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WINNIPEG, DECEMBER, 1887.

**CASE OF PLASTIC OPERATION  
 FOR DESTRUCTION OF  
 NOSE BY SYPHILIS.**

BY C. M. CAMPBELL, M. D.

W. W.—, an undersized boy, aged fifteen. Parents alive and healthy; five brothers and sisters alive and healthy; one brother died, aged fourteen months. When aged seven he suffered for two years from his eyes (keratitis?), and at nine from a general skin eruption consisting of red,

FIG. 1.

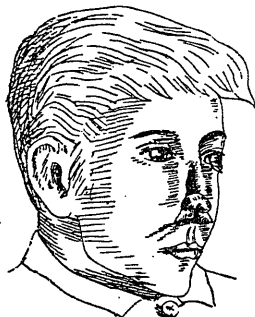


dry, scaly patches. This lasted an uncertain period, and was followed by hard glandular swellings in the neck, which remained several years.

When aged thirteen he began to snuffle, the nose became swollen and tender, and he lost flesh rapidly. At this time (exact date uncertain) the bridge of the nose was lacerated by a stone, and the wound remained an open sore. He was treated for this condition in a provincial hospital, where it was diagnosed as lupus; but in spite of every care the disease advanced. In January, 1887, perforation took place, the nasal bones exfoliated, and the patient became alarmingly weak. He was admitted into St. John's Hospital for Skin Diseases on Feb. 24th, presenting the following conditions: Great prostration, feeble pulse, anorexia, and insomnia. The nose, except the tip and alæ, had disappeared, and in its place was an irregularly shaped aperture, an inch and a quarter by three-quarters of an inch, with ulcerating edges, opening into the nares. Discharge profuse and foul; septum gone. (See Fig. 1.) The tip and alæ were of a dusky purple colour, as if about to slough. The free edge of the soft palate ulcerating, and deeply cleft by a ragged fissure to the right of the uvula, which hung by a thin shred of tissue. Tonsils and pharynx swollen, red, and showing several shallow ulcers. Teeth irregular and ridged, but did not exhibit Hutchinson's notches well marked. Treatment: Full diet, with claret; pulv. hydr. c. creta, gr. iii., om. noc.; mist. sodi iodi. (gr. xv, of the salt) ter dies sum., nasal cavity repeatedly syringed with sol. hydr. perchlor., 1 in 1,000, and insufflated with iodoform. The case at once began to improve, and after five weeks the edges of the nasal wound had healed; the tip and alæ became normal in colour, but much contracted, so that the single nostril (the septum being gone) scarcely admitted the tip of the little finger. The nasal wound now measured one inch by half an inch; the faucial and palatal ulcera-

tions had healed, and the general condition greatly improved. Mist. sodii iodii continued; hydr. c. creta stopped. The face being hideously disfigured (see Fig. 2) and phonation interfered

FIG. 2.



with, I resolved to make an attempt to close the aperture, but judged that it would be unwise, in the doubtful condition of the patient's tissues, to do more than this in the way of making a new nose.

On April 20th, under chloroform, the nostril was fully dilated, and the upper free border of the tip and alæ vivified. Incisions were made along the outer border of the alæ, and carried outwards and then upwards towards each eye. The edges of the nasal aperture were then vivified, and the flaps dissected upwards until sufficiently free to meet in the mesial line without tension. About an inch and a half of stout rubber tubing was passed up the nostril, keeping it dilated, and over the tubing flaps were adjusted and secured to the tip, alæ, and to each other in the mesial line, by harelip pins and silver sutures. The cheeks on each side were drawn towards the nose by strips of salicylic plaster, and the surface dusted with iodoform and covered with cotton

wool. The needles and sutures were removed on the fourth day. The flaps had then joined, except for about one-fifth of an inch in the mesial line near the tip. This, however, granulated and closed, without any aperture, in a few days. On April 28th the iodide of sodium was stopped, and syrup of hypophosphites (one drachm, three times a day) prescribed. On May 5th the wound had healed, and the patient appeared as in Fig. 3. Phonation had greatly improved. The patient was discharged, with directions to continue dilation of the nostril, which showed a tendency to contract.

FIG. 3.



*Remarks.*—There was no clear history of syphilis on the parental side, and the case was sent to St. John's Hospital as one of lupus. The absence of lupus on the face, and the limitation of the rapidly destructive processes to the nose and naso-pharynx, rendered such a diagnosis inadmissible. The good effect of the iodide of sodium in full doses (forty-five grains a day) was well illustrated in this case. Whether the syphilis was inherited, or acquired accidentally in childhood, I am unable to decide.—*London Lancet.*

## THE PREVENTION OF PUERPERAL FEVER IN PRIVATE PRACTICE.

*Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Dublin, August, 1887.*

BY JOHN W. BYERS, M. A., M. D.,

Physician for Diseases of Women to the Royal Hospital, Belfast, and Physician to the Belfast Hospital for Sick Children.

I think it will be admitted by every one that at the present time no subject of greater importance can be discussed than that of the prevention of puerperal fever. When one considers the frequency with which this disease occurs, as well as the great fatality with which it is accompanied, it surely becomes our duty to devise measures by which a malady which causes, according to the report of the Commission appointed by the Society of Obstetrics and Gynæcology of Berlin, 10 to 15 per cent. of the deaths occurring in women during the child-bearing age, and which occasions so much public as well as private loss, may be stamped out.

It has been estimated that in every 120 confinements, one is fatal within the puerperal month; and, further, it has been stated that 1 per cent. of all confinements end fatally as an immediate or remote cause of the labour. We cannot hope to abolish all deaths from pregnancy and labour, but we should endeavour, and our great aim should be, to prevent deaths arising from puerperal fever. In many lying-in hospitals this prevention of puerperal fever has practically been accomplished; but it is far otherwise in private practice, and it is in the hope of bringing before you measures by which this fell scourge, which costs the lives of so many women, may be banished out of the list of diseases that this paper is written. Before, however, we can formulate any rules to guide us in the prevention of this disease, it is necessary to have clear ideas as to

its nature, so that we may act with definite scientific plans.

### NATURE OF PUERPERAL FEVER.

A great many views have been held at different epochs in the history of medicine as to the nature and causation of puerperal or child-bed fever. Some of the earliest observers (Hippocrates, Galen, our own Sydenham, and Smellie) believed that it was due in some way to the suppression of the lochia. Then, again, others (Puzos) taught that it was caused by milk metastasis, a view which for a time prevailed in France in the seventeenth and eighteenth centuries. Then came the localist view, according to which the disease had its origin in some affection of the uterus, peritoneum, or veins, and hence arose the terms puerperal metritis, peritonitis, and phlebitis. However, an entirely opposite view soon became popular, and is defended in the present day with the greatest ability by such an able observer as Dr. Fordyce Barker, of New York. According to the doctrine of this school, puerperal fever is an essential specific fever, belonging to the class of zymotic diseases, and is as distinct as typhus or small-pox.

During the past decade the view is gradually gaining ground that puerperal fever is not in its nature a local or a general disease, but that it is really blood-poisoning or septicæmia, due to causes acting, in the great majority of cases, from without, and associated directly or indirectly with the presence of micro-organisms. This is the view which the great majority of obstetricians hold at the present time, and it is worth noting the circumstances that have led careful observers to adopt this doctrine.

1. In 1847, Semmelwiss, the father of the modern view as to the nature of puerperal fever, taught that, "puerperal patients were chiefly attacked with puerperal fever when they had

been examined by the physicians who were fresh from contact with the poisons engendered by cadaveric decay; that fever ensued in the practice of those who after *post-mortem* examination washed their hands in the usual manner, whereas no fever, or but few cases of disease, followed when the examiner had previously washed his hands in a solution of chloride of lime." (*Pepper's Medicine*, vol. 1, article by Lusk on Puerperal Fever).

2. In 1850, Sir James Simpson, with extraordinary genius and foresight, wrote a paper On the Analogy between Puerperal and Surgical Fever, in which he compared the condition of the uterus after delivery to that of an amputated stump. (Simpson's obstetrical works).

3. Then came Pasteur's wonderful discoveries, and their practical application by Lister to surgery with such extraordinary results.

4. The identity of morbid appearances in cases of puerperal fever and in septicæmia.

5. The discovery of the presence of micro-organisms in puerperal fever as in other forms of septicæmia (for literature, see *Edinburgh Medical Journal*, November, 1885, The Pathology of *Post-partum* Uterus, by Dr. A. H. F. Barbour).

6. The antagonism existing between certain antiseptics (notably corrosive sublimate) and bacilli and their spores (Koch's papers).

7. Finally, and most important, the brilliant results obtained in maternities by the routine use of antiseptics. If we look at the records of the maternity hospitals in Copenhagen, Vienna, St. Petersburg, Paris, the Simpson Memorial Hospital in Edinburgh, the General Lying-in Hospital and the British Lying-in Hospital in London, the Rotunda in Dublin, and the Boston Lying-in Hospital in America, the evidence in favour of the rigid use of antiseptics is overpowering.

I shall simply give two sets of statistics, the first of which I owe to the courtesy and kindness of Dr. Champneys. At the General Lying-in Hospital, Lambeth, London, during a period of five years, in which Dr. Champneys and Dr. John William had charge of the hospital, rigid antiseptic precautions were used, and the total mortality from all causes was 0.7 per cent. During the whole time no single case infected another, and the few septic cases were entirely sporadic. Since the adoption of sublimate the temperatures (taken every four hours, night and day) have been almost uniformly normal, and morbidity has been reduced to a minimum. This practical result is of intense interest when taken along with the scientific observation recorded by Koch, that corrosive sublimate is the most powerful germicide we at present possess. It destroys the bacilli and their spores more quickly and more effectually than any other antiseptic.

The second set of statistics I quote from Parvin. He says, in his *Science and Art of Obstetrics*, p. 594, that Winckel informed him that in the Maternity at Munich, of which he has charge, with several hundred labours annually, and in a place where clinical midwifery is constantly being taught, the mortality, under the use of antiseptics, is only from  $\frac{1}{2}$  to  $\frac{2}{3}$  per cent.

#### PREVENTION OF PUERPERAL FEVER.

Believing, then, that puerperal fever is a form of blood-poisoning or septicæmia, and looking at the results obtained in maternities by the routine use of antiseptics, the question naturally arises what is the source in private obstetric practice from which the poison which gives rise to the disease may be conveyed. Setting aside for a short time the question of auto-infection, we believe the channels, through which puerperal fever may be conveyed are three.

1. It may arise through defective sanitary arrangements in the house where the confinement occurs.

2. It may be conveyed by the nurse.

3. Finally, the accoucheur may himself be the means of carrying the disease. We shall say a few words about each of these sources of infection, and indicate the means by which in each case we may prevent the puerpera being affected

1. We think the teaching of Dr. Playfair (*Lancet*, February 5th, 1887) as well as the practical experience of many others engaged in obstetric practice, have made it evident that puerperal septicæmia, identical in its symptoms and course with that which arises from other causes, may owe its origin to sewer gas; hence it is of the greatest importance that a house in which a confinement is about to occur should be thoroughly put right, in a sanitary point of view, before that event. If we had proper legislation on sanitary matters, such precautions would be unnecessary, or if even people would take the trouble to get a properly qualified authority to examine the drainage and plumbing of a house they are about to live in, before they enter, many serious illnesses would be avoided. We know that many hold that the only channel through which the poison of puerperal septicæmia can enter the system of one recently confined is through wounds in the genital tract; but, if diphtheria, enteric (typhoid) fever, and certain forms of sore-throat can arise from the foul air of sewers, why cannot puerperal septicæmia take its origin from the same source? Further, it is of importance that the lying-in chamber should be properly ventilated.

2. *The Nurse*.—If all monthly nurses were thoroughly taught to believe in the contagiousness of puerperal fever, and if rigid antiseptic precautions were used in all those ly-

ing-in hospitals in which they receive their training, we feel sure they would soon come to see the immense importance of extreme cleanliness, and look upon the routine of the antiseptic methods not as a drudgery, but as an absolute necessity. A nurse who has an enthusiastic belief in strict antiseptic measures, is worth a dozen who simply carry out the precautions in a mechanical way. I have drawn up the following rules for the guidance of nurses:

#### RULES FOR MONTHLY NURSES.

1. No nurse who has recently attended a case of puerperal fever, or who has been brought in contact with any one suffering from scarlatina, erysipelas, sore-throat, or any infectious disease, should commence attendance on a new case without, in the first place, communicating with the doctor, so that precaution may be taken to prevent the spread of infection.

2. No nurse should touch, or make any application whatever to a patient without thoroughly washing her hands in soap and water (using the nail brush), and then rinsing them in the corrosive solution.

3. She will be provided with two solutions. *a.* Corrosive sublimate.  $\mathcal{R}$  Hydrarg. perchlorid. gr. 154; glycerini 4oz.; Sig. corrosive solution; of this, one teaspoonful added to a pint of water forms the solution 1 in 1,000 for rinsing the hands. *b.* Carbolic solution. Two tablespoonfuls added to a pint makes a 1 in 20 solution. On the washstand she will place a large basin with water, soap and a nail brush, and a smaller one with the corrosive solution for rinsing the hands. On the same table there should also be placed a small bottle with sublimated vaseline (gr.ii, and loz.), or a pomade with one part of oil of eucalyptus to seven of vaseline. N. B. All these will be ordered by the medical attendant.



4. Before making an examination (and this should be done as little as possible), the nurse having first washed her hands, and then pass them through the corrosive solution, shall smear the finger with the antiseptic vaseline.

5. All catheters (if necessary), vaginal tubes (glass) syringes, sponges, etc., shall, when not in use, be kept in a 1 in 40 carbolic solution (one tablespoonful added to a pint of water), and the instruments before being used shall be taken out of this solution, and greased with the antiseptic vaseline, and after being used shall be thoroughly washed, and then replaced in the 1 in 40 carbolic lotion.

6. All diapers or other articles when used shall be removed out of the room as soon as possible. All utensils employed, after having been washed, shall be rinsed in the carbolic antiseptic solution.

3. *The Accoucheur.*—In his management of a case, the medical attendant should adhere to all those precautions laid down for the guidance of the nurse. He should make as few examinations as possible, and he should be most careful in his management of the third stage, that is, to follow down the uterus during the birth of the child's body, and to express the placenta, and then to keep up firm pressure for some time before putting on the binder. Further, it is a most useful precaution, as against the introduction of air, to make the patient lie on her back as soon as the child is born; a firm application of the binder acts in the same way. If there is any laceration of the perineum it should be stitched. The plan I like best is to place some lint soaked in the antiseptic solution in the vagina, then carefully to use a hot sublimate douche to the parts, and stitch the torn edges by means of a curved perineum needle and silkworm gut. In this operation the best position for the patient is the

dorsal one. Hartmann's sublimate wood-wool diapers, are I think, better than ordinary napkins wrung out of antiseptic solution. When the perineum is being dilated, its stretching may be facilitated by employing a sponge wrung out of hot (1 in 40) carbolic lotion, and by lubricating it with antiseptic vaseline. We think, with these precautions, it is not necessary to give an antiseptic vaginal douche before the child is born, unless the labour is very tedious, and there is considerable pressure on the soft parts. In such circumstances, a 1 in 40 carbolic douche should be used. It is worth noting, in reference to this matter, that puerperal septicæmia is not common when the labour is an easy one, and, according to Winckel it is very uncommon in rapid confinements. All these measures have as their object to prevent the entrance of any poison into the system either before or during the labour. What should be our plans after confinement?

a. *Question of Douches.*—I must say I think the use, twice a day, of a hot vaginal (1 in 40) carbolic douche is most grateful to the patient, and tends to keep the parts pure and clean, but it should only be given by a nurse who will adhere to all the rules we have mentioned. I think the sublimate douche should be reserved for cases in which the hand has been introduced into the uterus (operative midwifery), or in which, from something decomposing in the womb, there is a fetid discharge. In such cases, a hot sublimate douche (1 in 2,000) used by means of a glass uterine tube, is most beneficial. We think, as undoubtedly there is, risk attending the use of the sublimate solution, it should only be used by the medical attendant; the routine vaginal douches employed by the nurse can be rendered antiseptic with carbolic acid. Further, in using the sublimate solution, care should be taken by pressure with one

hand above the uterus, and by holding the perineum back with the other to avoid leaving any of the fluid behind.

b. *Position of the patient.*—After labour, for a few days she is best kept on her back, and in passing water she should use the knee-elbow position, which will facilitate the drainage of the vagina. To aid in the contraction of the uterus some recommend giving after labour a mixture of ergot, digitalis, and quinine. I have used this combination with advantage.

The above precautions are based upon the view that all cases of puerperal septicæmia are in their origin heterogenetic, that is, the infection comes from without; but of course many hold that in certain cases the disease may originate within the patient's body, or be autogenetic. This type of case is well described by Dr. Macan in his Report of the Rotunda Hospital for 1883. "In cases of auto-infection, the woman is most frequently a multipara, the labour long, and perhaps complicated with a dead and putrid fetus, or with fibrous tumour or cancer of the uterus, or there has been *post-partum* hæmorrhage from a badly contracted uterus, followed by the formation of clots, or the retention of portions of the membranes or placenta. The uterus being badly contracted, and the abdominal walls very relaxed, air enters the vagina, and decomposition of the contents of the uterus is the result." In such cases, if the fluid does not get away, it undergoes further decomposition, becomes absorbed, and poisons the patient; but on the other hand, thorough drainage and washing out the uterus with a hot 1 in 2,000 sublimate solution, if done early enough, will generally cause the bad symptoms to disappear. But even in such cases, may the cause not come from without, the intra-uterine clots, dead fetus, placenta, etc., forming a medium in which the micro-organisms from without find a soil in which they

can rapidly grow and multiply? In support of the view that puerperal fever is a heterogenetic disease, I cannot do better than quote the following passage from one of the most brilliant writers of the American Obstetric School, Dr. Parvin: "The doctrine of auto-genesis," he writes, "is a confession of ignorance, the creed of fatalism, the cry of despair. It is more rational when we meet with cases of puerperal septicæmia whose origin we do not know, but which have the same history as others—the source of which we can trace to an external cause, and which have the same revolution and the same infecting power—to conclude that they too come from like sources, though the connecting thread is so fine that it eludes our vision, than to erect an altar to the unknown god of auto-genesis, and imagine we have explained the mystery. Self-infection means that the house sets itself on fire, and that the powder magazine is exploded without any mischievous spark. What security can the practitioner give his patient when the foe which brings swift death is created within her, and when she kills herself? This doctrine of the auto-genesis of puerperal septicæmia is to my mind the very pessimism of obstetric medicine. Why should the city guard its gates when the enemy can already be in the citadel and begin the battle there?"

In those cases, so well portrayed by Dr. Macan, in which some hold the disease arises within the patient's body and in which, a few days after delivery, the temperature rises, with or without a fetid discharge, I have had admirable results from washing out the uterus with a hot sublimate douche followed by the insertion of one of Ehrendorfer's iodoform bougies; in other words, providing drainage for pent-up secretions, and rendering the parts aseptic.

In connection with obstetric prac-

tice, the question is being frequently debated in the medical journals, "How soon after being exposed to an infectious disease may a practitioner take charge of a confinement?" Dr. French,<sup>3</sup> Minneapolis, sent a memorandum asking, "How soon after exposure to sepsis may the accoucheur safely resume practice?" to a number of the leading members of the profession in America and Europe. Some replied (Thornton, Savage, Hegar) that time was a necessary factor, accompanied, of course, by thorough cleansing; while others (Emmet, Thomas, Marey, Battey, Goodell, in America, and Martin, Schroeder, Volkmann, Nussbaum, and Esmarch, on the Continent) replied that time was non-essential, and that thorough disinfection can be at once accomplished. Esmarch, in his letter to Dr. French, writes as follows: "If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt." Before the use of antiseptics in midwifery, if a practitioner came across a case of erysipelas, scarlet fever, abscess, etc., he was advised to give up his obstetric practice for a time, a very comforting piece of advice to a struggling medical man, and all the more galling when he observed, if it were a consulting physician who tendered this opinion to him, that the latter did not hesitate to see cases of scarlatina, measles, pneumonia, in the same day; while if he were a surgeon who recommended the same course, he did not give up his practice for a time, or hand over his operations to another, if he chanced to have a case of erysipelas or pyæmia. Further, in many country districts, it is impossible for the general practitioner to take such a course. My own opinion is that a thoroughly conscientious man may, after having attended an infectious case, if he change all his clothes, if he take a warm bath, if he use most rig-

idly the antiseptic methods, soon resume obstetric work. Those who employ the antiseptic precautions will feel they have used every means to prevent the carrying of the contagion to their patients.

It has been said that the best way to prevent *post-partum* hæmorrhage is to act in every case as if its occurrence was imminent; as a result, those who now manage the third stage of labour in accordance with modern obstetric teaching have few cases of this complication. May I suggest, in conclusion, if in our midwifery practice we regard puerperal septicæmia as likely to develop, in every case we ought to take all precautions: first, to prevent the poison (be it micro-organism or not) reaching the patient; and, secondly, to destroy the poison if it comes in contact with the patient before it enters her blood and tissues. This is the aim of antiseptic midwifery.

[NOTE.—Notwithstanding the advantages claimed by Dr. Byers for corrosive sublimate injections into the vagina and uterus, we do not hesitate to say that after the cases recorded of fatal results from its employment, the medical man who uses bichloride for this purpose assumes a grave responsibility. We believe its internal application to the vagina or uterus in obstetric practice is unjustifiable. It is possible, nay probable, that the fatal cases recorded were consequent on the use of a stronger solution than that of 1 in 2,000. It is not every chemist's assistant who bears in mind that a life is balancing in the scale he is measuring with, and more especially for injection purposes, he may be fatally careless as to quantities.—ED.]

2. On Mercurialism in Lying-in Women undergoing Sublimate Irrigation. W. R. Dakin, M. D., *Obstetrical Transactions for 1880.*

3. *Journal of American Medical Association*, July, 1885.

## REMOVAL OF NEEDLE FROM THE HEART.

*Stetzner.*—A student, after a spree, sought to commit suicide by driving a needle into his heart. Twelve hours after the introduction of the needle the first serious symptoms made their appearance. He then had pain in the cardiac region, difficulty in breathing, and a loud pericardial murmur at the apex. After thirty-six hours the symptoms became so very serious that an operation for the removal of the foreign body was determined upon. No trace of the needle being found either under the skin or in the intercostal space, a piece of the fifth rib was resected, thus opening up the left pleural cavity; then the pericardium was opened up, and about a teaspoonful of cloudy pericardial fluid ran out and now the needle could be felt lying diagonally in the right ventricle. They succeeded in driving its head out through the anterior wall of the heart, and then fixing it in this position with the fingernail. The irregular and violent beating of the heart made it very difficult to catch the foreign body with the forceps, and in attempting it, it again slipped into the ventricle, but this time assuming a vertical instead of a diagonal position, rendering it impossible to make any other effort at its removal; and besides this, an iodoform tampon, used to block up the hole into the pleural cavity, was drawn into the cavity by a very deep inspiratory effort. The tampon could not be found again. The wound was thoroughly tamponed, and the patient recovered in four weeks, although in the meantime he had suffered from severe pneumo-thorax, with a copious exudation. At present the patient enjoys good health, and feels no effects from his escapade. There is neither heart murmur nor abnormal pulse, nor any trace whatever of the pleural exuda-

tion. Where the needle now is, is, of course, mere matter of speculation; it may be in the heart or it may have gone on into the mediastinum.

Dr. Iver Hardt has collected together, out of medical literature, twenty-two cases of needle in the heart, of which nineteen were found accidentally on making autopsies. In three cases the needles had been driven into the heart accidentally, and penetrated such a short distance that they were easily extracted.

No case similar to the present, in which the heart has been laid bare by splitting the pericardium, is mentioned in medical literature.

*Discussion.*—Hahn, of Berlin, showed the half of a knitting needle which V. Bergmann had removed from the heart of a girl eleven years of age. It had been driven into her breast by a blow from a slipper. The patient suffered immediately from asphyxia, and was removed to the hospital. Under the left third rib, between the parasternal and mamillary lines, a black point could be seen, which was felt to be the end of the needle. There was a blowing, systolic murmur at the apex. As the needle was slowly withdrawn it was seen to have a distinctly pendulum movement. Immediately after the extraction, the previously very rapid pulse sank to ninety per minute. The needle was withdrawn very slowly, in order to give time for a clot to form in the punctured wound, and thus avoid hemorrhage into the pericardial sack, which in some cases of punctured wound of the heart, has been the cause of death. Von Bergmann said that he thought there should be no doubt in this case of the puncture of the heart muscle by the needle, because the murmur changed in character while the needle was being withdrawn, and when completely removed the murmur ceased entirely.

—*Centralblatt f. Chirurgie.* Trans-

lated by D. W. Montgomery, M. D., for *Pacific Medical and Surgical Journal*.

### PSEUDOLEUKÆMIA.

Professor Ebstein recently read before the Gottinger Medicinische Gesellschaft a paper on a Case of Chronic Recurrent Fever: a New Infectious Disease. The illness began in the patient, a youth aged 19, without any distinct cause, and the time of onset was not clearly marked. The only symptom of the disease was the fever. "The patient has feverish attacks, which cease after a certain time, and recur after a definite interval, so that pyrexia and apyrexia alternate with a regularity which is not seen in any other disease. He had nine such attacks between November 14th, 1886, and July 11th, 1887; that is in a period of 211 days. For the last thirteen days he has been suffering from the tenth attack, which is not yet finished. It was preceded by an interval of apyrexia which lasted thirteen days. The temperature has only been recorded since November, 1886, but it is very probable that, in the previous September and October, he had already had two attacks. Each attack lasted on an average from 13 to 14 days, the apyrexia from 10 to 11 days, so that from the height of one attack to the corresponding period in the next the interval was about 24 days. The temperature rose gradually in each attack above 40° C., sometimes to 41° C., and even higher, and then it gradually fell below normal. The lowest temperatures were 35.6° C. and 36° C.; then the temperature rose slowly. When the morning temperature reached the normal point the evening one was already slightly febrile. Except once, when a short attack of pleurisy com-

pllicated the disease, the course of the temperature was absolutely uniform." It has already been stated that the only symptom of this chronic recurrent fever was the febrile temperature. The intelligence had always remained clear. There was great weakness of the heart, owing to the long continuance of high temperature. The blood was normal, showing an increase in the number of white corpuscles and no bacteria. The lungs and the digestive organs seemed to be quite healthy. There was neither albuminuria nor glycosuria. The spleen was enlarged. Arsenious acid, quinine, and antifebrin were given, together with brandy as a cardiac stimulant, but treatment had no effect. P. Z. Pel, in Amsterdam, has seen one case of the same disease. He at first thought it was phthisis, then an irregular form of typhoid fever. The patient died in the fourth attack. The post-mortem examination showed that the spleen and the retroperitoneal, mesenteric, and bronchial glands were enlarged. He therefore believed the disease to be pseudoleukæmia. Professor Ebstein, however, thinks that we give the same name (pseudoleukæmia) to two different diseases, of which one has a febrile course, whilst in the other there is either no fever or an irregular one. Typically only the latter should be called pseudoleukæmia; the former he proposed to call "febris recurrens chronica," and places it in the category of infectious diseases. In the thirty-fifth number of the *Berliner Klinische Wochenschrift*, P. K. Pel replies again to Ebstein. He regrets that Ebstein took no notice of the two other cases he published in 1886. These two cases were entirely similar to Ebstein's. Pel does not think the disease entitled to a new name. He calls it an extremely infectious form of pseudoleukæmia.—*British Medical Journal*.

## THE SPREAD OF LEPROSY.

Archdeacon Wright calls attention to the rapid spread of leprosy, and the means for precautionary measures against so insidious a malady. He states that forty years ago the malady was unknown in California, New Brunswick, the Cape of Good Hope, and the Sandwich Islands; but now so dominant is the disease that they have all leper settlements and leper hospitals, and in the Sandwich Islands so severe is the visitation that there are eight hundred lepers segregated at Molokue. The Chinese are swarming all over the world, and living as they do, closely packed and careless of all sanitary protection, their huts are especially calculated to hasten the incubation of a disease the germ of which was brought by them from China. These Celestials mingle freely with Europeans; indeed, so also do the leprosy in every quarter of the globe. And what is the result? Leprosy is showing itself so frequently and so continuously in Europe that the most learned physicians are becoming alarmed. Leprosy, they maintain, is strictly man's disease, and wherever lepers travel there invariably leprosy is in due season conveyed to their fellow men. Only a few weeks ago (October 11) Dr. Ernest Besnier, addressing the French Academy of Medicine, of which he is a highly distinguished member, gives the following sad and startling facts: "There is not at this moment in Paris a medical man devoted to dermatology, who has not lepers among his patients, and who does not see every year a certain number of new cases—Europeans who have caught their disease in leprosy countries, or inhabitants of such countries trying by change of climate to obtain bodily relief. Every year soldiers, sailors, merchants, sisters of charity, and others bring back with them the malady

into France, and in Paris the St. Louis Hospital receives constantly lepers in all stages of the disease. Only recently M. Vidal received under his care a soldier who had contracted leprosy in Cayenne, while I myself admitted a sailor who had returned from Madagascar." The doctor then names several other cases, ending with a young Frenchman who had been employed in the Consulate at Rio Janiero; another born at Port-au-Prince of healthy parents; and an Italian merchant just returned a leper from Buenos Ayres. The same experience precisely is that of Dr. Besnier's colleagues of the St. Louis Hospital and of a large number of hydrologists, especially at Bagneres de Luchon, Uriage, La Bourbule, etc. In concluding, the Archdeacon states that cases of leprosy are not so rare as is generally supposed. At this moment there are lepers in the hospitals of London, Dublin, and Glasgow.

## DOMINION SURGICAL ASSOCIATION.

Dr. Archibald Malloch, of Hamilton, read a paper entitled

### REPORT OF NINETEEN CASES OF TRACHEOTOMY IN DIPHTHERITIC CROUP.

He strongly advocated early operation, preferring the high operation to the low; urged the frequent washing out of the tube with a solution of soda carb., using a feather as a means and following this by a wash of corrosive sublimate. The statistics of the nineteen cases bore out his arguments in favor of early operation.

In discussion of the paper, Dr. Atherton, of Toronto, believed that where the pharyngeal and nasal trouble was considerable, the membrane would be so far advanced into the larynx that there would be little hope from the operation. He advocated the operation only in the following cases: (1)

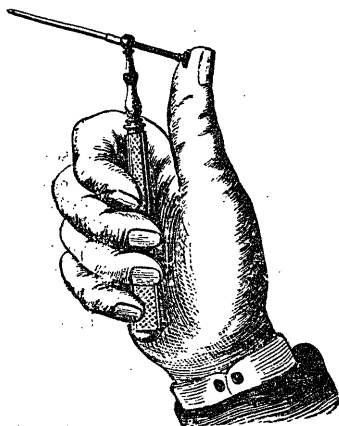
Where the laryngeal affection comes on gradually, with slight pharyngeal and nasal obstruction. (2) To secure euthanasia.

Dr. Trenholm, of Montreal, followed with a few remarks.

Dr. James Bell, of Montreal, thought it was a mistake to perform the operation early, and related some cases where tracheotomy was urged, but was refused by the parents, and the children recovered. He prefers the low operation. He does not use the tube, simply using a form of clasp to keep the edges of the wound apart. His reason for preferring this means to the tube is that it produces the largest possible breathing space

#### PENNEFATHER'S PERFORATOR.

This instrument was shown some time since at the medical society of London. Its inventor had occasion to perforate the membrana tympani of a



child suffering from aggravated head symptoms during an attack of scarlatina, pus forming in the tympanic cavity and bulging the membrane out-

wards. There was great difficulty from the extreme restlessness of the patient, in employing the instruments in general use. This lancet, being guarded by the silver sheath, can be passed into the meatus auditorius without possibility of injury and when brought down to the membrane a slight pressure of the thumb will perform instant paracentesis.

#### NEWSPAPER ADVERTISING.

Dr. Huntington, in the last issue of the *Age*, asks a question touching the propriety of physicians advertising, to which those who acknowledge obedience to the Code of Ethics can have but one answer. Unquestionably it is unethical for a physician to make use of the means adopted by the tradesmen to advertise his skill. The practice of medicine is not a trade, and the methods of the trade do not fit it. It is a profession, and those who are engaged therein are supposed to be gentlemen, and possessing that delicate sense of propriety, to say nothing of modesty and regard for the feelings of their local brother practitioners, which can always be relied upon to keep them from vaunting their own great skill. The physician who claims superior skill and seeks to parade it before the world is, moreover, in nine cases out of ten, dishonest. While there are, doubtless, geniuses in our profession—men who have a peculiar aptitude for their calling and a deeper penetration into the mysteries of nature than the generality—there are remarkably few who, after an experience of a decade or two, will dare to assert in the privacy of their own hearts, that they possess any points of great superiority over their brethren. As a rule, the physician who claims superior ability is either too ignorant to detect his own defects, or too dishonest to acknowledge them.

As to the wisdom of advertising, from a pecuniary point of view, I do not believe that it pays. The one who resorts to the direct or indirect puffing of his skill through either the advertising or local columns of the newspaper, may gain a little temporary notoriety, but it is only temporary at best. He may succeed in getting people to talk about him, but if the stuff isn't in him (and it is usually wanting in those of his kind) his notoriety will profit him but little. Notoriety is not fame, and it never did a man any permanent good. It is the man who does his duty conscientiously, as that duty presents itself, who eventually "gets there," and no extraneous influence can compensate for any dereliction in the line of duty. I have been young, but now am old, but I have never yet seen the honest, competent, attentive, conscientious physician, who was content to let his deeds speak for themselves, suffer from the lack of the necessary patronage to provide for him the necessities and even the luxuries of life.—*Medical Age.*

#### DEATH FROM CHLOROFORM.

BY ALFRED MANN, M.B., C.M.,  
Visiting Surgeon, Chester Infirmary

On Aug. 16th last, a patient, W. L.—, aged 30, was admitted to the infirmary suffering from necrosis of a metacarpal bone, the result of an injury received five months previously. It being considered necessary that the piece of dead bone should be removed, Mr. Lees, house surgeon, on Aug. 18th, asked me to give chloroform for him whilst he performed the operation. The patient had no symptoms of cardiac disease, and both Mr. Lees and myself examined the pulse immediately before the operation, and found it regular and healthy. I administered the anæsthetic on lint, the patient coming very rapidly under its influence (less than three minutes being occu-

ried in obtaining this result), and not more than two drachms of chloroform being used altogether. Mr. Lees commenced the operation, and in a few seconds it was noticed that the pulse became very feeble and flickering and the respiration shallow. Almost immediately after this both pulse and respiration stopped. Artificial respiration by Sylvester's method was at once set up, hypodermic injections of ether given, nitrite of amyl sprinkled on lint placed over the nostrils, mustard applied to the heart, and an enema of brandy-and-water administered. Attempts to restore the patient were kept up for more than an hour, when the case was abandoned as hopeless. At the first symptoms of syncope, Dr. Stolterforth, one of the honorary physicians, was sent for, and was present while the efforts at resuscitation were being carried out.

A post-mortem examination was made on the following day by Mr. Lees. The right auricle was found very much distended with blood; all the valves of the heart were healthy, but its muscular substance was brown, and the walls thin and fatty (at the apex of the left ventricle the muscle was not more than one-eighth of inch in thickness). Under the microscope many of the muscular fibres showed a central deposit of oily material. There were also some pleuritic adhesions.

At an adjourned inquest held on Aug. 26th, the coroner, after hearing the evidence, said, "the jury could have little doubt that the deceased came by his death accidentally, while under chloroform properly administered for the purposes of an operation. The state of the man's heart was not discoverable at the time of the operation, so that not the slightest blame attached to the doctors." The jury expressed concurrence with the coroner and returned a verdict to that effect.



### MEDICAL ETHICS.

A card of a most unprofessional character has been handed to us, and we are told that these cards have been posted broadcast, to the patients of various medical men. Such conduct is, to the last degree, unprofessional. As the gentleman who has so transgressed the ordinary rules of medical ethics, is President of the College of Phys. and Surgeons of Quebec, it is possible such practice may hold good there. But if so, it is the one spot on earth, where our profession would tolerate such procedure.—Ed.

### THE ALCOHOL CONGRESS AT ZURICH.

This has been a highly successful gathering, the attendance of physicians and statesmen being exceptionally numerous, while the general public took a warm interest in the proceedings. The official report, when published, will be found to contain valuable discussions on "Alcohol as Food," a subject on which the Congress came to a unanimous conclusion, denying absolutely its claims to alimentary value. On "alcohol" as a medicine very diverse opinions were announced, and the question was left open. Dr. Dock (a Swiss physician) gave interesting details on vegetarianism, which, he contended, supplied all legitimate requirements of the human subject; and Dr. Fovel, of Zurich, whose specialty is medico-psychology, enlarged on the connexion between alcohol and mental derangement, in the treatment of which he insisted on total abstinence as a primary condition of success. Valuable statistics were adduced by Dr. Lammers, of Bremen, and Dr. Rochat, of Geneva, on the good work achieved by temperance societies and by the blue ribbon movement; while Pastor Krapp, in the absence of his friend

M. Miquel, gave a most instructive history of the "Twelve Year's War" waged in Germany against alcoholism. The temperance society headed by Dr. Lammers, numbered 10,000 members, and the pressure such unions could bring to bear on Governments in raising the tax on spirituous beverages and thus restricting their sale must, he anticipated, prove ere long effective. Meanwhile, the laboring poor were being more and more largely provided with people's halls and coffee-rooms, where intellectual and profitable recreation could be enjoyed without the temptation to indulge in the poisonous drinks so universally obtruded on them hitherto. Dr. Rindfleisch furnished gratifying proof of the efficacy of the Evangelical Total Abstinence Society, and showed that every creed had borne a hand in the work—not least the Jesuits since the first establishment of their order.

APPOINTMENTS.—Dr. Jones has been appointed to the medical staff of the Winnipeg General Hospital—also lecturer on Surgery at the school. Dr. McArthur has been appointed to the chair of Forensic Medicine.

ITCHING OF THE VULVA.—A contributor to the *Union Medicale* credits M. P. Meniere with the following formula:—

Zinc oxide, 6 parts; potassium bromide, 10 parts; extract Indian hemp, 2 parts; glycerite of starch, 30 parts.

The application should be preceded by the use of lotions of very hot linden-flower water (distilled from the flowers of the *Tilia europæa*). When there is acne of the vulva, black soft soap should be applied for half an hour at a time, morning and evening, followed by bathing with a strong infusion of black tea as hot as can be borne.—*N. Y. Medical Journal*.

REPORT OF A CASE OF POISONING  
BY THE USE OF BICHLORIDE  
INJECTIONS INTO THE  
WOMB AFTER PAR-  
TURITION.

BY GEO. T. ORTON, M. D.

A most unfortunately fatal, though highly interesting and instructive instance of corrosive sublimate poisoning in a post partum case, came recently under my observation. The details of which I now give:

Mrs. L——, was delivered of a healthy child on 11th Nov., having been attended by a half-breed nurse, though within an hour after delivery, the lady was placed under the charge of a practitioner, in this city. She progressed favorably and was able to be up until about the 12th day after confinement when she suffered from severe head-ache and fever. The medical gentleman in attendance found her temperature 103, pulse considerably increased in frequency. Under the impression that there was some puerperal disease setting in of a septic character and that possibly some of the placenta had been left, in addition to internal remedies, he injected a solution of Bichloride of Mercury of the strength as he supposed of 1 in 2,000, into the uterus itself once, and twice afterwards, the same day, into the vagina. Similar powders to those used by him were left, with instructions to the nurse, to use one every two hours in part of a cupfull of carbolic acid water. Altogether seven powders at least were used. In the evening of the first day these injections were employed, the lady was attacked with a severe chill, lasting half an hour, also with head-ache and dysentery, passing blood and mucus from the bowels, sickness of the stomach supervened and total suppression of urine. After the first injection was used, the

temperature became normal or thereabouts. On the 6th day after the suppression of urine I was sent for, upon the advice of Dr. H——, who had been the family physician, but who, having been confined to the house for some weeks with a fractured leg, had been unable to attend the lady during her sickness.

The condition then was, temperature normal, pulse 48, weak and labored, countenance indicating prostration, with extreme pallor, pupils somewhat dilated, sensibility lessened. Upon vaginal examination, found the uterus very much enlarged and tilted forward on the pubis, the hardness and enlargement of walls of uterus greater to the right side, neither the ovaries or pelvic cellular tissue were affected, the walls of the abdomen were flaccid and the body of uterus could easily be felt and its enlargement gaged between the hand on the abdominal surface outside and the index finger in the vagina. The heat of the vagina was singularly normal considering the inflamed and enlarged condition of the uterus. A soft rubber catheter was passed by me into the bladder, no urine escaping, and when removed only a drop of urine was visible, moistening the end of the catheter. Previous to my arrival hot poultices had been freely applied over the region of the kidneys and bowels and every attempt made to stimulate the kidneys to action without avail. She vomited during my visit a singularly bright, light green mucus. I thought I detected a urinous odor in the breath and emanations from the body. I ordered her hot mustard and water, blanket bath and a gentle current of electricity to be applied, the positive pole at the nape of neck and the negative over the sacral plexus and region of kidneys as well as over the stomach and abdomen; internally, Ex. nux vomica, fl gut. iii, tinc. camph. co. gut. x. Strophanthus gat ii, pot. bromide gr. xv., every 4 hours; boracic acid and tinct. opi. in solution, injected into vagina after warm water, night and morning, champagne, two table spoonful every two hours. The following day, Nov. 30th, temperature normal, pulse 60, skin moist, a table spoonful of urine voided, pus exu-

ding from citerus, legs and feet still cold, headache better, soreness of lips and gums increasing, ulceration inside front teeth, distinct mercurial factor, bowels moved once more natural. Treatment continued with addition of stimulating liniment. In evening consulted with Dr. Pennefather, who agreed with me that all indications pointed with a certainty to poisonous effects of hydr. bichlorid. Chlorate of potash and boracic acid for a mouth wash and dry cupping over region of kidneys were ordered. Dec. 1st, about two tablespoonsful of urine voided, pulse 65, bowels moved, prostration continues. Vomiting purulent mucus with green bile, no pain in bowels, could only retain champagne and lactated milk. Beef tea nauseated, ordered syringeful of beef tea with teaspoonful of brandy and five drops tinct. opii, every four hours as enema; treatment continued. Had slept well, but weak after sleep. Dec. 2nd., beef tea and brandy injection appeared to have caused dysenteric symptoms tenesmus, but no blood, though some mucus. Electricity had been used twice a day, was used once to-day. Had voided some urine when bowels were moved, there were about two tablespoonsful in bed pan; pulse 70, feeble, but countenance more cheerful, soreness of mouth improved, though lower lip much swollen. Legs and feet again rubbed to promote circulation. Other treatment continued though internal medicine had not been given as frequently as ordered. Thought there was some improvement and held out hopes of recovery; at 11 a. m., ordered starch with teaspoonful of brandy and 10 drops tinct. opii. injected into rectum if looseness of bowels continued. 4:30 p. m., was telephoned for. When I arrived, found patient dead. She had slept well after I had left in the morning, but upon waking felt very weak; after giving champagne her husband used a little beef tea and brandy as an injection, but weakness rapidly increased, and she expired almost immediately after he left to telephone for me, from failure of heart's action.

As Playfair cautions against the use of bichloride even as a vaginal injection, I thought this would be an interesting case

for the profession, and in the present rage for anti-septic treatment, a seasonable warning.

#### BICHLORIDE OF MERCURY IN OBSTETRICAL PRACTICE.

There has been no more rabid antagonist to intra-uterine or even vaginal injections of solutions of mercuric bichloride than the Index. With the long array of deaths from the so-called mild solutions, it seems almost criminal practice to resort to the use of this highly poisonous and dangerous drug. Fleischmann, the first assistant in the obstetrical clinic at Prague, adds another to the long list of deaths following the use of corrosive sublimate injections during and after labor. Two injections were given, one before and one after the examination of a young primipara. Shortly after the second there was a discharge of bloody mucus from the vagina, followed by severe abdominal pain, a serious diarrhoea and vomiting of a quantity of bile; on the following day labor was completed without difficulty and as the symptoms of the day before were attributed to the absorption of a small quantity of the mercurial salt, carbolic acid injections were used during and after labor. The mischief, however, had already been done, for after exhibiting symptoms that pointed indubitably to mercurial poisoning, the woman died on the sixth day. The post-mortem examination showed spongy and swollen gums, ulcers on the tongue and pharynx, superficial ulcers in the ascending colon, and high grade of acute inflammation of the kidneys. Dr. Fleischman ends his communication in the *Centralblatt für Gynäkologie* with an impressive appeal to the profession to banish corrosive sublimate from obstetrical practice.

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**MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.**

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THE sixth number of the Manitoba, Northwest and British Columbia LANCET is now in the hands of subscribers and the editor takes the opportunity of wishing all his professional brethren the compliments of the approaching season. He thanks those who have supported him in the pioneer effort to establish a medical journal in this part of the Dominion, and regrets that up to the present time the pages of the journal have not admitted of increase, due to the dearth of local matter. Our conferees are very reticent, scattered as they are over the vast district through which the LANCET circulates cases of professional interest must be constantly occurring. The therapeutic action of new drugs are being largely tested, for the profession here are not slow to avail themselves of every known means for the prosecution of their calling. But they fail to give the benefit of their experiences in the only way in which it can prove of general value, namely: in the columns of a medical paper. As in the parable of the talents, they are burying their knowledge. The vast strides which medicine and surgery, especially the latter, have made during a comparatively brief period, is due to the emulation which the ventilation of theories and practice has given rise to. Our art is ever progressive and this progress has been obtained by the interchange of ideas, the detail of experiences. It is by comparison with others prosecuting the same calling that we arrive at a just estimate of our own powers, and it is only by publishing our opinions for the benefit of all, that we can hope to be recognized as workers in our high and noble occupation. It is the opinion of his professional brethren that gives to a man true professional position. Practice he may acquire by a variety

of circumstances; but to take even humble rank among the honored names that adorn the rolls of our profession is to be attained by merit only. By our works are we known. Cases of interest must come from time to time before all practising medical men even though their area of practice be limited and it is a duty they owe to themselves, the profession and the whole human family to record them. We trust that the ensuing year will find the practitioners of Manitoba, the Northwest and British Columbia largely availing themselves of our pages for the above purposes. We would strongly urge, now that the members of our profession are rapidly increasing, that local medical societies and associations should be formed in every district. Both for the advance of professional knowledge as well as for promoting that cohesion and good fellowship amongst our members so largely conducive to the welfare of our body. The medical fraternity is a powerful force when united; correspondingly weak when not pulling together. What the profession may accomplish by united effort was not long since exemplified by the action taken with regard to the English military and naval medical officers. The professors and teachers in the various schools advised their pupils not to prepare for or enter these services until certain grievances were remedied, with the result that the authorities were compelled to give way to secure efficient men for the departments. Another struggle has now been entered upon with regard to the Imperial military medical service, and unquestionably the obnoxious regulations, "generally the whim of the minister who for the time holds the seals of office," will share the same fate. This is a young country—vigorous in its infancy; it promises a mighty maturity, and the medical profession should band them-

selves together to secure a directing voice in political developments. Not a session passes without some acts directly or indirectly affecting medical men passing through the legislature, and in this country where the profession is well represented in the Dominion and local cabinets and in both city and rural districts, where practitioners can bring their influence largely to bear, it is our own fault if measures conducive to the general interests of our body are not secured to us. Not long since the veterinary work of this Province was considered of far more importance than the hygiene of human beings. Happily for us that regime has now passed away, and our enlightened and popular confere who presides at the head of the department of agriculture and health, may be relied upon to do his duty, not alone to the profession but to the public. Reform in the department of public health is urgently needed and no doubt when matters of more burning interest, but of less consequence, are got rid of legislation of a more satisfactory nature, with regard to it, will take place. We will be glad to receive reports from the various hospitals, and will feel much indebted to the resident medical officers if they will kindly forward to us any cases of interest which may come under their care. We at present cull the journals of the world for all matters likely to interest medical men far away from the centres of progress, and endeavor to keep our readers posted on all that is new in medicine and surgery.

#### MISCELLANEOUS.

A meeting of the medical profession will be held at the office of the LANCET, on Thursday evening, the 29th of December, at 8:30, to consider several matters of general interest to the profession. It is hoped that all

medical men practising in Winnipeg will arrange to attend.

**BORATE OF AMMONIUM.**—Lashkevich (cited in the Lancet) has found this salt of great value in phthisis. He gives five grains three times a day, in solution, alone or with codeine, hyoscyamus, or some other sedative. The effect is to reduce the expectoration and, in some cases in the early stage, to diminish the fever. Inhalation of a spray of the solution also reduces the expectoration and alleviates irritating and painful conditions of the mouth and throat.—*N. Y. Med. Jour.*, Aug. 27.

**ANTIPYRINE IN CHOREA MINOR.**—Dr. Wollner (*Munchner Med. Woch*) treated successfully with antipyrine a chlorotic girl sixteen years of age, who suffered from chorea minor after an attack of acute rheumatism without cardiac affection. Complete recovery took place in twelve days. The dose administered was 15 grains three times a day.

**METHOD PROPOSED FOR DESTROYING THE PHYLLOXERA.**—Dr. Clemm has patented the following process in most civilized countries: He incorporates with the soil sulphides and carbonates which easily undergo decomposition, preferably potassium. Peat, which has been made to absorb sulphuric, nitric or phosphoric acid, is then also introduced. The acid gradually acts upon the sulphide and the carbonate, liberating sulphuretted hydrogen and carbonic acid in the soil. These two gases, according to the experiments of Dr. Eyrich, of Mannheim, are rapidly and uniformly distributed, and prove fatal to the *phylloxera* in its underground stage, as well as to Colorado beetles, field mice, moles, etc. The potash remains in the soil as a sulphate, nitrate or phosphate. The only question is whether useful animals, such as earthworms, humble bees, carnivorous ground beetles, etc., will not be destroyed also?

**DISINFECTANT PROPERTIES OF COCAINE.**—When cocaine is administered to the extent of 25 centigrammes or more daily, we soon notice that the various secretions and excretions—sweat, urine, breath, products of supuration, and even in the fœces—gradually lose their fœtidness, and even become quite odorless. From this fact, the clinical application is apparent, for we need no longer dread the dangers from carbolic acid, sublimate, etc. It is in the typhoid fever, at the adynamic period, with intestinal ulceration and fœtid diarrhœa, that the new disinfectant is indicated. Benefit will accrue from the double property of the agent as an antiseptic and neurasthenic tonic.—Dr. Luton, in *Gazette Med. du Nord-Est*.

**COCAINE IN RACICAL CURE OF HYDROCELE.**—At the Society of Medicine of Paris, M. Dubuc reported successful operations for hydrocele, rendered painless by injecting a solution of cocaine after evacuating the contents of the tumor. Care was taken to cause the cocaine solution to come in contact with all parts of the sac. After eight minutes the solution was allowed to escape, and iodine solution injected. The following formulæ were used:—

Hydrochlorate of cocaine, 30 centigrammes; distilled water, 30 grammes; Boracic acid, pure, 90 centigrammes.

—m  
Tinct. iodine, 40 grammes; Iodide of potash, 1½ grammes; distilled water, 40 grammes.—m.

**HAGER'S CATARRH REMEDY.**—This now somewhat celebrated mixture has, according to Dr. Herman Hager, the originator, this composition:—

℞—Acidi carbolicici; alcoholis, aa part. x; aq̄uæ ammon, part. xij; aq̄uæ destillat, part. xx.

Take two-ounce wide-mouthed bottles, fill them to one-third this mixture; then introduce a bunch of absorbent

cotton of sufficient size to soak up all the liquid and cork. This is to be used in incipient cold in the head, chronic catarrh, corvza, etc.—*Register*.

DR. NITZE, of Berlin, has devised an instrument he calls a kystoscope, for viewing the cavity of the bladder, combining an ingeniously arranged electric light with an endoscope.

This was tried by Von Bergmann in a case of tumor of the bladder, and spoken of with much praise, as being easily introduced, and not distending the urethra or neck of the bladder, more than a large-sized catheter, and in his case not occasioning any hemorrhage. The bladder is made to contain a certain quantity of transparent fluid, thus opening the folds of its mucous membrane, and allowing all portions of its surface to be brought into view. The field at once visible is as large as a silver dollar; and by changing the position of the mirror in the kystoscope, the entire surface may be quickly inspected, and any abnormal condition disclosed. By the use of cocaine its use is rendered painless, and danger from heat is obviated by a circulating current of cold water.

It is expected by this instrument to supersede incisions and severe procedures for purely diagnostic purposes, and to enable one to view the actual state of the cavity of the bladder, and the size and shape of the tumors or stones within.

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