much desired. The assembling of the association at Banff may prove of considerable benefit to the public at large. We have had numerous enquiries from many parts of the world as to the suitability of Banff for various affections, more particularly for phthisical cases, and have taken much pains to find out the general climatic conditions prevailing there. A flying visitor may be either fortunate in having exception fine weather, or correspondingly unfortunate in encountering sleet and snow storms daily, or mayhap a constant drizzling rain, but as our investigations are not yet completed, we therefore hesitate to give any decided opinion, but so far the evidence is adverse to Banff as a residence for invalids, more especially for all chest or throat affections. To the strong and robust—the alderman replete with turtle soup and venison—the artist in search of scenic effects, and last though not least, to those who desire a hot bath prepared in nature's caldron of no very specific mineral character, Banff offers

every inducement to visit. It will be very short-sighted for those interested in the development of the place to assume for it virtues it does not possess. If European medical men are induced to send patients there on false representation as to the curative influence of either its climate or its waters and find themselves disappointed in such results, such injury will accrue to Banff as will prove difficult to repair. The wild mountain scenery, the altitude of the situation, with other inherent attractions, are sufficient to invite the tourist, without claiming for the place adventitious of which it is not possessed. In a future issue, we hope to give an exhaustive description of Banff, considered in the light of a residential place for invalids.

MEDICAL CANVASSING.

[The following editorial of the leading English Medical journal voices the present feeling of the profession in this matter. A small subscription qualifies for the governorship of a hospital. But the humiliation of educated professional men, whose services are the life of the institution, being compelled to seek the support of governors when coming forward as a candidate for appointment on the Medical staff, is intolerable, and the fact of any candidate so doing, should be a bar to his success.—Ed. M. N. W. L.]

"We must again enter our protest against the system of canvassing electors and governors for medical appointments to hospitals and public institutions which is still in vogue in country towns, and also, we regret to say, in London. Some of our readers have tried it, and know what it means beyond a waste of time and money, which can often be ill afforded. Then, again, the governors of a hospital are unusually unable to judge as to the special fitness of a candidate for the vacant post, the meaning of medical terms and the distinction between those of a similar sound being unknown to them. Moreover, they do not understand the duties connected with the post which they propose to fill, or the value of the appointments which, having been previously held by

the candidates, qualify for such a post. We venture to state that there are few hospitals the governors of which take sufficient trouble to visit even the out-patient department and see the work done there, or follow a surgeon's visit and see what it means for good. They attend occasional board meetings, some of them even with regularity; they may look into a ward and speak to the sister, a nurse, or a favourite patient; their name is on the list of governors of the place; they subscribe to its funds; they feel that they have done what is expected of them. A vacancy occurs amongst the staff, and a friend writes: 'Support so-and-so, he is a nephew of mine,' a Royal personage writes, or one whose influence is great, and the vote goes accordingly; besides, it saves trouble.

We would not say that there are not some who do consider the patients as well as themselves; but, alas, they are few. The right to elect gives them an increased sense of importance, and they do not appreciate their own relative ignorance of the qualifications of the candidates. The medical men attached to the hospital are undoubtedly the best judges, and it should be left to them to recommend for the election, the committee still retaining the actual power to elect, canvassing being forbidden. This method is employed at most of the large London hospitals, and works admirably. The staff are as jealous of the honor of the hospital as the most enthusiastic of governors, and are much better judges in every way of the merits of their future colleague. It seems to us derogatory to the dignity of the profession that members thereof should be compelled to visit and extol, to gentlemen not in touch with the medical sciences, the numerous perfections possessed by the visitor—that is, if opportunity be given of doing so. We must leave it to the profession to see that the opportunities of similar events occurring are diminished, for its members will have to take the first step in bringing home the truth of the matter to the governing bodies of the institutions where this system of canvassing, so humiliating to men of high principle, is still extant.

AUTOPSY OF THE LATE EMPEROR OF GERMANY.

The report of the autopsy on the body of the late Emperor of Germany has been translated and published by the *British Medical Journal*. It is as follows:—

"Schloss Friedrichskron, June 16, 1888.

—In the neck there is a stitched-up linear wound 6½ centimetres long, with rather dry edges, on the right side of which is situated a flat, pale protuberance, 2 centimetres high 1·5 wide, and 0·5 thick. Inside the wound is a large quantity of cotton-wool with bismuth, after the removal of which a cavity is left measuring 5 centimetres in depth and almost as much in length, the opening of which, after removal of the stitch, gapes to the extent of about 2½ centimetres. Moreover, the edges of the wound are tolerably hard, rather raised, and moderately tense. An incision was next made in the middle of the sternum and from thence carried subcutaneously upward on the right by the side of the wound in the neck up to the incision made over the carotid artery on the occasion of the injection. An incision made through the nodule above mentioned revealed a faintly reddish and, in the deeper parts, rather whitish, moderately compact tissue, from which a whitish juice escaped on scraping. The nodule was situated in the skin and partly in the subcutaneous tissue, but the underlying muscles were entirely free.

"A similar incision was next made on the left side. Here also the muscles on the lateral parts were normal, but in the upper parts they were very tense. Immediately in front of the larynx there was a large tumor on the left side, in the deeper parts of which a medullary-looking infiltration was seen.

"On more extensive exposure of the thorax, considerable ossification of the first rib on the left side became visible. On opening the chest, the lungs, which were pale grey, filled the pleural sacs almost completely and covered the heart. On the left side could be seen several small prominences, beneath which could be felt hard nodules covered with layers of loose connective tissue. Only at one place, near the anterior border, there was a fairly well-

defined lobular polygonal area, with dull, rather uneven surface. The left lung, on being pulled out, appeared outwardly quite healthy at its posterior, lower, and upper aspects; it was everywhere full of air, down to the lowest fringes of the lower lobe, close above the diaphragm.

"Very slight hypostatic congestion; the collapsed patches in the base contained dilated bronchial tubes, partly surrounding which were layers of extravasated blood. On section, a large number of foci were found in the interior of the lobe, most of which showed much hæmorrhagic infiltration round about, and presented a granular surface on section, while in the centre was a large number of smaller yellowish-white nodules arranged in groups. In some places the foci were of the size of a pea, and contained material resembling pus; in others the whole mass was still solid. Scattered throughout the upper lobe were found similar very pale foci, in which a large number of small yellowish nodules were closely packed together.

"In the foci in the anterior border, which have already been mentioned, very thick discolored clots were found inside the much-dilated bronchial tubes, while the neighboring parts showed thickening of the connective tissue. On slitting up the bronchial tubes in the lower lobe, they were found dilated throughout, with thickened walls, the mucous membrane lying in longitudinal folds; inside were discolored debris.

"On the right side precisely similar conditions existed. The apex was perfectly free; but at the posterior and lower part of the lung almost the same conditions of collapse, together with numerous small foci, were found, and similar bronchiectases. In the pleural sacs there were no further contents. In taking out the larynx, the incision was carried immediately in front of the vertebral column and just behind the œsophagus. In the anterior mediastinum a fair amount of fatty tissue was found; the glands were slightly reddened, but otherwise unchanged. The larynx and œsophagus were exposed and ligatured. On the left side of the neck, close to the jugular vein, was a lymphatic gland about as large as a pigeon's egg, which in its interior showed

a medullary-looking, partly yellowish spot. On slitting up the œsophagus there was found, immediately behind the cricoid cartilage, a collection of brownish and whitish membranes; on pushing these aside, no trace of perforation was found. Epiglottis large, smooth; edge normal.

"The ary-epiglottic ligaments, especially the left, somewhat swollen, œdematous, but without ulceration. The space at the back between the arytenoid cartilages rather deep, but also free from ulceration. Just at the base of the epiglottis on the left side there was a medullary nodule as large as a cherry; near it was a smoother one, and still more externally some smaller (younger) ones. In addition to this there was a large surface, nine centimetres in length, covered throughout with gangrenous shreds. The lower edge was formed by the trachea. From that point to the thyroid cartilage no cartilaginous structure was found, nor other tissue of the trachea.

"Of the thyroid cartilage itself only the upper portions of the wings, together with the cornua, were found. The distance of the lower end of the tracheal wound from the lower end of the ulcer measured two centimetres and a quarter. This lower edge was moderately clean-cut, extending through the mucous membrane, and presenting below small gray granulations, which covered an area of about half a centimetre. Then followed normal mucus membrane over the still existing tracheal rings. In the tissue of the still existing part of the trachea there was no evidence of cicatrization, but purely normal conditions. Herewith the examination of the body ended, and the latter was sewn up in the most careful manner.

"The microscopic changes observed were summed up by Drs. Waldeyer and Virchow as follows:—Cancerous destruction of the larynx, with secondary disease of a rather large lymphatic gland at the lower part of the left side of the neck, and a cutaneous nodule on the right side near the wound. *Œsophagus unaffected.* Inflammatory destruction of the upper portion of the windpipe and the neighboring parts. Numerous bronchiectases, with putrid contents. Near these, broncho-pneumonic suppurating gangrenous patches."

(Signed)

COUNT STOLBERG-WERNIGELÖDE,
 MORELL MACKENZIE, LEUTHOLD,
 T. MARK HOVELL, VON BERGMANN,
 VON WEGNER, VIRCHOW,
 BARDELEBEN, WALDEYER,
 BRAMANN.

The following is the report of Professor Virchow and Professor Waldeyer on the microscopic examination of sections from the body of the late Emperor Frederick :

"1. The larger nodule at the base of the epiglottis shows, on the outside, still unchanged mucous membrane with cylinder epithelium, but in the interior an alveolar structure, with epidermoidal contents. The cells of the latter are large and highly developed; concentrically arranged cell-groups were not observed.

"2. The cutaneous nodule on the right side of the wound in the neck is covered with extremely attenuated, but otherwise unchanged, epidermis; the cancerous proliferation reaches close to the surface; its chief development is situated in the deeper parts, where also, here and there, 'nests,' with a concentric arrangement of cells, occur. Some normal constituents, such as sweat-glands, are to be seen between the cancerous matter.

"3. The lymphatic gland on the left side of the neck shows the highest degree of change. The normal structure has disappeared, and is replaced by a loose alveolar tissue, the spaces of which are closely filled with epidermoidal cells having large nuclei; many of these cells possess small, bristle-like fringes (*Burstensaume*.)

"4. The contents of the bronchial tubes correspond exactly in their composition with the description given by the undersigned Professor Virchow (in his report of May 19th of the present year) on the solid particles found in the expectoration. Moreover, in certain places, a more abundant collection of small, bright, fat globules, like the globules in milk, was observed.

"5. In the foci in the lungs were found thick clusters of pus cells, but no cancer cells. The natural alveolar structure was still perfectly distinct."

(Signed) RUDOLPH VIRCHOW,
 WILHELM WALDEYER.

TREATMENT OF TYPHOID FEVER.

In compliance with the request of the Sydney Board of Health, Dr. W. Pierce, medical superintendent of the Coast Hospital, has reported upon the treatment of cases of typhoid fever, of which the rate of mortality during the first five months of the present year has been unusually low. Dr. Pierce, in his memorandum, states that, in cases received within the first ten days of the disease, calomel (three to five grains) is administered; and after that acetanilide, in five grain doses, whenever the temperature exceeds a certain point (101° to 103°) up to six or eight times in the twenty-four hours. The effect of this is to cause a fall of temperature in about forty minutes, attaining its minimum in from two to four hours, with concomitant fall in the pulse and respiration rates, with decrease of arterial tension and profuse sweating. The tendency to delirium is diminished, and there is a "remarkable feeling of ease and repose, which appears partly to depend on the production of a certain amount of peripheral anæsthesia." When the effect of the drug passes off, the temperature often rises with great rapidity. He considers this treatment to have many advantages over cold bathing. He has given the drug continuously for several weeks, and has not found it contraindicated, even when there were cardiac complications. It renders the course of the fever milder, but it may not lessen the duration of the disease. In all cases where it is freely given there is liability to occasional cyanosis of extremities and face, with irregular pulse. Alcohol was given very sparingly, and generally only in cases of failing heart; Dr. Pierce thinks that the prolonged use of alcohol is very injurious. He also describes the measures employed to combat the various complications.

MISCELLANEOUS.

THE TREATMENT OF SLEEPLESSNESS.—
 Recipes for sleeplessness continue to present themselves. A fortnight ago we discussed the suggestion of a sufferer from this uncomfortable symptom who relied upon a species of artificial dreaming as a

means of relief. Another of the same unfortunate class has found the following to be an effectual remedy in his own case. After taking a deep inspiration he holds his breath till discomfort is felt, then repeats the process a second and a third time. As a rule, this is enough to procure sleep. A slight degree of asphyxia is thus relied on as a soporific agent, but the theoretical correctness of this method is somewhat open to question. Certainly there is proof to show that the daily expenditure of oxygen is most active during the waking period, and that nightly sleep appears to coincide with a period of deficient tissue of oxygenation. It is at least as probable, however, that other influences are associated with the production and timely recurrence of sleep besides that just referred to. This plan, moreover, however effectual and beneficial in the case of its author, is not without its disadvantages. The tendency of deficient oxygenation is to increase blood pressure and to slow the heart's action. With a normal organ, as an occasional occurrence this might not be of much consequence. If, however, the impeded heart should also be enfeebled by disease, the experiment might be repeated once too often. Another combatant in the struggle with insomnia lays down a series of rules, for the most part very sensible, to which he pins his faith. Considering that the chief causes of sleeplessness are mental worry and the want of a due amount of exercise and fresh air, he advises his fellow sufferers to observe the ordinary rules of hygiene relating to such matters, to take food and drink in moderation, and to avoid of an evening the use of tea, coffee and tobacco. In dealing with severe nervous irritation from mental or physical work, he has found a daily rest an almost essential prelude to sleep at night. Thus, he treats of sleeplessness rather as a tendency requiring constitutional remedies than a symptom of mere brain excitation. There is much to be said for his theory and means of treatment.—*London Lancet.*

THE DANGERS OF ANTIPYRIN.—The antipyrin craze is one of the most remarkable in a medical sense during the present century. The drug was found to act very promptly in a certain proportion of cases

in relieving pain and reducing temperature. As far as pain is concerned, however, its effects are very uncertain. After its introduction, it soon became exceedingly popular with the profession, and is now used by many indiscriminately in all cases where there is pain, high temperature, or a tendency towards convulsions, or any combination of these conditions. The infection has reached the general public, and the victims of headaches, and backaches, and, in fact, all kinds of aches, proud of their knowledge of therapeutics recently attained, frequently buy their own supplies, and take the drug freely in scruple doses. It has been found that its use is frequently accompanied with very grave danger, and the conclusion naturally follows that it should never be administered without careful consideration. It is especially dangerous, as has been well pointed out by the "Alienist and "Neurologist," when there is organic embarrassment of either heart, lungs, or kidneys. We fear that a large number of physicians give large and frequently repeated doses to reduce the temperature, or relieve pain, without taking any trouble to ascertain the causes giving rise to such symptoms. Our advice would be, when your patient is close to the border line between this world and the next, beware, lest your big doses of antipyrin turn the scale the wrong way.—*Canadian Practitioner.*

DANGERS OF ANTISEPTICS.—(Senger Dr.) M. J., May 19, 1888,) has proved by experiments on dogs and rabbits that the antiseptic agents generally employed are liable to cause degeneration of the kidneys. He injected into perfectly healthy animals corrosive sublimate, carbolic acid, etc., in one-twelfth the quantity necessary to kill them. Then on extirpation of one kidney he found in all cases, on microscopic examination, glomerulo-nephritis. He also found fatty degeneration of the liver, spleen, the heart-muscle, etc. The various antiseptic agents were found to be injurious in different degrees, corrosive sublimate being the most dangerous, then the others in the following order: iodoform carbolic acid, salicylic acid, boric acid. These observations especially enforce the importance of avoiding the use of antiseptic

tics in the abdominal cavity, or in other large cavities under conditions favorable to absorption. Sterilized water or a five per cent. chloride of sodium solution should be substituted for use in the peritoneum. Senger has shown that the salt solution in 1.0 way injures the organs, and that it possesses moderate antiseptic power, killing the streptococcus pyogenes aureus in twenty-eight minutes.

CHLORATE OF POTASH AS A POISON.—Chlorate of potash is a medicine well known and largely used by the public, and very generally recommended by the profession. A box of tablets fits nicely in a vest pocket, and a good quantity of these tablets can be taken in a day. Few appear to know, or at least realize the fact that chlorate of potash is a poison. Jacobi, of New York, has protested very strongly against the indiscriminate administration of this drug, and has reported eleven deaths from its use. Peabody, of New York, in the *Medical Record* of July 21st, has reported two deaths. Among the symptoms of poisoning are obstinate vomiting, severe intestinal pain, suppression of urine, feebleness of the heart and dyspnoea. It has proved fatal in single doses of four drachms to an ounce, but such cases are rare. The more common dangers are associated with its too general use in the form of tablets, by its effects especially on the blood, kidneys and heart. According to Jacobi a child one year old should not take more than one scruple in twenty-four hours, and an adult no more than one and a half to two drachms in the same time.

CASE OF BESTIALITY.—A singular case of this kind has been reported to the Societe de Medecine legale de France by a physician of Orleans (*Annal. d'hyg. publ.*), who desires to conceal his name. The physician was called to a male domestic servant, aged eighteen or nineteen years, who was suffering from a large wound in the anus, which had bled profusely. The wound was about two inches long and was of the nature of a large rupture of one side of the anus. After much hesitation the boy confessed that for some time before he had frequently permitted a large, strong spaniel to have connection

with him. The connection had been, until the last occasion, unattended by injury. On this occasion, however, the boy having been called in the middle of the act and afraid of being surprised by a visit from his master, endeavored to detach himself as speedily as possible from the dog. This was rendered difficult by the non-collapse of the large swelling toward the base of the dog's penis, which was grasped within the anus. The boy, however, in spite of the cries of the dog and his own suffering, contrived finally to separate himself forcibly from the dog, but not without producing the large rupture of the anus referred to.

NEW WAY OF PRESERVING THE DEAD.—The *Philadelphia Ledger*, July 26 says: "A Pittsburg physician, named Cooper, has just applied for a patent on a process to preserve human bodies by compression. By a curious combination of steel presses and hot rollers, he excludes all the moisture and reduces a full-grown body to a very small size, 12 by 15 inches, rendering it as hard and imperishable as marble. He has made several experiments with perfect success. The doctor and others who have investigated the process think it will supersede cremation, as bodies thus preserved are not only offensive, but can be made to assume various ornamental shapes and be kept in the parlor or elsewhere as constant reminders of the departed. The doctor has on his center-table the remains of a child pressed into the form of a cross. It resembles the purest marble, is highly ornamental, and perfectly odorless. The inventor proposes to place a large number of specimens on exhibition in a few days. A company will be formed to push the invention."

HOMŒOPATHY.—Prof. Bartholow, in his address on medicine, delivered to the last meeting of the American Medical Association, pays his respects to homœopathy in the following language:—"Left to its own course, homœopathy has practically died out on the continent. The success of such wretched puerilities, such inanities as the homœopathic practice consists of, does more to lower the position of the medical profession than any other cause. The false statistics published as facts, accepted

as true, and passing unchallenged, are at this moment doing an almost incredible amount of mischief." Crime is progressive. Step by step the victim is led on till conscience is seared, every moral sense is irresponsive, and the blackness of darkness possesses the soul. Homeopaths have for years practised in this country under false representations—the most successful riding all the isms and pathies that can carry them into public favor.—*Omaha Clinic.*

CONDURANGO.—Professor Oser, of Vienna, who has been making trials of condurango bark in carcinoma and other diseases of the stomach, finds that it has an excellent effect on the appetite and that it relieves over-sensitiveness. Some patients can take it for months without any unpleasant symptoms, while in others it soon sets up nausea, which cannot be prevented either by the simultaneous administration of correctives or by the employment of different preparations of the bark, such as vinum or the liquor. Condurango appears to Professor Oser to deserve a place in our materia medica as a symptomatic remedy, but as to its exerting any specific action on malignant disease, he still holds to his own dictum that the only hope of cure in cancer of the stomach by means of drugs lies in the possibility of a mistaken diagnosis.—*Jour. Am. Med. Assoc.*

EXPLOSIVE MIXTURE.—A serious accident happened in Topeka, Kansas, on the morning of August 14th, when Dr. Detlor, a veterinary surgeon, attempted to powder in an iron mortar a quantity of saltpetre and sulphur. On striking the mixture with an iron pestle a violent explosion took place, shattering the mortar and resulting, besides serious damage to property, in the wounding of the operator, whose left hand was completely blown off, the right hand pierced and mutilated, and a leg and other parts of the body lacerated. Several other persons were more or less seriously injured and a horse on the opposite side of the street was wounded.

DR. LOVELAND, (*Cincinnati Lancet Clinic*) says: In America "Doctor" is a promiscuous title. The preacher is a doc-

tor. The school principal is a doctor. The family physician is a doctor. The patent medicine man is a doctor. The dentist is a doctor. The veterinary surgeon is a doctor. The extractor of corns, bunions, and ingrowing toe nails, without pain or loss of blood, is a doctor, and so on. This is a free country. In foreign countries this is not allowed. In Germany an American dentist has just been fined for placing doctor on his cards. May the good work begun there cross the ocean and invade this country.

TREATMENT OF PNEUMONIA.—In the good old days when the accumulation of a winter's *debris* in the blood was drawn off by way of the medio-basilic vein, when pneumonia patients were placed in a sitting posture and bled till they fell over, the mortality rate in this disease was one in three. When phlebotomy was changed for emetics and purgatives, only about one in four succumbed. Later the "do-nothing plan" reduced the mortality to about 15 per cent.; and, following this, the supportive treatment has reduced the death rate in uncomplicated cases to less than five per cent.—*Science News.*

TINCTURE OF GUAIAIC, A SENSITIVE REAGENT FOR PUS.—The urine is filtered and a little of the reagent poured over the moist filter, a beautiful blue color is produced in presence of pus. Moderate warming favors whilst excessive heat entirely prevents the reaction. Reducing agents and caustic alkalies also prevent it. Saliva, nasal mucus, and milk also give the reaction although not so intense.—*Vitali (Bollet. Farm.) Rundsch., p. 531.*

CHLOROFORM.—Chloroform not only hinders the development of micro-organisms, but also brings about their destruction. Thus a stinking meat broth shaken up with a few drops of chloroform, at the end of an hour was quite sterile.—*American Journal of Pharmacy.*

HELSINGFORS MEDICAL SCHOOL.—The surgical clinic, which is still in its old and inconvenient premises, is under the care of Prof. Saltzmann. The dressing chiefly used is moss, a very useful and, in Finland, economical material. The results obtained are excellent.

PAGE

MISSING

PAGE

MISSING

PAGE

MISSING

PAGE

MISSING