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Original Articles

A NEW APPLIANCE FOR SUPRAPUBIC DRAINAGE, WHICH KEEPS THE PATIENT DRY WHILE "UP AND ABOUT."

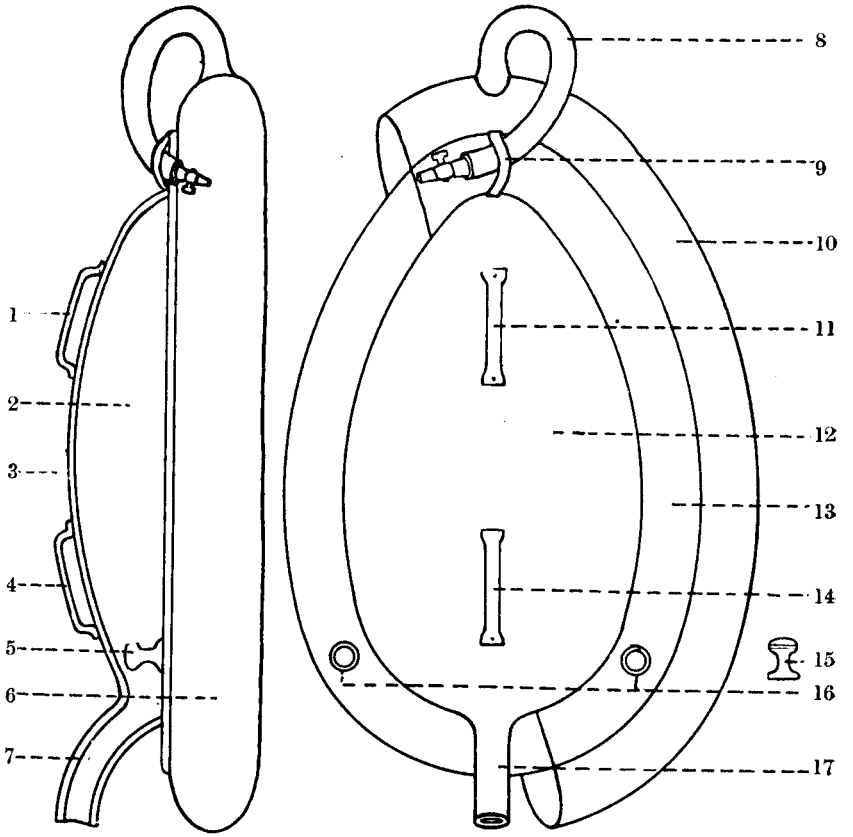
BY G. S. GORDON, M.D., VANCOUVER.

The difficulties in the way of drainage following suprapubic cystotomy has influenced in a considerable way the choice of route for prostatectomy and the use of a catheter *à demeure* in cystitis, cancer, etc. Perineal prostatectomy probably owes its lower death rate, to a large extent, to getting these patients out of bed early. An analogous condition is fracture of the neck of the femur in old age. The advanced in years do not do well if confined to bed for surgical conditions. On the other hand, the impossibility of keeping the urethral flora from getting a foothold and setting up urethritis and perhaps urethral fever when permanent catheterization is resorted to, is well known. Probably the best thing to do in most cases is suprapubic cystotomy, provided one could but keep the patient dry in any position and yet have efficient drainage. No such appliance, so far as the writer knows, has heretofore presented itself. The one now brought to your attention has been used with satisfaction in two of our cases, in which most other methods had failed.

The first tried was on the same principle as the *trompe d'eau*. The writer had seen it used by Zukerkandl, of Vienna, and was much impressed with its apparent efficiency. This exhaust method

*Exhibited at the B. C. Medical Association, August, 1910.

operates by means of a current of water passing from a vessel over the bed to one under it, through a tube to which is attached at right angles another tube from the bladder. The main current



Section View. Surface View.

New Appliance for Suprapubic Drainage.

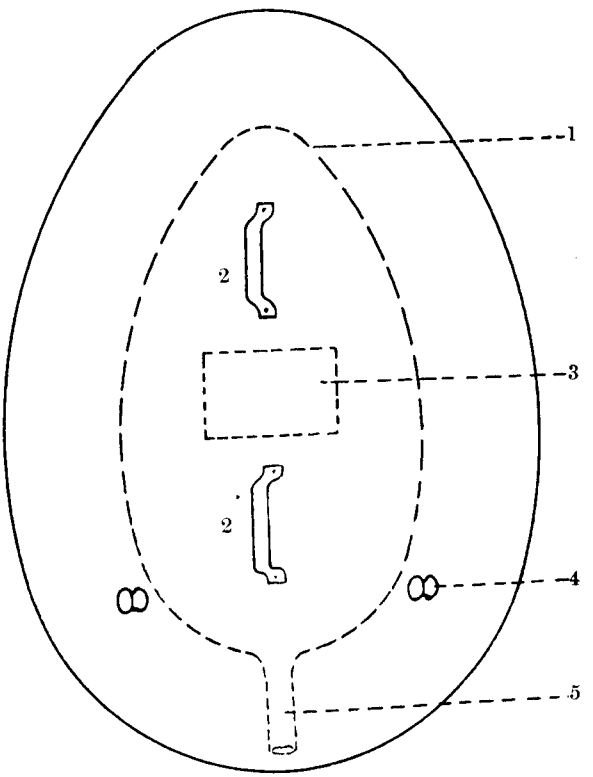
1—Upper bridge. 2—Inside of dome. 3—Surface of dome. 4—Lower bridge. 5—Stud for understraps. 6—Air cushion. 7—Draining tube. 8—Cushion, inflating tube and stop-cock. 9—Rubber strip holding stop-cock away from abdomen. 10—Cushion, pure gum rubber, air inflated. 11—Upper raised metallic bridge to allow retaining straps to pass under. 12—Metal dome of plate. 13—Rubber flange of cushion stretched over plate. 14—Lower metallic bridge. 15—Section. 16—Studs of metal to hold understraps. 17—Drainage outlet tube, draining of base of dome.

creates a vacuum in the drainage conduit, and thus draws off the vesical contents, which pass as a side current into the main tube and thence into the receptacle under the bed.

Objections.—It was a burden to keep the reservoir over the bed filled, and failure to do this resulted in overflow of the bladder.

It is difficult to thus regulate suction, and at times the bladder wall was drawn against the holes in the drainage tube, thus blocking them.

The prone position is indispensable.



1—Dotted line shows to what extent the rubber flange on the air cushion overlaps. 2—Cleats under which pass straps which encircle the hips. 3—Here may be soldered a clamp to compress the inflation tube of the air cushion after it has been inflated. 4—Posts for attachment of straps to pass between the legs to hold down lower margin of plate. 5—Tube.

The urine mixes with the reservoir contents, and one cannot keep record of quantity or quality.

Then simple syphonage was given a trial. A glass drainage tube in the bladder was attached to a rubber tube, full of water, which hung over the edge of the bed. One had to be careful not to spill out the water in the syphon tube when attaching it to the drainage in the bladder, and it worked well, keeping the dressings

dry when the prone position, or Fowler position, was assumed, and allowing of a limited freedom of movement by the patient in the bed. This we think the most suitable apparatus for one confined to bed—bar the one finally to be described.

Hamilton Irving's apparatus used in St. Peter's Hospital, London, consists of a celluloid cup, which is held with strapping over the abdominal wound and has drainage tubes attached to it. It does not apply itself well to the abdomen of thin people, and so far as the writer knows, is not used except for bed-ridden patients. One would expect it to leak between skin and cup with the movements of stooping or walking.

We also used another English appliance, which consists of a glass beaver hat shaped affair, which is held in place by a rubber sheet, perforated to go around the top of the hat and lie on the rim. This rubber sheet is cemented to the abdomen. We found the cement would hold for only a few hours—tried several kinds of cement; but found none which would hold rubber to skin for any practical period, and discarded the appliance as useless on this account.

A "urinae hypogastrique pour recuillèr les urines après cystotomié" ordinarily used in France (Albarran), which had been overlooked in devising the one about to be described has this in common, that the air cushion principle is the same. This we subsequently used, as it was at first looked on as practically the same as the author's design; but was found to allow of leakage between the skin and it, because the soft rubber cap allowed the air cushion to wrinkle on stooping.

The author's urinal was first made from the inflatable rubber ring of an Allis' inhaler, the flange of which suggested the possibility of inserting a metal plate to fit over the distensible part in such a way as to be held firmly from slipping on it. To this plate were attached metal loops for straps to pass around the hips, and at the lower margin, as wide apart as possible, posts, for clasps to straps which pass between the legs and up to the belt behind. These held the appliance in position. The plate was perforated between the posts and a hollow elbow soldered on, through which the urine could find its way to a rubber tube discharging into a rubber bag held on the leg. This plate can be made by a village tinsmith, of a shape to fit the inflatable rim of an Allis or Clover inhaler, the rim itself is part of the usual armamentarium of a surgeon, while the rubber reservoir, glass, and rubber tubing are in every drug store. We used a quart hot water bottle for the urinal part, placing a perforated rubber cork in the neck, through which ran a glass tube.

Advantages: 1st.—The *solid metal top* when its edges are pressed on from above or below, displaces the air, so that the degree of pressure on the abdomen under every part of the cushion is equal at all times, and there is no possibility of an aperture between skin and apparatus on movement or in the most emaciated. Moreover, there is no chance for the inflated ring to buckle on itself.

2nd.—Any country surgeon can improvise the apparatus from materials at his hand.

3rd.—Following suprapubic prostatectomy, the patient can be on his feet with as much or more comfort than if the perineal route had been followed. The dorsal position usually assumed of necessity in the former case may be the cause of its slightly higher mortality. An analogous condition is that of fracture of the head of the femur in old age.

4th.—One is warranted in suprapubic drainage in cancer of the bladder, when dysuria becomes marked, in preference to a catheter á demeure, which always sets up urethritis, perhaps fatal urethral fever, and which is oftentimes not tolerated well.

5th.—Suprapubic fistula, when they do not respond to attempts at closure, will be less annoying when leakage is thus confined.

In conclusion, it is well to have the part of the abdomen to be covered with this appliance anointed with vaseline to protect it and the wound from the urine—animal fats rot the rubber cushion, which, with vaseline, will last at least a month.

If the wound is to be kept open, a flanged tube is to be placed in it.

The appliance is being especially constructed, and is to be placed on the market by Stevens & Son, Ltd., 78 Long Lane, London, E.C., England. There are agencies in Toronto, Winnipeg and Vancouver.

Suite 303, Dominion Trust Building, Vancouver.

THE TOILET OF THE TYMPANUM AND ITS RELATION TO THE SUCCESS OF THE RADICAL MASTOID OPERATION.

By Gilbert Royce, M.D., Toronto.

Although the first consideration in operating on a case presenting a chronic purulent otitis media is the cure of the discharge, the preservation of what hearing the patient may have in the affected ear should not be lost sight of. The loss of hearing following the operation has been urged by many as a point against its employment, together with the fact that in some cases the discharge is not cured. This has led to various modifications, and Heath and others have advocated procedures reputed to obviate the tendency to loss of function on the part of the diseased member.

It is not the purpose of the paper to discuss the merits of the different operative measures, but to account to some extent for the failure of the radical operation in certain cases. From a personal experience with many of these operations, performed by different surgeons of varying ability, the writer has been led to the conclusion that a considerable number of these failures are due to improper treatment of the tympanic cavity. In other words, the toilet of this space has not been thorough enough; diseased bone has been left behind and the discharge keeps up; interfering with the stapes and windows, or the various structures of the internal ear, results in loss of function; neglect to smooth the surface and to eradicate all ridges and pockets renders certain parts inaccessible to the after treatment, thereby delaying dermatization and favoring the formation of excessive granulation tissue, which acts as a buffer to sound waves.

But the question is sometimes asked, "What can one do in the tympanum, surrounded as it is by so many vital structures?" The answer is, a great deal can be done provided the operator possesses an intimate knowledge of the relation of its parts and a safe technique. Such can only be acquired by witnessing many operations, or by considerable work on the cadaver, for the tympanum is not constant in its general contour. The chisel or gouge, although satisfactory enough in the mastoid operation, is not a safe instrument in tympanic work. Here the motor driven burr, or a properly made curette lend to a more finished result. The disadvantage of the burr is that the teeth become clogged with fine bone dust, which

forms a cement with the blood. This necessitates frequent cleansing, thus prolonging the operation. The curette devised by J. D. Richards, of New York, is a most efficient instrument and has proved satisfactory in the writer's hands.

As the tympanum is frequently crowded with granulations, a view of the condition of its walls can only be obtained by cautiously removing these, care being taken not to disrupt the stapes, or to curette over the facial canal for fear of injuring an exposed nerve. The subsequent examination should be done under a good light.

The stapes, if present, appears as a small white knob just below the horizontal semi-circular canal. Running from beneath this canal, across the inner wall, may sometimes be seen a small ridge of bone, which marks the course of the facial nerve across the tympanum; it is not wise to curette over this or about the oval window for obvious reasons.

The most frequent spots for the occurrence of necrosing bone are the mouth of the Eustachian tube, the posterior segment of the tympanum, the roof of the attic, and the promontory.

The presence or absence of fistulæ leading to the internal ear should be carefully determined, as their presence would account for a loss of function and affect the prognosis of the case. In curetting the mouth of the Eustachian tube only one direction is safe, and that in a direction towards the chin, for below and behind is the carotid artery, which is covered by a very thin plate of bone, while above is the facial nerve as it leaves the tympanic cavity. The tube should not only be curetted out, but its outer lip shaved down so that one can look directly into it; this procedure favors the obliteration of its lumen, thereby preventing the evacuation of mucous from its interior, and disposes of a ridge which so often retards the progress of dermatization. Just above the tube is the processus cochleariformis, which is often prominent. In removing this care must be exercised, as it is in intimate relation with the facial nerve. The remains of the tensor tympani muscle can sometimes be seen alongside the processus, and appears as a small flag of tissue; it is a potent producer of granulations in this region and should be curetted out, always with considerable caution. Having flattened the facial spur or ridge as far as one can with safety, that is, to the level of the top of the eminence of the horizontal semicircular canal, its anterior face should be thoroughly examined for necrotic bone, for it is here that it frequently occurs. Its removal should be carefully done, the facial nerve being only about 2-4m. posterior to it.

It is not wise to curette about the round window, although the tympanic wall in this region is often exceedingly irregular. After the removal of the outer wall of the attic, the roof should be explored, for the dura will sometimes be found exposed, in which case it is well to clip away the bone from the margin of the exposed area until a healthy membrane is seen. Attention can now be paid to obliterating the outer wall of the hypotympanum and levelling the inferior meatal wall. Whiting lays great stress on this point, for if it is not done a recess exists for the accumulation of discharge. Care is required here not to allow the instrument to impinge on the inner tympanic wall, as the carotid artery is in relation in front, and the jugular bulb behind, both being covered by a thin wall of bone. With regard to caries over the promontory, only the very lightest curetting is permissible, or in some cases perhaps none at all, the diseased parts being allowed to exfoliate. In some cases, owing to the peculiar shape of the tympanic space, the anterior wall shuts off a view of the region about the tube and parts above this, these being at the apex of a narrow acute angle, and hence inaccessible to after treatment. The convexity should be trimmed down, care being taken not to break through into the maxillary joint.

The whole cavity can now be cleansed with alcohol and packed with iodoform gauze, which is removed on the fourth day and firmly repacked with narrow short strips of plain gauze, filling highly every angle. This is a very important point and should be repeated daily. On no account should dressing of a stimulating character be used, otherwise granulation will spring up and rapidly fill the cavity. No syringing is necessary, as the cavity, being accessible in all its parts, can be cleansed thoroughly with cotton bearing applicators dipped in solutions of biniodide of mercury. Granulations can be curetted down or discouraged with solutions of alcohol and bichloride. An excellent non-stimulating powder is stearate of zinc, which serves to keep the cavity dry, a condition so essential to rapid dermatization.

In the writer's experience firm packing is the only reliable prophylactic measure against excessive granulation, although it may cause some discomfort to the patient.

The hearing of these cases after operation should not suffer any more than in an ordinary ossiculectomy, provided such precautions as are detailed above be carried out; in fact it will be often improved. For the retention of what hearing exists the after treatment is quite as important as the operative part, and it is our experience that the longer dermatization is delayed the more likely are we to have impaired function. The tympanic cavity is usually

the last to dermatize, being the most remote from the skin margins. However, we have seen cases in which the dermatization of this cavity proceeded rapidly from the skin of the anterior canal wall, so that it was really covered before the mastoid portions. This depends on careful and thorough work done about the tube and anterior tympanic wall. In these cases the hearing power was especially good for watch being 060, and whisper at 8 feet.

Dench, in a series of 111 cases, in which hearing records were kept, obtained good hearing in 99 (whisper at 5-15 feet); fair in 9 (whisper at 6-3 feet), and bad in 3 cases.

Arnold Knapp reports the hearing in 14 cases to be 7 improved, 4 stationary, and 3 worse.

Jordan out of 15 cases obtained 10 improved and 5 stationary. These were nearly all cases of caries in the tympanum.

From our own experience, although limited to a series of but twenty cases, diminution or loss of function has been the exception. Those in which the results were especially good considerable care had been paid to the tympanic cleansing, both in the operative part and in the after treatment. In many other cases, the post operative treatment of which was left for the writer to carry out, there occurred some with delayed healing, and in these roughened bone could be detected most commonly about the mouth of the Eustachian tube, or on the posterior tympanic wall. In others the hypotympanic recess was not obliterated, so that drainage was imperfect.

It might be mentioned here that young children are not good subjects for the radical operation, for the bone being of a diploic nature granulations are formed with great rapidity, and it is very difficult to prevent the tympanum from filling, with loss of function as a result.

Medicine

GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND,
GEO. W. ROSS, WM. D. YOUNG.

Experimental Epidemic Poliomyelitis and Its Relation to Human Beings. BY SIMON FLEXNER, M.D., NEW YORK. *Archive of Pediatrics.*

Flexner's last paper on this up-to-date subject tells us that this disease has been transmitted to monkeys from man by injecting diseased spinal cord into the brain, peritoneal cavity, skin, circulation, etc., but that into the central nervous system only is valuable in transference through twenty odd generations. This prolonged passage of injection evidences the virus is a living thing and not a toxine. This virus is filtrable and cannot be cultivated outside the body, while it practically kills all monkeys as compared with a power of causing 5% mortality in humans.

The incubation period is 3-30 days and infection probably occurs per nasal mucous membrane, while the seat of the disease is in the membranes.

The cerebro-spinal fluid is clear with excess of lymphocytes, but a short period before the paralysis it may exhibit changes. The virus when mixed with the serum of recovering cases will not be virulent, and here lies our hope of discovering a cure.

G. W. H.

The Nervous Unfit. S. S. CROCKETT, M.D., NASHVILLE, TENN. *Journal A. M. A.*

The steady advance in specialism in all departments of medicine inclines towards one fault: Among the host of nervous people to-day who live at the doctors' offices, each physician-specialist takes the patients' symptoms to be due to disease in his own sphere of work. *Result,* unsatisfactory. "As a critic may I add: Surely the time will come when besides suggestion, rest cure, electricity, vibration, etc., etc., we shall have the real application that will cure the nervous wreck."

G. W. H.

Amyotonia Congenita. The Report of a Case with Muscle Biopsy. A. L. Skoog, M.D. *Jour. A. M. A.*

Oppenheim's classical cases showed a disease of early infancy, confined to skeletal muscles which exhibited (a) hypotonia; (b) paresis of varying degrees, of the legs principally; (c) relaxation and soft muscles; (d) reflexes below normal, and (e) no R. D., but reduction of electrical excitability. Sphincters, sensation, etc., normal.

Skoog's case (49th case on record).—Female, aged 22 months. Has never walked, but otherwise developed normally, but at 14 months old her muscular condition attracted notice. Mental condition good.

All the articulations of the limbs have excessive joint movability, and the extremities lie flaccid. Spinal mobility is exaggerated. The muscles feel soft, but the atrophy is hidden by fatty layers. Deep reflexes are absent. No plantar response. E. R. gives feeble response.

G. W. H.

Psychiatry

W. C. HERRIMAN, ERNEST JONES.

Nervous and Mental Disturbances of the Male Climacteric. By A. CHURCH. *Jour. of the Amer. Med. Assoc.*

Church, after referring to the opinions and observations of various writers (the most thorough, however, those of Fleiss and Swoboda, are omitted), states his belief that there is a monthly rhythm in man as in woman, and, further, that men also pass through a certain climacteric. He has observed cases of epilepsy and migraine whose manifestations showed a monthly rhythm. At the climacteric various minor disturbances are common, particularly depression, anxiety (he erroneously includes obsessions under the anxiety neurosis), loss of weight, indigestion and increase in arterial attention. They have no serious import. The physical health should be built up. E. J.

The Dependence of Neurology on Internal Medicine. By COLLINS and BAILEY. *Jour. of the Amer. Med. Assoc.*

The main thesis of this paper is the neglect of neurology in America, and the importance of establishing neurological wards or hospitals where competent workers may carry out investigation and treatment. "Magnificent endowments almost yearly further the advances in surgery, medicine and psychiatry(?), but neurology is left to take care of itself. . . . In the recognition of brain abscess, meningitis, acute intoxications and injuries of the nervous system, the student either goes uninstructed or else gets his instruction from men neither particularly interested nor particularly versed in these subjects. . . . Ever since the publication of Erichsen's book on spinal injuries, it has become every year more obvious that nervous diseases require men of special equipment, judgment and inclination to interpret them correctly. Neurology is more special in study and practice than any of the recognized subdivisions of surgery, just as special and far more extended than ophthalmology or otology. So thoroughly has it been recognized as a field of activity *sui generis* that no argument on the subject seems

necessary. . . . We can claim no great achievement in the past ten years. American neurology is not only at a standstill, but its sphere is constantly being curtailed. . . . As the neurologist has neither beds nor laboratories, the psychoses and neuroses with gastric symptoms have entirely passed from his hands and have lost their names. Under the mask of gastroptosis, mucous enteritis, and achylia, the patients are subjected for years at a time to the pernicious suggestions connected with local treatment. . . . And then that great wilderness of pathology, the psychoneuroses—what opportunity is furnished us to study them intelligently and thoroughly in this country? A hurried interview in the out-patient department, where neither the environment nor the facilities favor the slightest revelation of the soul, then the patients disappear into the maelstrom of Eddyism, quackery, and the commercial sanatorium."

Many of the remarks apply to Canada as well as to the United States. E. J.

The State Care of the Inebriate. NEFF. *Jour. of the Amer. Med. Assoc.*

"Individual consideration of each case is the only rational and effective mode of treatment. Abstention from alcohol is not sufficient for cure; it is required that the patient co-operate in normal measures instituted for his betterment and the ultimate success of hospital treatment depends on this sustained treatment. A state hospital for the treatment of inebriety should be considered an educational centre; it should have adequate equipment for treatment of such cases, and should have facilities for segregation and individual treatment of the diverse types." E. J.

The Ethical Aspects of Expert Testimony in Relation to the Pleas of Insanity as a Defence to an Indictment for Crime. By CARLOS MACDONALD. *Med. Rec.*

This is a very lucid and sane discussion of an extremely difficult question. Those interested in the subject are referred to the original; the article has too much bearing on the law of the American constitution to render it suitable for abstraction here. E. J.

Ophthalmology

D. N. MACLENNAN, W. H. LOWRY.

"Papilloedema," "Optic Neuritis," "Choked Disc." By SIR VICTOR HORSLEY. *B. M. J.*

Sir Victor Horsley wrote this paper in vindication of his views, that in cerebral tumor the optic neuritis is ipsolateral with the tumor, appears first on the side of the tumor, or, as he expresses it, on the side of a "tension lesion." He quotes a number of cases showing that ipsolaterality is the rule and contralaterality is the rare exception.

He says the papillœdema usually begins at the upper nasal quadrant, and advises that this region of the disc should be watched in doubtful cases in which tumor is suspected.

He describes an experiment which he thinks proves the theory of the late Mr. Gunn, that the macular figure seen in edema of the retina is due to tension lines which centre at the fovea. He fixed the fundus of an eye, from a case of early optic neuritis, and exposed the preparation to drying, and as the drying process proceeded the retina began to crinkle in a star-shaped pattern, centering at the fovea. He also says that the white spots which compose the figure are situated in the nerve fibre layer.

W. H. L.

The Ocular Palsies Associated with the Induction of Spinal Anesthesia by Various Solutions. By WENDELL REBER, M.D. *Journal A. M. A.*

In this paper attention is called to a somewhat rare complication following spinal anesthesia induced by novocain, stovain, tropocain, cocain and alypin, namely, paralysis of one or more of the ocular muscles. The complication occurrs in about one in four hundred cases, though different observers have given different proportions, one even making it one in a hundred cases. The paralysis comes on in about two weeks after the induction of anesthesia, though it has occurred as soon as five days after, and as late as

six or eight weeks after; it lasts from a few days to a few weeks, though it has lasted as long as eight months, and it is feared there has been permanent paralysis in a case or two. The muscle involved is most often the internal rectus, but the superior oblique is also quite often involved.

The dose of the drug used seems to have some influence upon the frequency of the palsies, for it has been observed that palsy more frequently follows a dose of 10 cgms. than 5 cgms. The cause of the paralysis is not clear. It has been thought to be due to an impurity in the drug, and also to spoiling of the solutions in the process of sterilization. What the pathological process is is not known, but is probably something similar to the tissue process we see in paralysis following an attack of diptheria. This complication following the use of this very useful method of inducing anesthesia is a very important one indeed, inasmuch as a permanent diplopia, even a temporary diplopia lasting a few months is a very disagreeable symptom. Indeed one can conceive of a patient thus affected having some ground for taking legal action for damages, unless the physician knew of the possibility of such a complication. W. H. L.

Report of the Committee on Collective Investigation Concerning the Ocular Muscles. *Jour. A. M. A.*

The summary of this committee is of general interest to the oculist as well as to the general practitioner. As the result of their investigations they have

1. Corroborative evidence concerning the check ligaments, sufficient to warrant a definition of their extent.

2. Corroborative evidence of the existence and extent of the secondary insertions of the ocular muscles. All will agree as to the clinical importance of this finding.

3. A few exact dissections of the ciliary ganglion.

4. Corroborative evidence as to the power of accommodation with parallel visual axes.

5. New curves indicating the effects of cocain, showing the important fact that it has a cycloplegic action.

6. A curve for the action of homatropin, gr. 1-50.

7. Curves indicating that various strengths of eserin produce varying curves, showing its effect upon accommodation.

With regard to the action of cocain it was found that from 1½ to 2 dioptres of accommodative power were lost within 30 minutes after the instillation of 1-25 gr. The effect lasted from one hour until two and a quarter hours in different cases, but gradually decreased in amount after 30 minutes after instillation. In each case the dilation of the pupil corresponded with the loss of accommodative power. This important fact shows that cocain is strongly contra-indicated when there is any tendency to increased tension of the eye. W. H. L.

Rhinology, Laryngology and Otology

GEOFFREY BOYD, GILBERT ROYCE.

The Role of Otology and Rhinology in Preventive Medicine. J. J. KYLE, M.D., Indianapolis. *Journal A. M. A.*

After reviewing the influence of impaired function in the nose upon the general well-being, the writer takes up the influence of the diseased tonsil. There is a direct connection between the cervical lymphatics and the tonsils, and it is probably by this avenue that general infection spreads from the tonsils through the body supplemented sometimes by the blood stream. The size of the tonsils has nothing to do with cervical adenitis and general infection; a small cryptic tonsil of a degenerate type is usually more productive of adenitis and general infection than large pedunculated tonsils.

The author cites cases which came under his observation showing general apathy, loss of flesh, elevated temperature, and in whom the tubercle bacilli were found in the cheesy deposits of the tonsils. After complete removal of the tonsils in their capsules all the symptoms disappeared. The direct connection of the cervical glands with the apices of the lungs makes it comparatively easy for the tubercle bacilli to seek the point of least resistance, which is the apex of the lung in many cases.

There is also a connection between diseased tonsils and articular rheumatism, and some observers have reported an improvement in the rheumatic condition following a complete tonsillectomy.

All hypertrophied and diseased tonsils should be removed early, and even small tonsils also if there is enlargement of the cervical glands. G. R.

Gynecology

F. W. Marlow, W. B. Hendry.

The Treatment of Cancer of the Uterus When Too Far Advanced for Cure by Extirpation of the Uterus. H. J. Boldt, M.D., New York. *Journal of Am. Med. Assn.*

Dr. Boldt urges the importance of teaching women the necessity of applying to their physicians on the first manifestation of a pelvic symptom even slightly at variance with their normal condition, particularly a variation in menstrual function, including a leucorrheal discharge, especially if their age be past 40 years.

Palliative treatment, he maintains, becomes especially important when we recall that by preventing the nutrition of cancer cells we cause them to undergo retrograde metamorphosis and thus destroy their activity. And clinical experience has shown that such treatment may benefit cancer patients by directly destroying the cancer cells with the agent used, and perhaps by forming a protection against the cancer proliferation.

He uses the curette and cautery, but before beginning the surgical intervention he advises a cystoscopic examination of the bladder to determine to what extent the neoplasm has progressed. Also if the vagina be found extensively infiltrated by the cancerous growth it is inadvisable to do anything with the curette and cautery.

The curette used is a large, heavy, specially constructed instrument called a "cancer spoon," and with it he scrapes away all readily breaking-down structures. The bleeding is stopped with an extra large dome-point electrode of a galvano-cautery, so that it can be done rapidly. To avoid burning the vulva and vagina he uses a metal speculum with a double hull shaped like an old Ferguson speculum, which is kept cooled by a continuous flow of cold water through the dividing space. The burning and charring is done very thoroughly, so as to leave practically only an outer shell of the uterus.

After the eschar is thrown off he recommends swabbing with strong tincture of iodine or with acetone every second day until the cavity has contracted.

W. B. H.

Dysmenorrhea. By AUGUSTINE H. GOELET, M.D., New York. *International Journal of Surgery.*

Goelet recognizes two principal types of dysmenorrhea, viz., one when the menstrual flow is scant and insufficient and the other when the flow is too free or profuse.

When the flow is scanty it usually signifies imperfect development of the ovaries or uterus, or both, or it may be a condition of atrophy. It may also be caused by displacements, growths or tumors interfering with the blood supply to the uterus and ovaries.

When the flow is too free it may indicate inflammation of the endometrium or the uterine body and adnexa, a growth in the uterine cavity or in the wall encroaching on the cavity, or obstruction to the return circulation from the uterus by growths external to it, or inflammatory exudates in the broad ligaments, or adhesions so distributed that the vessels are constricted.

Pain appearing before the flow is usually of ovarian origin, or it may be tubal. When the pain is paroxysmal in the beginning and the flow scanty and intermittent, it usually denotes obstruction at the cervical canal. When the pain continues throughout menstruation it is evidence of some chronic inflammatory condition of the uterus or adnexa, and when the pain is more severe or continues after menstruation has ceased, and especially if a discharge follows the menses, with at times insufficient flow, it usually denotes interference with the circulation of the uterus by growths or deposits such as inflammatory exudates, or it may be displacement of the uterus.

Dysmenorrhea appearing for the first time only after marriage almost always indicates infection, improper marital relations, excesses or efforts to prevent conception, and should receive prompt attention

W. B. H.

THERAPEUTIC TIPS

HEMOPHILIA.

It is said by Guibal (Germany) that surgeons before operating on a hemophilic should inject 10 to 20 c.c. of fresh horse-serum or a corresponding dose of diphtheria antitoxin, as horse-serum controls hemorrhage.

EPISTAXIS.

Boyd (Australia) describes a new method of treating epistaxis: A piece of fine starched muslin five or six inches square is used. With a penholder or dressing forceps make a closed umbrella-like formation and pass this through the naris to posterior naso-pharyngeal wall. Withdraw forceps and plug cone of muslin with cotton soaked in any styptic, as vinegar, as firmly as thought desirable. The muslin should not be moistened.

ACUTE GONORRHEAL VAGINITIS.

According to John B. Talmadge, New York, acute gonorrheal vaginitis is best treated with warm douches of 1: 1,000 or 2,000 solution of permanganate of potash. The vagina should be ballooned by compressing the lips of vulva around the tip of the syringe, so that the vaginal folds are eradicated. Add to this once a day a swab of a 10 per cent. argyrol solution. Then a tampon soaked in the same solution placed in for three or four minutes. Then wipe the vagina dry and insert a tampon of tannic acid and dolomol powder, which is to be left in until the next douche.

PINWORMS.

W. Zinn recommends in adults for first day treatment a fluid or semi-solid diet. Calomel and jalap of each 7½ grains, say at 3 p.m.; at 6 o'clock a soap enema about 1 to 2½ quarts of water. On the second day continue fluid diet. At 8 a.m., 10 and 12 a powder of santonin, grs. 5 to 6, and calomel, grs. 1½. 1 ounce of castor oil at 2 p.m., if necessary repeated at 4 p.m. Third day fluid diet and a warm bath in morning with an enema 1 to 2½ quarts of warm water and 0.5 per cent. green soap. Fourth and fifth days same.

ACUTE ALCOHOLISM.

It is said that one-half to one drachm of ammonium chloride in solution at one dose followed by a large draught of water will sober up a patient quickly.

NEURALGIA AND SCIATICA.

Baffling and intractable as is the treatment of these sometimes, R. W. Philip (Edinburgh) tells us that experimental and clinical work has shown that the injection of alcohol into a nerve trunk will cause paralysis of both motor and sensory nerves. Using Schlosser's method of alcohol injection he reports 38 cases of complete relief out of 41 reported cases of tic douloureux. Freedom from all pain lasted from 4½ to 14 months. For sciatica he uses a special hollow needle and injects 2 c.c. of a 1.5 per cent. solution of eucaine, and after 15 seconds 100 c.c. of warm saline solution. The patient is kept recumbent at least 12 hours. Out of 34 cases of chronic sciatica 24 were completely cured.

POST PARTUM HEMORRHAGE.

Successful constriction of the abdominal aorta by means of the Momburg rubber belt or tube wound around the waist has been established as a cure for this alarming condition in the women's university clinic in Munich in charge of Doderlein.

ECLAMPSIA.

Jacobson, New York, finds that remarkable improvement takes place by the continuous rectal administration of sugar water by the Murphy drop method. Only water is given by the mouth for three days, and in addition veratrum viride, hypodermically, catharsis, blankets and hot water bottles; later, salt-free diet.

VARICOSE ULCERS.

A useful accessory treatment is employed by Eugene H. Pool, New York. The ulcers are dressed three times a week and the patient made to lie on the back with legs elevated to a right angle against the wall for fifteen minutes. Massage is done in this position, stroking towards the trunk, and then the dressings and bandages applied. If the bandages seem too tight to the patient this position is recommended three times a day for fifteen minutes.

Reviews

E. Merck's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics. Volume XXIII. 1909. Darmstadt, Germany: E. Merck.

This is a very interesting and up-to-date volume, replete with scientific and practical information on the recent advances in drugs and their application in disease. There are 84 pages devoted to serum therapy and bacterio-therapeutic preparations.

Lippincott's New Medical Dictionary. Edited by HENRY M. CATTELL, M.D. Philadelphia, London and Montreal: J. B. Lippincott Co.

In his preface the editor states that his aim "is to furnish the medical student, the practitioner of medicine, the laboratory worker, and whoever has occasion to use a medical dictionary, with a single volume of moderate compass, and at a reasonable price, which shall attain the ideals of the user in regard to thoroughness, accuracy, perspective and proportion, and general suitability to the year 1910."

That it has been no small task to cull and judiciously select from the vast terminology of modern medicine, to say nothing of the new terms so constantly being added, is obvious, and that the editor has succeeded in doing this, within the eleven hundred odd pages, a careful perusal of the work will convince beyond a doubt. The definitions are concise, clear and accurate. The chief diseases have symptoms, etiology and treatment given; and the drugs, their action, therapeutic use and dose—the latter in both the metric as well as the common equivalent—are enumerated.

Operations, rules, etc., designated by proper names, such as "Macewen's operation," "McClintock's rule," are more fully given and defined in this work than will be found in dictionaries of the same size.

A distinguishing and valuable feature is the system of cross-references used in this volume. The printing of a word in small

capitals means that further information will be found at that place. Most of the important words have their cross references.

Altogether this book will be found to be a valuable addition to the general practitioner's library and of inestimable service to the student. S. J.

Normal Histology. With Special Reference to the Structure of the Human Body. By George A. Piersol, M.D., Sc.D., Professor of Anatomy in the University of Pennsylvania. 438 illustrations, many of which are in colors. Eighth edition (re-written). Philadelphia and London: J. B. Lippincott Co. Canadian Agent, Mr. Charles Roberts, 608 Lindsay Building, Montreal.

We find this a very comprehensive work on the subject of histology, embracing in all 418 pages. Almost every page is embellished with fine illustrations, a great many of which are colored. The text is in a style which sets forth a full description and is, therefore, not too concise nor yet too elaborate. It will be a splendid text-book for students.

Mentally Deficient Children: Their Treatment and Training. Third Edition. By G. E. Shuttleworth and W. A. Potts. Pp. 236. Published by H. K. Lewis, London. Price, 5s. net.

This is the third edition of Shuttleworth's well-known little book; the new matter chiefly concerns social and legal movements on the subject in Great Britain. In view, especially of the interest being taken here in the feeble-minded, this book can decidedly be recommended to the medical profession in Ontario. It is a simple, unpretentious and on the whole accurate, account of the different forms of imbecility, their diagnosis and treatment. Especial stress is laid on the problems of care and education; no attention is paid to morbid anatomy. The book can hardly be considered to rank as a serious scientific production, but is admirably suited as a preface to the subject. Unfortunately it is more than usually insular in its outlook, all the valuable work that of late years has been done on the continent being quite ignored. E. J.

Genesis. A Manual for the Instruction of Children in Matters Sexual. By B. S. TALMEY, M.D. Pp. 149. Published by The Practitioner's Publishing Co., New York. Price, $1.50.

The writer of this volume is properly impressed with the grave consequences of the prevailing prudery, hypocrisy and ignorance of sexual functions, above all in the medical profession. "Even the professors at our medical schools dare not teach or explain the physiology of sex to their students. . . . The traditions, sentiments and views of a time when sex life was considered sinful, low and bestial, unworthy of human beings, are still in vogue, and schools and universities are dominated by this conventional morality. The bare mention of the subject of sex is, therefore, branded as obscene. The very discussion of this question is surrounded by the gravest difficulties, hedged about by a silence that is criminal. . . . Functions which were formerly discussed with perfect familiarity and directness, with no thought of impropriety or immodesty, as in the Bible and other ancient classics, are now excluded even from treatises on physiology. Thus has prudery succeeded to decree nothing so shameful as sex life, and the function of sex is considered something low, sensual and selfish. . . . Even in the exhortations to purity, the impression is given that the question of sex is unclean, something shameful and sinful."

After this promising introduction one is disappointed to find that the general tenor of the book is practically identical with the current attitude thus pilloried. A great part of the book is concerned with the importance of explaining to young people that any kind of sexual life outside of monogamic marriage is sensationally dangerous to health and ruinous to the soul. The reviewer fails to see any urgent need for a medical propagandism to spread this doctrine, which is so far from novel that we are all strongly imbued with it from childhood up. Much of the rest of the book is fortunately taken up with such topics as the splitting of chromosomes, sporulation, the formation of chromatin reticula, and so on, and is safe to put into the hands of children of the most tender age.

The only part of the book with which we can agree is that urging the necessity of honesty in dealing with young children. The author points out many, though not the chief, of the harmful results of our present lying customs. By the way, it is interesting to have one's ideas confirmed as to the precocity of New York children; according to the author (p. 66) they toddle to their mother with the great question framed as follows: "Whence do babies come from?"

E. J.

Insanity in Everyday Practice. E. G. YOUNGER, M.D., pp. 124. Published by H. K. Lewis, London. Price, 3s. 6d. net.

This is probably the most worthless book on insanity we have yet read, and there are some pretty bad ones. Nothing could better bring home the prevailing lack of knowledge of the subject in the medical profession than the fact that such books as this apparently have a vogue, for this is the second edition of the present one. The following examples are characteristic: Under the heading of Causes of Insanity we find the extraordinary statement that "the opsonic index is low in all forms of insanity"; which opsonic index is not mentioned, nor is any evidence quoted in support of the assertion.

"If a patient believes in his hallucinations or illusions, that patient is insane." Insanity would thus include a large class of hysterics, with a not inconsiderable group of people usually considered normal. But the next sentence to this is still more embracing. "A delusion is a false belief—a belief in the truth of that which is not true. . . A person who has delusions is necessarily insane." If Father Vaughan had only known this in Montreal he could have flung a much more stinging jibe at the Protestants than merely describing them as "soulless"—it might have been "brainless." Unfortunately the retaliation of *tu quoque* is, according to Dr. Younger's definition, only too ready to hand. If this line of thought is followed up, one reaches the more than solecistic position that everyone is insane except our noble selves.

Dr. Younger is very cautious about the syphilitic origin of general paralysis; it is perhaps not irrelevant in this connection to say that no reference is made to the modern investigations on the subject, to the Wassermann reaction, or even to the existence of the cerebro-spinal fluid. "I cannot help thinking that syphilis is not always necessarily a factor in the production of general paralysis, for I have certainly seen cases where syphilis and alcoholism as causes could almost safely be eliminated (it is a pity we are not told how this feat is performed), and where the only causes have seemed to be overwork, over-anxiety to succeed in life, and curtailed hours of rest. . . . I myself have a strong impression that . . . sexual excess is the most frequent of the subsidiary causes of general paralysis. It is well recognised among asylum officials that the wives of many general paralytics are handsome and attractive women of an erotic type, and it is quite common to speak of such a one as a typical 'G. P's.' wife." (These curious superstitions are quite commonly held by asylum attend-

ants in England. The former one, concerning sexual excess, still lingers in the medical profession, and it is interesting to find that even the latter has not yet died out.)

Depression and hypochondria of a patient with secondary syphilis is described as a syphilophobia (fear of contracting syphilis)! The masterpieces, however, are the sections on "Masturbatic Insanity" (sic), and on the "Insanity of Adolescence" (dementia praecox). The three pages on the latter disease—the most frequent and important of the psychoses—are really monumental in their ignorance.

E. J.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

Medicine: Graham Chambers, R. J. Dwyer, Goldwin Howland, Geo. W. Ross, Wm. D. Young.
Surgery: Walter McKeown, Herbert A. Bruce, W. J. O. Malloch, Wallace A. Scott, George Ewart Wilson.
Obstetrics: Chas. J. C. O. Hastings, Arthur C. Hendrick.
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Gynecology: F. W. Marlow, W. B Hendry.
Genito-Urinary Surgery: T. B. Richardson, W. Warner Jones.
Anesthetics: Samuel Johnston.

GEORGE ELLIOTT, MANAGING EDITOR

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COMMENT FROM MONTH TO MONTH.

Toronto's Board of Health and Medical Health Officer.—It is a good suggestion for Toronto to abandon the present procedure in the appointment of a Board of Health and substitute therefor a board of medical men, but it would be better still to appoint a Board of Health whose composition would be a sanitary engineer, a competent bacteriologist, a practitioner with a good knowledge of public health matters, and a leading general practitioner. Failing this, Toronto would likely be better served by a Medical Health Officer with an untrammelled hand than to be associated with a Board of Health, which apparently in a matter so vital to the city's interests seems to be totally ignored, when the question of the appointment of a Medical Health Officer is before the powers that be.

By the medical profession it has long been considered that the present Board of Health was the Medical Health Officer. Such being the case, there is no sane reason for its further existence as at present constituted.

It is apparent also that Toronto has grown to the extent that an assistant should be provided to the chief health officer, who in time of absence or sickness could discharge the duties of chief pro tempore.

Now that reorganization of the Health Department seems essential, a Board of Health of the above-mentioned composition would be of the very best advantage to the city. Unwise retrenchment in municipal health matters has quite surely produced a good crop, and the blame should be placed where it belongs.

Dr. Sheard has since his reappointment been the subject of considerable newspaper-baiting; but Toronto elects municipal representatives to conduct the affairs of the city, although some people "behind their ink-pots" seem to think they are better qualified to make appointments than the people's representatives. Representative government will go smash if the medical profession is to make appointments to the Board of Health, engineers of the city consulted when a city engineer may have to be appointed, and a city treasurer at the suggestion of the bankers and brokers of the city.

Toronto is to be congratulated on securing Dr. Chas. J. Hastings for Health Officer.

Is Acute Anterior Poliomyelitis Becoming a Dangerous Epidemic? Flexner, of New York, has practically proven that this disease is due to a minute germ, and that those who have recovered recently possess a serum, which in all probability would cure the disease in an early stage.

The infection occurs sporadically, and usually is confined to June, July, August and September, but unfortunately there occurs from time to time an actual epidemic, with a death rate running upwards from 5% and leaving a terrible list of maimed and helpless sufferers to fill our Homes for Incurables.

Such epidemics have occurred in all parts of the world, but more recently in Sweden and New York, while last year Montreal had a number of cases, and this summer over 150 occurred in the vicinity of Hamilton.

In Toronto during the last few weeks, fourteen cases with four deaths have occurred in connection with the hospitals; *and where is the record to show* how many have been treated in private practice? Also, but of this I cannot warrant the correct figures, there are 25 stated cases in many of the villages and towns near the city.

During the past year the Board of Health have made splendid efforts to stamp out rabies, a disease from which very few people have fallen victims; and rabies is in many ways a sister disease to acute poliomyelitis, and yet little attention has been paid to the latter with its hosts of sufferers.

Truly, indeed, the disease is notifiable and the law calls for isolation, but visit the hospitals of the city and see the "isolation" and the "disinfection" and the "notification," and you will realize that we are awaiting quietly an epidemic, whether it occurs this year or on the next visitation of the infection. Here is the law:

EPIDEMIC CEREBRO-SPINAL MENINGITIS AND EPIDEMIC ANTERIOR POLIOMYELITIS.

Regulation 8.—Every case of epidemic cerebro-spinal meningitis and epidemic anterior poliomyelitis shall forthwith be reported to the Secretary of the local Board of Health. The patient shall be isolated. The discharges from the nose, throat and mouth of the patient must be received on cloths and burned at once. After death or recovery of the patient all personal clothing and bedding, together with the contents of the room and the room itself, must be thoroughly disinfected under the personal supervision of the Medical Health Officer. In case of death a public funeral or viewing of the remains of the deceased must be forbidden. Every doubtful case of cerebro-spinal meningitis must be classed as of epidemic type and cared for accordingly until proved to be otherwise.

While Flexner is working on the probable actual germ in his laboratories, it is definitely the duty of the Provincial Department to appoint men who shall endeavour to discover in these numerous isolated cases a common means of infection, and thoroughly sift for each individual case every detail that may help to complete the

knowledge of the methods of infection outside the individual—and to accomplish this, let me urge the Provincial Board of Health to read the following paragraph:

INFANTILE PARALYSIS.

At the Congress of American Physicians and Surgeons held at Washington in May last, the subject of epidemic poliomyelitis was discussed at a joint meeting of the American Orthopedic and American Pediatric Societies. The following resolution was adopted: "It having been shown by recent epidemics and investigations connected with the same that epidemic infantile spinal paralysis is an infectious communicable disease that has a mortality of from 5 to 20 per cent., and that 75 per cent. or more of the patients surviving are permanently crippled. State boards of health and other health authorities are urged to adopt the same or similar measures as are already adopted and enforced in Massachusetts for ascertaining the modes of origin and manner of distribution of the disease with a view of controlling and limiting the spread of so serious an affection." A committee, with Dr. Robert W. Lovett, of Boston, Massachusetts, as President, and Dr. Irving M. Snow, of Buffalo, New York, as Secretary, was appointed to urge the various State and municipal health authorities to take up the work of investigation of the various foci of epidemic poliomyelitis, to study its epidemiology, and to instruct the public that the disease is at least mildly communicable.

Academy of Medicine "Wake Up." G. W. H.

News Items

DR. J. PRICE-BROWN has moved to 28 College St., Toronto.

SIR JAMES A. GRANT, Ottawa, was recently presented with the freedom of Inverness, Scotland.

THE linch-pin of effective advertising is "copy." Doctors should inspect the advertising to see the copy is O.K.

DR. HELEN MACMURCHY, Toronto, and Dr. Wilmot Graham have been appointed medical inspectors of the schools of Toronto.

DRS. H. J. HAMILTON, Chas. J. O. Hastings, Augusta Stowe-Gullen, Toronto, and Dr. Wm. Burt, Paris, have been elected to the Senate of Toronto University.

A NICE country medical practice in village of 200, unopposed, with nice property, is for sale near London. Only $600 cash required down. For further particulars apply this office.

The medical journal is the special medium to reach the medical profession. Our advertisers call the attention of the medical profession to their advertisements. Look them over. It will pay you.

THE British Columbia Medical Association has elected the following officers: President, Dr. O. Weld, Vancouver; Vice-President, Dr. Chas. E. Doherty, New Westminster; Secretary, Dr. A. S. Monro, Vancouver; Treasurer, Dr. James D. Helmcken, Victoria.

DR. E. A. MCCULLOUGH has resigned from the superintendency of the London Sanatorium for Consumptives and returned to 141 Farnham Avenue, Toronto. He will devote his attention to the diagnosis and treatment of laryngeal and pulmonary tuberculosis.

CANADIAN MEDICAL ASSOCIATION.—The *Montreal Star* has announced that Morang & Co., Toronto, have made arrangements with the C. M. A. to publish the *Journal* of the Association, and that the *Montreal Medical Journal* will cease publication on the appearance of the new journal.

DR. W. J. WILSON, Toronto, is in England.

DR. EVERETT G. SMITH, medical missionary, India, is visiting in Toronto.

DRS. J. M. MCCALLUM and Samuel Cummings, Toronto, have gone to Europe.

DR. JOHN A. GUNN has resigned the superintendency of the Winnipeg General Hospital.

DR. R. O. SNIDER died recently in Toronto, aged 47 years. He was of the class of '95, Trinity Medical College.

DR. W. H. B. AIKINS, who had just moved into his new home on Bloor Street West, Toronto, entertained Dr. Wickham, of Paris, on the evening of the 29th of September.

DR. M. K. KASSABIAN, one of the distinguished X-ray experts of America, died recently in Philadelphia, a victim of the X-rays he constantly used. His recent book on the subject will shortly be reviewed in these pages.

QUEBEC College of Physicians and Surgeons has elected the following officers: President, Dr. Normand, Three Rivers; Vice-Presidents, Dr. A. Simard, Quebec; Dr. H. A. Lafleur, Montreal, and Dr. Arthur Lessard, Granby.

DR. G. STIRLING RYERSON, Toronto, has recently returned from Paris, where he has been investigating radium in the treatment of disease. Dr. Ryerson purchased a considerable quantity of radium for employment in the treatment of diseases in his specialty.

THE following resolution, re Dominion Registration, was adopted by the Alberta Medical Association at Banff, Aug. 11th: "Your Committee on Legislation beg leave to recommend that in the opinion of this association it would be in the best interests of the medical profession, not only of this Province, but of the whole Dominion, that Dominion Registration be brought about as soon as possible by the adoption of the Canada Medical Amendment Act, 1910. Carried."

DR. LOUIS WICKHAM delivered an address before the Toronto Academy of Medicine on the evening of the 30th of September.

The subject was radium therapy, and the address was accompanied with lantern demonstrations. Dr. A. A. Macdonald, the President, occupied the chair, and a vote of thanks was moved by Dr. N. A. Powell, seconded by Dr. Wallace, Hamilton. From out of town there were present Drs. Peter Stuart, Guelph, and Dr. Hoig, Oshawa, and others.

THE Ontario Government has issued a special report on infant mortality, prepared by Dr. Helen MacMurchy, Toronto.

INFANT mortality is the greatest problem of preventive medicine.

IN 1907 the total number of deaths in Ontario was 33,502. Infant mortality was 29 per cent. of this.

TORONTO has an infant mortality of 20 per cent.

The twenty-eighth annual report of the Ontario Board of Health has been issued for 1909.

Correspondence.

To the Editor of the DOMINION MEDICAL MONTHLY:

Dear Sir,—Doubtless you have long ago formed your opinion as to the merits of Esperanto, the international language. I hope that it is favorable; but as there is much irresponsible criticism of Esperanto, especially on occasion of the recent international convention in Washington, I want to offer an opportunity for every thinker to judge for himself. I have had prepared 100,000 brief grammars of the language in pamphlet form, and will send one free to any person who is sufficiently interested to ask for it, enclosing stamp for reply. I think it really due to this great movement for an international auxiliary language, which now embraces fifty nations in its scope, that you publish this letter, so that your readers may have the opportunity of judging for themselves.

Very cordially yours,

Arthur Baker,
Editor Amerika Esperantisto,
700 E. Fortieth St., Chicago.

P.S.—If at any time you desire late and authentic information concerning Esperanto, command me.—A. B.

Publishers' Department

IT IS TIME TO PUT ASIDE FADS AND FALLACIES ABOUT UNDERWEAR.—Many materials have been used for underwear, and much misery and ill-health caused because of the fallacious saying that "any material" is good enough for the skin. What underwear do you wear? Is it wool? Wool that allows perspiration to dry on the skin—that gets closer in texture and more unpleasant to wear every time it is washed—wool that weakens the skin and renders it over sensitive to the least current of air, wool (or flannels—being the same thing), which, instead of being protective, is the most frequent cause of catarrh, bronchitis, pneumonia, rheumatism and other ills. It is no wonder flannel wearers never know the feeling of life and glow of health that is the daily joy of the wearer of the right kind of undergarments. If you would test the absorbing value of wool, float a strand gently on a glass of water. It will remain dry on the surface of the water—it does not absorb moisture readily. Do the same with linen. Watch how easily it will suck up the moisture—the unpleasant perspiration—off your skin. Think how easily it is washed, and remember that every wash makes it softer and more pleasant to wear, just as surely as every wash hardens and "closens" wool. Many years ago Dr. Deimel recognized the value of linen and made an underwear fabric from it—a fabric so woven that it is comfortable and protective in all kinds of weather, yet absorbs and carries off all perspiration thoroughly and speedily. Unlike ordinary pure linen, which is cold to the touch, this Deimel fabric is woven of a composite thread of fine linen and abassi yarn and skillfully twisted together in the Deimel Spinning Works. In this way the chilliness of ordinary linen is entirely done away with. On account of its genuine protection and safety in all climates, its great absorbing and drying powers, its agreeable feeling to the skin, its absolute cleanliness, its great

durability, and the fact that it can be washed in boiling water and soap without the least shrinking, the Dr. Deimel Underwear is the ideal garment for the body. Its progress has been remarkable, having gained millions of wearers since it was first introduced in 1894. Dr. Deimel Linen-Mesh Co., 416 St. Catherine St. West, Montreal.

A VALUABLE AND SEASONABLE REMEDY.—To reduce fever, quiet pain, and at the same time administer a laxative and tonic is to accomplish a great deal with a single tablet, and we would especially call attention to the wide use of Laxative Antikamnia & Quinine Tablets in chronic or semi-chronic diseases which begin with a severe "cold." Among the many diseases and affections which call for such a combination, we might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and malaria with its general discomfort and great debility. Attention is particularly called to the therapeutics of this tablet. One of its ingredients acts especially by increasing intestinal secretion, another by increasing the flow of bile, another by stimulating peristaltic action, and still another by its special power to unload the colon. When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every day observation that a simple laxative is often sufficient to relieve the most serious complications.—*Archives of Pediatrics.*

MOIST HEAT.—Thermotherapy in inflammatory conditions seems to prove most effective when applied in the form of moist heat. The relaxation of pressure by infiltrated and swollen tissues upon nerve endings, as experienced by the relief of pain, specifically proves this. The advantages of moist heat where indicated are generally acknowledged. The method of its application from professional preferment seems to be in the form of Antiphlogistine. By this method a high temperature can be maintained in contact with

the affected part for hours without exposure to the patient for redressing. The superior advantages of Antiphlogistine over other forms of moist dressings, such as poultices, hot packs, etc., are that it is easily applied, retains its heat for hours, is antiseptic in action, and above all produces satisfactory therapeutic results.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in herpes, eczema, psoriasis, and pruritus. I shall continue to recommend and prescribe them.—Dr. Jose P. Pimental, Acambaro, Mexico.

Post-Grippal Asthenia.—Of all the acute infections to which human flesh is heir, none seems to be followed by such general prostration as la grippe. As the Irishman aptly described it, it is "the disaise that keeps ye sick for a month after ye get well." The general devitalization that ensues after the subsidence of the acute symptoms appears to be entirely out of proportion to the severity of the original attack. It is therefore distinctly the part of clinical wisdom to inaugurate a vigorous reconstructive campaign as soon as the febrile movement subsides. Plenty of fresh air, an abundance of nutritious but easily digestible food, and regular doses of Pepto-Mangan (Gude) constitute a trio of therapeutic measures of marked benefit. If the heart action is unduly weak, or if the prostration is more than usually pronounced, an appropriate dose of strychnia added to the Pepto-Mangan is of considerable additional service.

The Manufacture of Antitoxin.—In the treatment of diphtheria the physician of to-day uses antitoxin as a matter of course. It is his first expedient and his last resort. He believes implicitly in its efficacy. But does he understand and appreciate all that is

involved in the production of that antitoxin—the scientific knowledge, the skill, the caution, the minutiae of detail? This thought is forced upon the writer through the perusal of a recent publication of Parke, Davis & Co., which deals in part with the subject of antitoxin manufacture. Here is a specimen chapter: "In the selection of the horses which are to act as the living laboratories for the production of the antitoxin we apply not commercial or academic knowledge merely, but, what is more to the point, veterinary skill. The animals must be vigorous and healthy. They are carefully examined, their temperature noted for several days, and the presence of glanders excluded by the delicate mallein test. It is the blood-serum of these animals that is to be injected into the patient later on, and no precaution can be regarded as extreme which contributes the slightest positive assurance of its purity. Not only must the horses be in good general condition when inoculated; they must be kept so. They are fed, stalled, groomed and exercised for no other purpose than to maintain to the full their self-protective, antitoxin-producing powers. Thirty miles removed from the noise, smoke and dust of the city is our stock farm, equipped with model stables and supervised by expert veterinarians. Here, at Parkedale, on more than three hundred acres of sunny slopes, at an altitude of six hundred feet above the level of the Great Lakes, live the horses which we employ in serum-production. Amid these favorable surroundings they maintain the physical condition so essential to satisfactory service as serum-producers. These are preliminary considerations. Young, healthy, well-kept horses, indispensable as they are, would be of little use in the elaboration of a reliable antitoxin unless the work of injecting them with toxin were conducted accurately, aseptically, systematically, and throughout a period long enough to allow physiological reaction up to the limit of attainable immunization. We have horses enough, so that there is no occasion to be in a hurry with any of them; the exact length of time required for complete reaction is determined in each individual instance by carefully scheduled observations. It goes without saying that in the preparation of the toxin and its injection into the horses, as

well as in obtaining the blood serum, the most rigid bacteriological technique is maintained. The methods we employ agree substantially with those of Roux, Aronson and Behring, and are from first to last in charge of experts. The varying susceptibility of different animals, whether guinea-pigs or horses, to the diphtheria poison; the more or less rapid physiological reaction; the variation in strength of the antitoxic serum from different horses; the absolute purity of the finished product—these are all important and delicate questions, demanding for their determination a high degree of skill and scientific accuracy of observation. These qualifications, in our judgment, outrank all other considerations in the work of producing a reliable antidiphtheric serum." The foregoing has reference to but a single step in the process of serum production, and affords but a hint of the safeguards with which Antidiphtheritic Serum (P., D. & Co.) is hedged about at every stage of its manufacture—conditions which enable the company to guarantee the purity and potency of its antitoxin.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.—Dr. Angel E. Rivera, Naguabo, Porto Rico.

MATERNITY HOME.—Mrs. Jas. Brennan, 354 Brock Ave., Toronto, a competent and capable nurse, has a nice quiet home for ladies during accouchement. This home is registered, and arrangements can be made for adoption of infants if required. Charges are moderate.

THE SURGERY OF THE SPLEEN.—From our inability to recognize diseased conditions in their early stages, says W. J. Mayo, Rochester, Minn. (*Journal A. M. A.*, January 1), the surgery of the spleen has necessarily been of a destructive character. Recent in-

vestigations lead to the surmise that many of the anemias and associated blood states may ultimately be best treated by operative procedure on the spleen and other blood-forming organs. He describes the anatomy and known functions of the spleen, before birth and during life, and says that its protected situation, overlain by the other important organs, makes it exceedingly difficult to ascertain moderate enlargements. He questions our ability to mark out accurately any moderate enlargements by percussion, but he believes that surgeons can do a great deal to increase our understanding of conditions by routine examinations of the organ during abdominal operations, when an altered blood state exists. He puts the classification of splenic enlargements into three classes: First, leukemias, in which the spleen produces white corpuscles of the ancestral type, a probable reversion to the fœtal form of blood. Second, splenic anemia, with a diminution and change of character of the red blood corpuscles, which are pathologically destroyed to some extent. Third, splenomegaly, an enlargement without blood changes, and only mechanically affecting the general health. In addition to these classes there are two conservative types of enlargement of the spleen. One, the compensatory splenic hypertrophy, and second, the enlargements after infectious diseases. Unless the spleen is more or less movable its surgical approach is difficult. The Mayos have usually used an incision through the left semilunar line, carrying, if necessary, the upper end along the costal margin to the ensiform cartilage. He has not found Myer's procedure of cutting the costal cartilages necessary as yet, but in some cases a left transversal incision joining the longitudinal is convenient. In advanced disease, adhesions, especially to the diaphragm, are occasionally difficult to separate until after the splenic pedicle has been secured. To grasp this vascular pedicle temporarily in rubber-covered elastic clamps is the most important step in the operation if the vessels are fairly sound. This must be very carefully done on account of the delicacy of the splenic vein. To grasp the pedicle securely, the organ should be turned over, at least enough to grasp the vessels in the hand. With the fingers and blunt dissection, a passageway is made around the pedicle, and a clamp applied and tightened enough to control the circulation

until the spleen can be entirely separated and delivered outside the wound. If extirpation is the object of the operation, the pedicle can be secured at any time after the application of the elastic clamp, which is applied as close to the root as possible, so as to leave distal to it ample space for ligation. If partial resection is to be done, temporary compression of the pedicle seems harmless, if there are no gross vessel-wall changes, and after the use of the clamp the desired amount can be resected and the hemorrhage controlled by buttonhole catgut suturing with a round needle, as in liver resection. "It has been shown experimentally that reduction of the artificial supply by ligation results in atrophy of the spleen, and so long as the veins are left intact, necrosis does not occur. If the splenic artery divides in the hilum, ligation of branches would appear to be an active competitor of partial splenectomy. We have not found the marked alterations in the walls of the blood vessels which have been shown to be often present at post-mortem, and which probably represent a terminal condition." Mayo analyzes his experience with thirteen cases, three conservative operations and ten splenectomies. Brief histories of all these cases are given. The article is illustrated.