THE

Dominion Medical Monthly

. . . AND . . .

Ontario • Medical • Journal

Sent to every Member of the Profession in

ONTARIO, · BRITISH · COLUMBIA, · AND · NORTH-WEST · TERRITORY

By the Medical Councils of the respective Provinces

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NOTICE · CAUTION

THE success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows' who has examined samples of several of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined and the genuineness—or otherwise—of the contents thereby proved.

OUT OF THE FRYING PAN INTO THE FIRE.—Sanders—"Poor Smithers was buried to-day. They say he killed himself because he was in a hole." Burton—"Yes; and now he's got himself into another."

A WELCOME addition has been made to the business industry of West Toronto Junction, and one which will be welcomed by the laboring classes of that rapidly growing town, as well as by the cycling public, in the shape of a large factory which has been opened up by the Lozier Manufacturing Co., of Toledo, Ohio. This live firm intend manufacturing a strictly high grade wheel. They expect to be able, after a few weeks, to manufacture, finish and turn out at least fifty wheels a day, doubling that number next season. They have put in machinery inferior to none in the Dominion, and they have facilities for finishing a bicycle second to no other firm in the world. The name of the Lozier Co. has been in the States for

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many years in the very front as bicycle manufacturers, and it is expected that they will take in Canada a similarly leading place.

CHRISTIAN SCIENCE.—The following interesting reply was returned to a circular letter soliciting subscriptions to a certain medical journal (*Pacific Drug Review*):

"FARIBAULT, Minn., Feb. 22.

"Your copy of the . . . . Jurnal come, and the letter to—askin me to send fifty cens and git it fur a yeer, I don't need no jurnals. When I git a tuff case I go off inter sum secrit plase and tell the lord all about it and wate for him to put inter my minde what tor do. Thats bettern jurnals and syklopeds and such. If we had more lord trustin doctors and less colleges weed fare better. The lord noes morn all the docters and if we go to him fur noledge it ill be bettern jurnals. Fraternally in the lord. A CARISTUM DOCTER."

MESSRS. BASTEDO & CO. have opened up handsome show-rooms at 61 King Street E., Toronto, where will be found a very full line of furs of every description, including Siberian dog, racoon, Persian lamb, otter, beaver, etc. Their prices on Christmas goods will be found right, and the firm worthy of a call.

Patient (who has been informed her case is critical)—"Doctor, does the hair grow after death?" Doctor—"I believe it does." Patient—"Thank goodness! I shall look as well as the Smith girls Judgment Day."

ANY doctor who will drop a post-card to Messrs. John Carle & Sons, 153 Water Street, New York City, will be sent, free of all expense, a sample package of Imperial Granum Food. This is a pure, reliable prepared food, of exceptionable value when given to infants and nursing mothers, and is not a stimulant nor a chemical preparation, being carefully prepared from only the finest growths of wheat. It is most easily digested and nourishing.

CRUSHED AGAIN.—"Isn't it awful?" said Mrs. Jenks to her husband. "Isn't what awful?" queried Jenks. "Houston's boy was run over and received infernal injuries." "Internal, you mean." "No. I mean infernal. I know what I am talking about." After a quarrel of five minutes, Jenks produced a dictionary, and with considerable trouble managed to find "infernal." "There!" he exclaimed, "I told you so. Infernal means 'relating to the lower regions.'" "Well," replied Mrs. Jenks, and there was a ring of triumph in her voice, "ain't that where he was injured?"

A NEW TYPE OF CROSSED HEMIPLEGIA.—Madame Goukovsky (*Nouvelle de la Salpetriere*, No. 3, 1895) decribes a case presenting a new type of crossed hemiplegia—namely, paralysis of the limbs on one side and of the muscles of the tongue on the opposite side. In the case reported there was (1) paralysis of the arm and leg on the right side, without paralysis of the face and without aphasia;

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(2) complete paralysis and atrophy of the left half of the tongue, with deviation to the left on protrusion. The absence of facial paralysis indicated a lesion of the motor tract below the separation of the facial fibres (that is, below the pons). The atrophy of the left half of the tongue indicated a lesion at the hypoglossal nucleus, or on the peripheral side thereof—that is, a lesion in the medulla. A single lesion in the upper part of the fissure between the pyramid and the olivary body of the medulla, above the pyramidal decussation, was diagnosed. Such a lesion would involve the left hypoglossal nerve and the motor tract for the right arm and leg, before the fibres decussated. *Post-mortem* examination confirmed this diagnosis, and revealed a patch of softening, limited to the left olivary body and the left pyramid of the medulla. The greater part of the roots of the left hypoglossal nerve had been destroyed. The softening was due to chronic endoarteritis obliterans.—*Brit. Med. Journal.*

A TRUSS, which has found very large patronage among both the professional and lay public, is that made by the Smith Manufacturing Co., of Galt. The silver truss is one of the lightest in the market, and is consequently very cool even if worn in the hottest weather. It is also easy to wear, causing no pressure on the hips or back. It is guaranteed to hold the severest hernia. Physicians will do well to communicate with the manufacturers.

FOR silverware, diamonds, watches, or anything in that line, medical men should write to Messrs. J. E. Ellis Co., Ltd., Toronto. That firm is without a peer on this continent, carrying the most complete stock of jewellery to be found in Canada. Physicians are requested to write for catalogue, illustrated.

Mr. Tulkinghorn—"There is a very fine picture of our minister in to-day's paper." Mrs. Tulkinghorn—"Indeed! What has he been cured of?"—*Boston News.*

IT has been confidently proven that antitoxine, the well-known antipyretic, strengthens and does not depress the heart's action. It is a coal-tar product, and in no way connected with the diphtheria antitoxine. It is also a powerful antineuralgic, and can be placed with perfect safety in the hands of chronic sufferers from the painful malady. Antitoxine is being prescribed very largely now by the profession in England. The British Antitoxine Co. were the first to use this name, and, we understand, secured through the courts a permanent injunction against the manufacturers of the diphtheria remedy from doing likewise.

Hospital Cook (to dealer in poultry)—"Please send me up a dozen setting hens." Dealer—"Why setting hens?" Hospital Cook—"So that they will set on the patients' stomachs, of course."—*Ph. Era.*

DIFFUSE HYPERTROPHY OF THE BREASTS AFTER DELIVERY.—Anthony (*Boston Med. and Surg. Jour.*), publishes the sequel to Warren's case (*ibid.*, August 3rd, 1893). Anthony states that the patient became pregnant for the third time, and was under his observation during her pregnancy. The breasts, which had become smaller after her second delivery, again increased till they grew very large and pendulous. A rudimentary nipple formed in the right axilla. An accessory nipple on the under surface of the left breast was surrounded by a dark areola. Labor was normal. The patient insisted on suckling the child, which she had not done after the second labor. The supply of milk was equal to the demand. Two months after delivery the breasts were once more as small as before the pregnancy.—*Brit. Med. Jour.*

DOCTORS wishing to secure a sample bottle of Richard's Cognac, a brandy guaranteed absolutely pure by analysis, can do so by writing to Messrs. Laporte, Martin & Co., 72 St. Peter Street, Montreal. This brandy is one of the finest in the market for use in convalescing from disease.

An Ohio man has put up a factory for the production of vases to hold the ashes of cremated persons. He must expect to urn a good deal.—*Philadelphia Ledger.*

IT is almost needless to say anything to professional men now about the Steel Clad Bath, as it is so well known. For perfect sanitation, handsome appearance and durability this bath cannot be surpassed. By refer- to page 639 of this issue, our readers will notice a well-designed cut of the "Steel Clad." The company, whose headquarters are at 125 Queen Street E., Toronto, invite correspondence from medical men.

GOUT.—G. Klemperer (*Deut. med. Woch.*) discusses the pathology and treatment of gout. He first refers to the failure of uric acid solvants such as piperazin, lysidin, to cope with the disease. As regards the origin of the uric acid deposits, Garrod has attributed them to increased formation and diminished excretion of uric acid. The uric acid in the blood, according to Ebstein, irritates the tissues, which become inflamed and necrotic, and the uric acid crystallises out in the necrosed tissues. Ebstein maintains that this necrosis is primary. The author thinks this view open to question because the blood does not contain so large an excess of uric acid as to induce the necrosis in the tissues. Von Noorden disputes the causal relations between uric acid necrosis. He thinks the primary necrosis is due to a ferment, and that in the necrotic tissues the uric and acid crystallises out. The author confirms by his experiments Garrod's view that the blood contains an excess of uric acid. He also concludes by estimating the amount of uric acid in the

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urine that a uric acid retention does not exist. Weintraud has shown that the amount of uric acid in the urine is increased by the administration of calves' thymus. The author found that by administering thymus to gouty patients the excretion of uric acid is also increased as in the healthy. Thus as long as the kidneys are intact, uric acid retention does not occur. The increased quantity in the blood is due to increased formation. The author would not attribute all the symptoms of gout to the increased amount of uric acid in the blood, because the same thing exists in other diseases, as he shows in cases of leukæmia, Bright's disease, etc. He has also estimated the solvent power of the blood for uric acid in gout, and finds that it still has a considerable solvent power left. As regards the alkalinity of the blood, the author finds that it is slightly lessened in gout, but not so much as it often is in other diseases. The author thus sums up his views upon gout: Unknown products lead in gout to inflammatory and necrotic processes in certain tissues; these necrotic foci attract the uric acid from the blood, and the chemical affinity of the gouty necrosis for uric acid is occasionally so great that the blood is unable to bring the acid again into solution. The author discusses the relation of these products to heredity, alcohol, and lead. In a dog fed with lead to such a degree as to produce epilepsy there was no diminished excretion of uric acid. The author thinks that lead predisposes to the necrotic action

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of the above-named products. The object of treatment is to counteract these necrotic processes by oxidation and excretion. Agents and means by which metabolism is increased should be employed, such as exercise, baths, etc.; abundant fluids and frequent sweating have the object of hastening excretion. The author concludes by discussing the question of diet.—*Brit. Med. Journal.*

PUBERTY AND DISTURBED HEART'S ACTION.—Kisch (*Frauenarzt*), distinguishes three forms of cardiac disturbance at the epoch of development of the sexual functions: (1) Nervous palpitations and paroxysmal tachycardia in otherwise healthy subjects. They are frequent before the first period and usually cease soon afterwards. (2) The well-known cardiac symptoms in chlorosis. (3) Hypertrophy of the heart occasioned by the alterations of the circulation associated with the establishment of menstruation and aggravated by insanitary clothing, especially tight lacing.—*Brit. Med. Jour.*

THE Empire Manufacturing Co., of Montreal, are desirous of the medical profession analyzing their "Something Good" and "Rob Roy" cigars. The goods made by this widely-known firm are absolutely pure, and as fragrant as the finest Havana brands. They can be secured from any dealer.

SEROTHERAPY IN MENINGITIS.—Righi (*Rif. Med.*) reports the case of a healthy child, aged 7, who suffered from cerebro-spinal meningitis, from which disease his sister had recovered some two or three weeks previously. The illness began with headache and pains all over, fever, shivering and vomiting. On the second day there was considerable rigidity of the neck and the headache was worse. Examination of the blood at this date showed the presence of diplococci (Fraenkel's). Strabismus, intermittent delirium, naso-labial herpes, and facial paralysis occurred on the next two or three days, and on the fifth day the child was half unconscious. On the sixth day blood was taken from the arm of the patient's sister—who had had meningitis—and 5 c.cm. of the colorless limpid serum injected into the patient. There was no reaction at the point of injection. Five hours afterwards the temperature was lower, the respiration better, and the child had willingly taken nourishment. Ten hours afterwards he sat up in bed and could move his head without pain. Three days after the injection the child was able to get up a little morning and evening, and

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could walk. There was a slight return of symptoms on the seventh and ninth days, but otherwise recovery was uninterrupted, and after fifteen days there had been no return of the symptoms. Very slight strabismus and facial paralysis may still be detected. There was no albuminuria. —*Brit. Med. Jour.*

DIPHTHERIA. — Larstens (*Deut. med. Woch.*) discusses the question of incubation, and relates a case in which it was possible to determine the period of incubation. In a family of three children, aged 12, 10, and 8 years respectively, one presented herself on July 1st with diphtheria, which was proved bacteriologically. Fourteen days later her brother was seized with vomiting diarrhœa, delirium, and fever. Membrane appeared in the throat, and the diphtheria bacillus was found. As it was possible that the remaining child might develop the disease, the throat was inspected daily, and blood-serum cultures were made from the mouth beginning with July 15th. On the 19th, the diphtheria bacillus was found. On the same day headache was complained of, and on the following day there was redness of the left tonsil, slight glandular swelling, and enlargement of the spleen. The presence of the diphtheria bacillus was again proved, and the child passed through a severe attack of the disease. On the 26th the child was practically well, but the bacillus was still present in the mouth. With almost absolute certainty it may be said that the 19th

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THE TORONTO NURSING HOME

AND

COTTAGE HOSPITAL.

27 AND 29 MONTAGUE PLACE (facing Homewood Avenue), TORONTO.

RECOGNIZING the demand which exists for some Institution, other than a public hospital, where the advantage of trained nursing can be obtained under the direction of the medical attendant of the patient, it has been decided to establish

THE TORONTO NURSING HOME AND COTTAGE HOSPITAL

under the following regulations :

Patients admitted to the "Home" may be attended by their own doctor, or by the Medical Superintendent of the Institution, as they may desire.

Where patients are treated by their own physician, his directions will be carried out by trained nurses, and the latter will be entirely responsible to the doctor in charge of the patient for the proper performance of his instructions.

Patients will be admitted for Surgical Operations, Confinements, Massage, Electrical Treatment, and all non-infectious diseases.

Massage, etc., may be obtained at the Home without residence if so wished.

Both male and female patients will be received.

The Institution will be made as comfortable and home-like as possible, and is pleasantly situated close to the Horticultural Gardens, and easily reached by the Carlton Street or Belt Line Cars.

Particulars can be obtained from Dr. Lowe, Medical Superintendent, or Miss Dover, Graduate of Toronto Training School, at the "Home."

Medical men and others interested are cordially invited to call and see the Institution.

The charges for Rooms, Nursing, and Medical Attendance, will be $25.00 per week in advance.

For Rooms, Nursing, etc., without Medical Attendance, the charge will be $6.00, $10.00 and $12.00 in advance.

For Massage, Electrical Treatment, etc., without residence, the fee will be $1.00 per treatment.

References given when required.

TORONTO, September 4, 1893.

was the first day of the infection—that is, on the first day the bacillus was found the symptoms of the disease appeared. Here the incubation period was at most twenty-four hours. The case accords with the view that the more severe the infection the shorter the incubation period. The author also refers to another family of five children, one of whom developed diphtheria. Isolation, although recommended, was not adopted. Cultivation experiments were frequently made from the mouths of the remaining children, but always with negative results, and none of them developed the disease.

THE CIRCUS.—The editor of a religious paper in Iowa gives the following reasons for his love for the circus: "As we gaze at the lions, tigers, and monkeys, and think that nature made all of them, we are not so sure. And when we look at the beautiful young lady, with nothing on but a blue ribbon around her waist, with one leg pointing to six o'clock and the other to high noon, and think that nature made her too, just as she is except the ribbon, we begin to lean up to the circus. But when the brass band begins to play and the elephants go round, we rush in for a front seat to get in ahead of the ministers, who always wear stove-pipe hats and wont sit down in front."

FLOODING AND ICTERUS NEONATORUM.—Baumel (*Revue Obstet. Internationale*) read at the Bordeaux

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Congress a note on a child which was already eight months old and well nourished. It was born about a month before term, after free flooding from detached placenta. On the third day the skin was bronzed, the conjunctivæ yellow and ecchymosed; the urine stains on the child's linen were wine-red in the middle and nearly black at the border. During the first month the urine varied singularly in color day by day; red, violet, blue, black and yellow tints being observed. On analysis neither hæmoglobin, methæmoglobin, nor hæmatin could be detected, but indican was present. There was suppression of the urine for a short time, and trismus, yet recovery was complete. The hæmorrhage had altered the fœtal blood, which was incompletely oxygenated, so that the liver could not transform the products of the destruction of hæmoglobin into bilirubin. In all cases of icterus neonatorum, abnormal as well as normal, search ought to be made for abnormal pigments as well as for bilirubin, etc. Indicanuria represents a distinct variety of the disease.—*Brit. Med. Jour.*

Visitor—"Sorry to find you here, old chap. Badly hurt?" Patient—'Yes, I am afraid I am; I heard the doctor say I was a beautiful case.—*Puck.*

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Vol. V. TORONTO, DECEMBER, 1895 No. 6

ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

CLINICAL NOTES ON A RECENT SERIES OF SURGICAL CASES.*

By THOMAS H. MANLEY, M.D., 115 West 49th Street, New York.

The successful practice of surgery is not altogether unlike the cultivation of a garden, in which the yield will in all probability depend not so much on the richness and fertility of the soil or a favorable season, as on the knowledge, the experience, and the industry of the husbandman.

Though much, in isolated instances, may depend on chance and fortuitous circumstances, our chief reliance, in the end, must rest on the firm groundwork of matured knowledge and extended effort. The cases here submitted have all come under my care and observation since the first of this year. They are selected because they belong to classes commonly met with and of which for more than twelve years I have had a large experience. The results which I am now able to report are altogether superior to my earlier efforts, and this is not surprising, for time and observation have convinced me that even moderate success in the surgical art is utterly impossible without abundant opportunities for practice, together with a knowledge of the latest and the best work of our contemporaries at home and abroad.

Of the cases selected for presentation here, some are of traumatic origin and others pathological; some come under the head of regional and others of general surgery.

CRANIAL LESIONS—FRACTURES OF THE SKULL—TRAUMA.

Since the first of March (1895), there have come under my care ten cases of fractures of the skull, four basilar, occupying the most vital, the cerebral and cerebellar regions; and six cases of fracture of the vault, the non-vital. The

*Read at the Eleventh Annual Meeting of the Fifth District of the New York State Medical Association, held in Brooklyn, May 28, 1895.

patients ranged in age from nine to fifty-six ; there were nine males and one female, three were fatal and seven recovered. It may be said that this class of fracture is yearly becoming more common in New York. The immediate dangers attendant on cranial fracture arise in consequence of shock, hæmorrhage and inflammation.

Among the features of special interest in connection with the cases here enumerated are those indicative of basilar fracture involving one or more of the cranial fossæ. We had quite unequivocal symptoms of this lesion, in a free discharge of sero-sanguinolent fluid from one or both ears, with a free extravasate, into the subjunctial tissues.

Traumatic depression of the bones of the skull is not attended with such definite symptoms of sensory or motor disturbance as we would be led to expect, since the doctrine of cerebral localization has been promulgated. Evidence of local injury to the cortical substance of the brain, with such aphasic symptoms as pointed to local compression were noted where there were distinct marks of inward displacement of fractured bone over the fissure of Rolando, or the middle parietal convolutions.

My general line of practice, in cases of fracture, through any area of the cranial vault, attended with a moderate indentation of bone but no cerebral symptoms, is to not interfere, with a view to elevation of the displacement. This practice is especially adhered to when the seat of displacement is over any of the large sinuses.

Cocaine as an Analgesic.—In operating for elevating shattered and displaced fragments, of late I have discarded pulmonary anæsthetics altogether, and employed cocaine analgesia instead. This change is most advantageous to the operator by lessening hæmorrhage, owing to the well-known hæmostatic action of the medicament and by rendering unnecessary the presence of many trained assistants.

The effects consequent on this line of treatment are vastly in our patient's favor. There is no such engorgement of the cerebral vessels, as we always observe under ether, no cerebral excitation at a period when it is obvious that violent commotion of the cerebral centres must be harmful, and persistent vomiting after operation is entirely obviated.

Debridement instead of the Trephine.—Except in rare instances, the trephine has been entirely discarded by me for the osteotome in elevating and removing depressed bone fragments in skull injuries. By the cautious employment of the latter instrument there is much less danger of damage to the dura-mater, the brain substance, or the cranial sinuses, and less bone may be sacrificed. For simplicity, safety and readiness of employment, it is a great improvement on the trephine in this class of cases.

Asepsis and Refrigerants as Prophylactics.—Experience has taught me that, except for the scalp tissues all chemical solutions should be rigorously eschewed, in all fractures of the skull involving an operation. My early experience soon taught me that antiseptics of any kind when applied to injured

bone anywhere, and the dura-matâ and cerebral tissue in particular, are full of danger to the vitality of the protoplasmic elements, and may be promptly followed by grave inflammatory changes.

In my service at present nothing but sterilized water is ever employed for flushing or cleansing in cranio-cephalic operations.

The ice-cap or iced cloths are immediately applied over the whole exposed walls of the skull, and continued until reaction is fully established.

It is my conviction that moist cold applied over the wounded surface in all injuries of the skull is a potent prophylactic against consecutive cellulitis or meningitis, and should be always employed until the third day, when it may be discontinued.

Mercury in Meningitis.—Mercury is an agent of unrivalled excellence, judiciously administered, in inflammatory conditions of fibro-serous membranes. On the meninges it acts with especial energy, thence in cases of cranial trauma a purgative dose of calomel is given early, and repeated later should symptoms of meningeal trouble threaten ; the dose of the drug being so apportioned as to promptly secure its full therapeutic effect, without its possibly lethal action.

Fractures of the Limbs.

Fractures of the extremities are almost never absent from the Harlem Hospital Service. In my own private hospital notes on this interesting and current type of trauma, there are more than two thousand cases enumerated though more than four thousand cases have come under my notice in the past twelve years.

Since the first day of March, this year, we have had entered ninety-one cases of fractures of the extremities, seventy-six simple and fifteen compound. In the deluge of surgical literature spread before the medical profession since the doctrine of antiseptics was established, it is singular to note that except in the treatment of the compound variety, little has been presented on fractures of the extremities, in fact this study has been allowed to lapse. No surgical injuries are of greater interest than those fractures which involve the structures on which we depend for locomotion and prehension. Their correct treatment will reward us with a fair degree of restoration of contour and function ; while, when managed on wrong principles, diminished power and motion are quite certain to follow.

The cases treated include fractures of the clavicle, arm, forearm, leg, femur and bones of the hand and foot.

Muscular Relaxation rather than Forced Extension.—The guiding principles which I observe in all fractures are, first, to secure muscular relaxation and osseous reposition without employing violence, and secondly, to secure proper support for the fragments. Forced extension, or counter-extension in certain fractures, are not wanting in theoretic support ; but I am convinced that continued tension on a fractured limb rather provokes muscular rigidity than effects relaxation. Besides, the co-existing pressure on the main blood-

trunk, and a tendency to sloughs in enforced confinements to bed, are among the drawbacks of steadily maintained tension. The rules of physics will not apply to fractured bones, otherwise such a thing as deformity after their treatment would be impossible, except in the event of great loss of bone.

Muscular relaxation, with support to the mangled tissue, favors the falling of the fragments into their natural position. There they will remain, and restoration of contour will be the rule in many bones; but the clavicle and humerus, owing to incessant respiratory movement, and the femur, owing to the demands of nature and the necessity of frequently shifting the body, require exceptional treatment, and hence some sort of support is necessary.

Support of the Fragments rather than Fixation with Gypsum.—When plaster of Paris mould was first introduced it was at once seized on as the ideal material for fracture adjustment. It does serve a most useful purpose when employed in appropriate cases; but everything is buried under it, and its removal is always attended with a jarring of the limb. For a long time I have never employed it as a primary dressing, though after the provisional callus is formed it answers a useful purpose.

In the treatment of *compound fractures* our first endeavor is to securely replace the fragments and close the wound—make the fracture a simple one.

In compound comminuted fractures with immediate, partial or complete destruction of the tissues, our aim is, to first suppress all hæmorrhage; by closing separately the large bleeding vessels, thoroughly cleansing and dressing the wound, and placing the parts under covering in a comfortable position.

FRACTURES OF THE SKULL. (10)

Vault (6) 3 Compound. 3 Simple.
Base (4) All simple.
Average age 32 years. Survived { Vault 1, Base 2 } { Succumbed 5, " 2 }
Of this number 3 were railroad injuries.
" " " 9 were males and 1 female.

FRACTURE OF THE NASAL BONES.

One compound fracture. Female. 36 years.

FRACTURES OF THE CLAVICLE. (8)

Outer Third (7) 5 Males. 2 Females. Average age 19.
Middle Thirds (1) All simple.

FRACTURES OF THE RIBS. (9)

5th Rib (1) 6th Rib (1) 8th Rib (1)
9th Rib (2) 9th Rib (2) 10th Rib (2) } All Simple.

FRACTURES OF THE HUMERUS (13)

Surgical Neck	(1)	Simple.
Middle Third	(6)	1 Compound.
Lower Third	(2)	1 Compound.
Extern. Condyle	(1)	Simple.
Internal Condyle	(3)	Simple.

FRACTURES OF THE RADIUS. (18)

Middle Third	(2)	1 Compound.
Colles' Fracture	(16)	Simple. 6 Females. 7 Males.

FRACTURES OF THE ULNA. (2)

Middle Third (2) Simple.

FRACTURES OF THE METACARPAL BONES. (1)

Metacarpal bone of index finger.

FRACTURES OF THE PHALANGES OF HAND. (6)

2nd Phalanx. Index and middle finger.
1st and 2nd Phalanges. Thumb.
1st and 2nd Phalanges { Index and middle fingers. Compound fractures.
All Phalanges of right hand. Compound.
2nd Phalange. Ring finger. Simple. No amputation.
3rd Phalange. Little finger. Traumatic amputation.

FRACTURES OF THE FEMUR. (6)

Intracapsular	(3)	} Simple.
Middle Third	(2)	
Supracondyloid	(1)	Compound. Railroad.

FRACTURES OF THE TIBIA. (10)

Middle Third	(7)	5 Compound.
Lower Third	(3)	1 Traumatic amputation.

FRACTURES OF THE FIBULA. (15)

Middle Third	(7)	2 Compound.
Potts' Fracture	(8)	All simple.

FRACTURES OF THE PATELLA. (1)

Nasal Bones (1) Compound.

FRACTURES OF THE TARSAL BONES.

1 Railroad case in which all the bones of the foot were ground into pulp.

FRACTURES OF THE METATARSAL BONES. (3)

3rd Metatarsal.
1st and 2nd Metatarsal.
All Metatarsal bones. Compound. (Railroad).

FRACTURES OF THE PHALANGES OF THE FOOT. (9)

1st and 2nd Phalanges of 1st and 2nd toes.
1st and 2nd Phalanges of 4th and 5th toes. } Comp.
Little toe. Traumatic amputation.

Primary Amputations.

Primary amputation after disorganization of a limb, in civil life, is always a questionable procedure; though when a limb has been nearly amputated by an injury we may at once, with the scissors, divide the frayed integument or tendons. There have been lately eight amputations in my service for traumatism and pathological conditions. After reaction, when the line of demarcation is formed in traumatic cases, we run little risk of a sloughing flap.

Such a case is now under my care. The young man had his foot crushed off at the ankle joint in a railroad accident. Four days later, after the line dividing the healthy from the dead tissue appeared, enough of the dead tissues under the sound skin was cut away to allow the healthy integument to fall in over the ends of the bones and cover them without strain.

Cervical Tumors.

Ten cases of serious submaxillary cervical tumors have come under my care within the past three months.

One was a case of sarcoma of large size in an old man of 64, who refused operation. It was not, apparently, deeply lodged, though as there were rapidly developing new growths in the hard-palate, pharynx and spheno-palatine fossa, it was decided that an operation was not warranted.

One tumor, of large size, was a lipoma, which sprang from the loose sub-occipital tissues and advanced forward and downward to dip under the posterior edge of the sterno-mastoid muscle.

Importance of Accurate Diagnosis.—One man on whom I operated had a voluminous growth, which occupied the whole quadrangle of the neck on the right side, advancing up under the lower jaw and downward behind the left clavicle to and through the apex of the pleural cavity. He had been operated on four months previously; the growth appearing consecutively, rapidly enlarging, and now so far encroaching forward under the deep cervical fascia as to encroach on the tracheal rings and threaten suffocation.

At the institution in which he was first treated, operation was refused several times, as the growth was declared malignant. The mass was hard, unyielding and painful, with deep attachments. On a careful and thorough examination of his case, it was my conclusion that the mass was wholly tubercular, and that while its removal would demand a very formidable operation, it was clearly within the range of operative surgery to turn it out safely. It was presumed that in the first operation the superficial absorbents had been removed, and that the new growth consisted in a hyperplasia with central degeneration of the deep chain, which lies in close contact with structures vital to life.

In this case enucleation was commenced by dividing all the overlying structures in the centre, a cervical incision being made across the entire mass. Great care was taken to clamp and ligate all the bleeding vessels as I proceeded. The peripheral decorticature was comparatively simple, but as I penetrated into deep parts, difficulties began to appear.

Early in the operation the internal jugular vein was divided, and both ends ligated. Next, as I proceeded more deeply to turn the growth out, consecutively the cervicalis ascendens, the superior thyroid, the transversalis-colli and occipital arteries were clamped, ligated and divided. Of the nerves the descendens noni, the phrenic and anterior branches of the cervical plexus were divided and their ends removed from the elements of the tumor. The common carotid was adherent by its sheath from the clavicle up to the point of bifurcation. The sheath with the pulsating vessel was cautiously detached from the under surface of the growth, and now, while endeavoring to enucleate the deep supra-clavicular lymphatics and press forward the subclavian artery, the pleural cavity was opened, just below where the subclavian arches upwards. Now the whole mass was lifted out, leaving a large chasm, exposing the brachial plexus, the large blood-trunks and trachea.

The opened pleura was then closed ; the bleeding subsided, and the edges of the integument were brought together. The patient rallied well from the operation. His recovery was prompt, the line of incision closing by primary union, except at the part left for drainage. But little blood had been lost and no shock followed.

The mass proved to consist of an aggregation of tubercular glands, some simply hypertrophied, others suppurating and caseous ; all were bound together by a dense inelastic matting of fibro-connective tissue. Although the thyroid, submaxillary and sublingual glands were freely exposed, no trace of infiltration was visible.

Of the other seven cases, two were malignant and two were acute suppurative inflammation of the lymphatics. Of the remaining three, two were tubercular, but not suppurating. These are being treated by palliative measures.

Hernia—Various Types.

Sixteen cases of various types of hernia have come under my notice since the beginning of the present term. These included strangulated, incarcerated, reducible and irreducible cases.

Deaths from Strangulation Attributable to Delay and Avoidable Errors in Operating.—But one case required operation for strangulation. The operation was performed late at night, by a member of the House Staff. This case, which terminated fatally, was most fruitful in suggestion and in pointing the way to avoiding mistakes in treatment. The practitioner who was first called neglected the case by persisting in violent taxis, and allowing collapse to set in before sending for or calling in active surgical relief.

The next oversight was committed in the details of the operation. A knuckle of intestine partly twisted on itself, had a patch of gangrene about the size of a quarter dollar which extended through the glandular and muscular tunics, and occupied the walls of the bowel, though there was no perforation, as the outer fibro-cellular coat was intact. Vomiting ceased after the constriction was relieved and the intestine returned ; but reaction did not

ensue, and the man sank thirty hours after operation. On autopsy, it was found that a fatal error had been committed in the management of the extruded coil. The adhesion, which held the coiled, bent surfaces of the intestine together, had not been liberated and in consequence its lumen remaining completly obstructed, internal strangulation followed, thus removing every possible hope of recovery. The gangrenous area, in my opinion, was not large enough to seriously call for resection, the use of the Murphy button or other adjustment, inasmuch as it extended only about half way around the entire cylinder, and would undoubtedly have taken care of itself by taking on adhesion to some of the neighboring viscera, thereby preventing any possible leakage.

Critical Inspection of the Protruding Mass and Thorough Liberation of all Constriction, both within the Sac, the Canal and at the Internal Ring, Indispensable in all Cases of Operation for Strangulation.—In all cases of operation for strangulation, after the points of stenotic impediment have been freely divided, it is of the greatest importance to critically inspect the conditions of the ectopic viscera, and completely liberate the imprisoned structures. A failure to do this renders an otherwise life-saving operation inert in its effects. A practical demonstration of this came under my notice recently. A man was seized with symptoms of strangulation after stool. He had a chronic incarcerated inguinal epiplocele. An incision was made in the upper surface of the mass, the omentum exposed, and the inner ring divided; but there was no relief of the symptoms after operation, and the patient sank unrelieved the following day. On autopsy, a loop of intestine was found caught, crushed under, and concealed by the omentum. This had entirely escaped detection, and continued occluded after the epiplocele was exposed.

Treatment of Reducible Hernia.—Nine cases of reducible inguinal hernia have been examined by me within the past ten weeks. My practice in this class of cases is not to advise operation unless the hernia is progressively enlarging, is painful, threatens strangulation, cannot be supported by a truss, or the patient is desirous of relief from the deformity. Besides the class enumerated, it is my custom to recommend a radical cure in a female, or in those individuals whose deformity constitutes an impediment to entrance into the civil or military service. But one of these nine which came to me was regarded as appropriate for radical cure. He was a young man who had had hernia since childhood. It was of the indirect inguinal type. This was operated on with gratifying results, the patient leaving the hospital in two weeks.

O'Hara's or the Australian Operation the best for Open Treatment.—Of the almost infinite number of operations recommended during the past ten years for the cure of hernia, there is none which in so large a measure fulfills the requirements with so little mutilation as the operation devised by Mr. Henry M. O'Hara, of Melbourne, Australia. Briefly described, it consists in an isolation of the neck of the sac, its division and retraction up through the

canal and internal ring to the fascia transversalis, where it is anchored by absorbable suture material. It entails no weakening of the abdominal walls by divisions of the aponeurosis, no divisions of large vessels; there is no drainage required and no disfiguring scars left. In fifteen cases so treated by me since April, 1894, there have been no relapses.

(To be continued.)

DYSMENORRHŒA WITH ANTIFLEXION OF THE UTERUS AND STENOSIS OF THE OS INTERNUM.*

Treatment by rapid dilatation with applications to the endometrium, subsequently with galvanism, followed by laparotomy with extirpation of both tubes and ovaries. Result, complete cure.

By J. CAMPBELL, M.D., C.M. (McGill); L.R.C.P. (Edin.), Seaforth, Ont.

History.—Mrs. J. H., aged 26, married, came to my office on the 18th of February, 1892. She gave the following history: From the time the menses began she had suffered severely at her menstrual periods. She blamed a fall she had received when a girl for her trouble. She had been married six years, but so far from an amelioration of the symptoms taking place, she was growing worse as the years went by, so that her suffering had reached an unbearable point. She suffered pain equal to labor pains in severity for twenty-four hours before the flow began and in a modified degree all through the period, which lasted from three to four days. Her suffering was such that she was becoming morose and melancholy, and fears were entertained that confirmed melancholia or some other form of insanity might be the result.

Diagnosis.—Upon examination I found a well marked case of antiflexion with stenosis of the os internum. Found no tenderness of the uterus or ovaries, nor any sign of endometritis. She complained of the usual backache and headache of such cases during menstrual periods. The diagnosis was obstructive dysmenorrhœa, the obstruction being produced by the antiversion combined with the stenosis of the os internum (which was extremely sensitive upon attempting to pass the uterine sound).

Treatment.—Decided to try what medicine and good hygienic measures would do. Prescribed Hayden's viburnum compound and recommended fresh air and good diet with moderate exercise out of doors. The husband being somewhat impatient and desirous of early results, and having mentioned incidentally that electricity would probably work well in her case, he was anxious to have it tried. Not having a galvanic battery at that time, though I had made arrangements to have one put in, I took my patient to the office of Dr. Turnbull, of Clinton, and had the os dilated by means of the negative electrode, the positive pole being placed either over the abdomen or

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* Read at the meeting of the Dominion Medical Association, held at Kingston on the 28th, 29th and 30th August, 1895.

the sacrum. This was done three times, but with no diminution of the patient's suffering, though in some other respects there was slight improvement. He was so anxious that his wife's suffering should be relieved that I told him that if there was no improvement at the next monthly period he was to let me know, and I would get an assistant, go to his house, put his wife under an anæsthetic, straighten the uterus and rapidly dilate the os internum. She reported "no benefit;" hence, in accordance with my promise, Dr. Smith, of Seaforth, and the writer went to the house on the 20th of March, 1893. Upon examination the doctor thought we had better not dilate, but replace the uterus, scarify the os and insert a boro-glyceride plug, which we did. We then taught the patient how to use hot water injections, and insert the plug herself. Once a week the scarification was repeated. Next monthly period showed no improvement and the husband asked for a consultation with Dr. Gunn, of Clinton. The doctor and myself met at the patient's house and decided to dilate by the rapid method, using Palmer's dilator. This was done in the usual manner, and to the fullest extent, plugging the cavity of the uterus with iodoform gauze, which was left in for three days, for the purpose of keeping the os open and for drainage. The patient once more reported that the pain at the menstrual period was as severe as ever. We resolved to dilate still more thoroughly with Goodell's dilator, incise some of the fibres of the internal os and make an application to the endometrium.

On the 20th of May Drs. Gunn, Cooper and myself met, and having as usual anæsthetized the patient, thoroughly dilated the os, cutting some of the fibres with a probe-pointed bistoury, made an application of Churchill's iodine, packed with iodoform gauze as before, inserted the usual plug, and left her. Report after next period, "no alleviation" of pain. During all this time the patient was on good tonic medicine with the best of hygienic surroundings. In this manner the latter part of May and the whole of June passed with no permanent improvement. Both the patient and her husband were losing heart and they wished to know what more could be done. Advised them to take the advice of Dr. Temple, of Toronto, which they consented to do. In the early part of July they proceeded to Toronto, with a letter from me, explaining all we had done up to date. After thoroughly examining the patient, Dr. Temple advised her to return and allow me to treat her with galvanism, as he considered that method had not had a fair trial. Having put in a galvanic battery in the meantime, I was prepared to carry out his advice.

On July 17th we gave the patient her first *seance*, using the smallest of the graduated dilators, manufactured for that purpose by Waite & Bartlett, of New York. Dilated again on the 24th, then on 31st of same month, and so on about once a week, but avoided coming within four days of the menses. This continued during the months of August, September, October and November with varying results, sometimes the patient reporting that there was an improvement, more often that she was no better. She still took tonics as before. We dilated until the second largest size passed the internal os

without much trouble. We began always with a smaller size, but gradually increased until at least the largest size passed. There was no anæsthetic used and very little pain experienced, except when the dilator passed the internal os, which it generally did with a jump. I generally began with fifteen milliamperes, and gradually raised the strength to thirty or forty, lowering the power when pain was complained of. We used a bi-valve speculum, and had the patient on her back on the gynæcological chair, by which we were enabled to watch the electrolytic action going on. Always inserted a boro-glyceride plug and enjoined her to go to bed for twenty-four hours. Sometimes administered an opiate at bedtime.

About the middle of November, the patient becoming somewhat restive, I wrote to Dr. Lapthorn Smith, of Montreal, an authority on both galvanism and gynæcology, giving him a full history of the case with the treatment pursued. He wrote urging me to persevere in the treatment, but to give two *seances* in the week, and he believed that we would ultimately be successful. This letter strengthened my hands very much, and both husband and wife agreed that the *seances* should continue.

During December and January the patient *materialized* twice a week, except when the monthly flow prevented, taking her last *seance* on the 3rd of February, 1894. About this time I arrived at the conclusion that there was trouble of an obscure nature in the ovaries or tubes, or both, and that any amount of treatment directed to the uterus would fail to cure her trouble. We considered that all other means having failed—on the principle of exclusion—an operation was *now* indicated, as a last resort, to render "life worth living." We therefore advised them to have a laparotomy performed, and mentioned the names of several careful and successful operators in such cases. After a delay extending from the 3rd of February until the 4th of July, during which time all treatment was suspended, the operation was at last performed. I may mention that during this period of inaction the pain increased until it became worse than ever. On the 4th of July, 1894, Dr. Gunn performed a laparotomy, being assisted by Dr. Turnbull and myself. The operation was performed in a careful and skilful manner. Both ovaries and tubes were removed. The ovaries were found slightly enlarged and contained small cysts, varying in size from a bean to three times that size, and numbering from eight to twelve in each ovary. Had she lived a few years in the condition she was in, she would in all probability have developed large cystic ovaries, multilocular in character. The writer attended to the after treatment. The wound healed by first intention; the patient made an uninterrupted recovery. She was troubled with headache for some time, but neither pain nor menstruation returned. With fresh air, exercise and cheerful society, she gained strength and resumed her wonted cheerfulness. The results of the operation were all that could be desired.

Remarks.—1. We think that all known means should be tried—as we did in this case—before a laparotomy, which is in itself a mutilation, should be performed. 2. We believe that in cases like this, where the pain begins

before the flow, showing that it is of *ovarian* or *tubal* origin, an operation is more frequently necessary, and when other means fail it should be resorted to. 3. Where the *cause* is *uterine*, as it more frequently is, the galvanic treatment is invaluable, and should in all cases be tried before a laparotomy is had recourse to. 4. The operation is a tolerably safe and successful one, the principal objection being that it unsexes the woman. However, we would say in conclusion that when all reasonable means fail, by all means let a laparotomy be performed with as little delay as possible.

CASES IN PRACTICE.

By Drs. Frank and Ernest Hall, Victoria, B.C.

Mabel R., aged five years and eleven months, for several weeks had ravenous appetite and irregular action of bowels, with subsequent elevation of temperature and cough. Examination of chest showed catarrhal pneumonia, more marked on right side. After several days temperature became normal, with increased frequency of pulse. Slight tympanitis was detected, but there appeared neither pain nor localized tenderness, neither was the position assumed by the child characteristic of local inflammatory action within the abdomen. Next day slight dulness was detected in right iliac region. Under chloroform fluctuation was decidedly marked. Operative measures were accepted by the parents, and the child removed to the hospital. Fully thirty ounces of pus escaped upon incision. No appendix could be found. The pus had apparently burrowed from the cæcal region between the omentum and parietal peritoneum and thus filled the anterior part of the abdomen, while the general peritoneal cavity remained uninfected. No secondary *faci* were detected, but the subsequent history showed that one had been overlooked. The cavity was thoroughly irrigated and drained. The condition of patient was satisfactory for ten days, when temperature rose to 103°. Soon pus began to flow from the tube, and continued for about two weeks. Irrigations were frequently made through the tube. Subsequent history uneventful. The catarrhal condition in the chest and the cough continued for three weeks after the operation. Patient left hospital after five weeks and has remained well.

Case 2. Mrs. ——, aged 32, one child, two miscarriages, the last one six months before commencement of illness. For three weeks suffered from "neuralgia of the pelvis," when acute pain, with high temperature, ensued with occasional delirium. Examination showed mass to right of uterus with thickening of left ligament. A diagnosis of acute salpingitis was made and radical measures advised. Operation in St. Paul's Hospital, Vancouver. Universal pelvic adhesions, tube and ovary covered by adherent coils of

intestines, which were with great difficulty separated. In attempting to enucleate the abscess the tube ruptured. After irrigation the attempt to remove the disintegrated and cheesy mass was rewarded by the discovery of a six weeks' embryo, which appeared to have been lodged in the tube close to uterus. Ovary and tube removed, thorough irrigation, no arteries were ligated, drainage inserted. The opposite side was left undisturbed, as the condition of the patient did not justify further interference. Subsequent history uneventful, temperature did not rise above 100½°. Tube removed on third day, abdominal sutures on eighth day. The occurrence of extra uterine pregnancy, with pyosalpinx on the same side, is unique in my experience. It is probable that the tubal sepsis and impregnation may have been simultaneous, the salpingitis having interfered with the progress of ovum towards the uterus.

SCARLET FEVER.

By W. Lovett, M.D., Ayr, Ont.

During an epidemic of scarletina which passed through our village and neighborhood during the early part of last year, I was called in to attend a family of three children, whose ages were respectively nine, seven and five. There appeared to be nothing different in the character of the disease between these children and those of others which run a mild typical course. The sore throat was somewhat severe but not malignant; the rash came well out in each case and there was every appearance of the cases running a favorable course to convalescence. Such was the case in the two older ones, but a relapse appeared to set in in the youngest, beginning about the third week from the initial fever. The sore throat returned, the fever rising to 102° to 104°. The feet and ankles became œdematous; the urine scanty and loaded with albumen; the rash was not that bright red appearance of the first onset, but more of a dark red; the skin each day becoming more dark, beginning at the extremities, toes and fingers, increasing in intensity and extending up the legs to above the knees, on the arms to above the elbows. The same appearance presented itself over the abdomen but not so intense, likewise over the back. The mucous membrane of the mouth, the tongue, gums and root of mouth also were black—the flexures of the arms at the axillæ were a dark red, the same on the legs. Dr. Burt, of Paris, saw the case with me in consultation, and on the way out I said to him I really did not know what I had. I called it purpura for want of a better, but it had run none of the characters of purpura. It seemed to have the appearance more like that of gangrene running its course like erysipelas—not becoming spotted and coalescing. I treated the case as one of albuminuria, beginning with diuretin then tr. ferri chlor. and glycerine, the sore mouth with listerine.

The case made a good recovery. The desquamation came off in large

patches, retaining its color and leaving the underskin clear and healthy. So the effect of the application of certain remedies to the skin such as sulphuric, nitric and muriatic acids, also rhus croton oil, produces its own peculiar eruption. So does the exudation of the product of certain diseases, such as scarlet fever, measles, small pox and chicken pox produce its peculiar eruption. I think the above case will be similar to what has been reported in some of the local papers of the North-West Territories as black scarlet fever.

CASES OF NERVOUS AFFECTION.

By C. J. H. CHIPMAN, M.D., Ottawa.
House Surgeon, County Carleton General Protestant Hospital.

We have had under observation lately three interesting cases of nervous affection, all the result of the absorption of poisons into the system. The first is a case of lead poisoning in a young man of twenty-five, with a good personal and family history. Four weeks before admission he had been advised to use white lead for sweating feet. He spread some on the inside of his socks and wore them this way for a week, when the symptoms began to develop. He first experienced pain on the outer side of the left knee joint, extending up the thigh to the spine; then weakness of the limbs appeared, and when admitted he had complete loss of power of both limbs, paralysis of the sphincters, and absence of tendon and skin reflexes. He subsequently had severe cystitis. After three weeks' treatment by iodide of potassium and magnesium sulphate, he improved somewhat. His bladder was washed out with creolin ℥j. to Oii. He can now move his left leg somewhat, though there is still ankle drop and considerable muscular atrophy. He is now on hypodermics of 1-30th strychnine and potassium iodide.

A well marked case of diphtheritic paralysis in a young adult twenty-two years of age is also under treatment. He had a very mild attack of diphtheria early in June, and went to work in July. Difficulty in deglutition then appeared and subsequently weakness and loss of power in the lower limbs, the upper limbs being slightly affected, but subsequent to the affection of the legs. There is considerable loss of power and impairment of sensation in both hands, arms and legs. He is on liq. strych.

A well marked case of tetanus was under treatment for twenty-four hours, the disease having developed only three days previous. The patient was a man of sixty-six, a farm laborer, with marked degeneration of his blood vessels. He had received no injury, but presented a large sloughing sore just above the right popliteal space. He first noticed a difficulty in swallowing, and on admission trismus was well marked; the spasms were not general. He was placed on chloral every two hours, with ice to the spine, and though the chloral had some effect he succumbed to the disease. Drs. Small and Kidd are the attending physicians at present.

THE INTELLIGENT USE OF RECTAL INJECTIONS, WITH IMPROVEMENT OF ORDINARY ENEMA SYRINGE.

By P. PALMER BURROWS, M.D., Lindsay, Ont.

Mr. President and Members of the Ontario Medical Association

GENTLEMEN,—Although within but a few months of being thirty years in practice, and arrived at that age when I am no longer a young member of the profession, I am here more to renew old acquaintances and learn than to pretend to teach.

I noticed in an editorial announcing this meeting "that the valuable time of the Association should not be taken up by long theoretical and abstract dissertations." I heartily say "Amen" to so sensible an expression, and to be consistent will make my paper as concise as possible, leaving the intelligence of those present to fill in and elaborate.

The heading of this paper, as given on the programme, is sufficiently explanatory. It is merely the construction and application of the common enema syringe with which I wish to deal, and my excuse will be that its rational employment is in some cases of primary importance, and that I am treating of an appliance in most common use. As you all know, there is no more familiar object in every doctor's office or the well-appointed drug-store. Every house, especially if the family is large, has its assortment in all stages of dilapidation, and I may say, seldom one at all serviceable when emergency requires its use; and is not this the experience in our own offices? How often does rebellious nature receive its severest strain, and strong, honest English disturb the stillness of night when, after more or less prolonged search, this instrument is found with a valve missing, or a rent that interferes with suction or propulsion?

Enemas as now constructed are of India-rubber, of a pattern familiar to all, some having the improvement of continuous flow. There are generally two or three entrance tubes accompanying—anal, vaginal, aural. It is of the first we will deal, although *en passant* I may remark that, in all, the hard rubber or lead is objectionable. The vaginal tube, to be really serviceable, should more or less fill the vaginal canal, the more completely the better, to draw out the rugæ and to more thoroughly wash the mucous surface. The rectal is supposed to serve several important offices. It is used to introduce nutritious substances, relieve intussusceptio, remove collections of wind and fæces, and allay irritations with all their attendant evils.

I hold that these conditions are not fully met; that in any and all cases an increased amount of surface should be attacked and covered; that nutritious enemata, with the short nozzle reaching just within the sphincters, are

apt to provoke immediate expulsion ; that in invagination pressure is not as surely directed on the part affected ; that in impaction the injection does not get up to and beyond the scibbalous mass to exert its solvent power ; and in irritation causing diarrhœa or dysentery more or less severe, the soothing, healing action is not exerted by the medicament reaching the affected parts sufficient to give relief. Therefore, I think, to receive greatest benefit in all cases, that portion entering the bowel should be constructed of some yielding material, as for instance soft rubber, and should be at least one-half inch in diameter and from eighteen to twenty-four inches in length. I usually employ the largest size soft rubber catheter attached to the smallest nozzle, the pipe of an ordinary stomach-pump, or the elastic tube now so commonly used in washing out the stomach. In any case, the result is more satisfactory than by using the short entrance pipe alone.

I need give only one case. A man weighing 228 pounds, six feet in height, previously regular, from change of diet or other cause, was taken ill at a lumber-camp with constipation, accompanied with colicky pains. He took large doses of Epsom salts, only to increase his discomfort and without desired action of bowels. Neighboring medical practitioners were consulted. They gave medicine with a view of exciting peristaltic action and used the enema, only to increase distress. The patient was in great pain, for the relief of which morphine was administered. He now became very anxious to reach home as quickly as possible. The medical attendants encouraged this idea, and he was sent by train, arriving in a state you can readily imagine. Happening to be the family physician, I was sent for, and having given a hypodermic, I attached the elastic tube of my stomach-pump, some thirty inches in length. I introduced its entire length, putting up a full charge of soapsuds with a little glycerine. This had not the effect I wished for, but I soon repeated the operation, which did the business. A copious discharge followed ; an onlooker remarked, " A barrowful of relief followed." I have had other cases, notably one of severe dysentery, where antiseptics gave relief, and in washing out the bowel preparatory to giving nourishment per anus, in all of which I am sure the improved tube was of great benefit.

I bring this to your notice not that I think it a new departure, but that some, especially the younger members, may be led to employ the larger, longer and softer tube in cases when the smaller and shorter fails to give desired effect ; and also as a matter of general information, as this useful remedy is in some cases disappointing from the fact that the appliance is not properly constructed, and therefore cannot be rationally employed by those outside the profession. I think each instrument, to be complete, should be provided with a longer tube, even for ordinary use.

British Columbia.

Under control of the Medical Council of the Province of British Columbia. DR. MCGUIGAN, Associate Editor for British Columbia.

Dr. Milne, the active and energetic Registrar and Secretary of the British Columbia Medical Council, has been kind enough to furnish us with a short but fairly complete report upon what the Council has been doing during the past year in prosecuting unlicensed practitioners and medical fakirs under various guises, and we commend the reading of it to the members of the profession in the Province. The present Council is not yet weary in well doing, and is determined to carry on the war to the bitter end while a single case remains unpunished. It is to be deplored that there are persons practising medicine in the Province who are protected by the law whose methods are a disgrace to civilization, and who ought to be in the penitentiary instead of going about in the broad light of day posing as citizens and freemen. That that is their ultimate destiny may be safely predicted; a Nemesis is pursuing them with a sure if a slow foot. It is expensive work, as the Medical Act does not give the costs and fines to the Medical Council but to the Provincial treasury; but while there is a "shot in the locker" there will be no cessation of hostilities. Some new legislation is yet required, which we hope to secure at the next meeting of the Legislature; and it has not been our fault that it was not obtained before. We will then be in a position to discipline irregular practitioners, and they will either have to close their offices or live cleanly. We might just remark in this place that the main reason for the existence of irregulars in this Province is that the profession is overcrowded both in the cities and in the country, and men who are hungry, whether physicians or of whatever other calling they may be, will do mean things rather than perish. I saw an advertisement in the October number of the DOMINION MEDICAL MONTHLY in which it is stated that "British Columbia is the best field to-day in Canada for physicians." Let no one be deluded by such a statement, for it is emphatically false. It is true there are abundance of clams and salmon, and these can be readily secured, particularly the former; to dig them out at low water a sharp stick is only required, and a man can live on them if it comes to the worst. But even these can only be obtained on the coast, and the unfortunate who settles in the interior would have to make some other shift in order to exist. This is no fancy picture, and let the prudent beware. The Kootenay district is coming rapidly to the front, as its mines are rich, but that whole division of the Province is full of doctors already, and very few of them are making fortunes out of their profession. We may be wrong, but the reports from that quarter which reach the coast lead us to believe that that is about the fact. The large mining camps employ a physician at so much a head for everyone who is engaged therein, and that is the cream; outsiders have to take the refuse, and that is not much.

SIR,—I am reminded that I promised to give you a few of the names of those parties who have been practising illegally and have given the Medical Council more or less trouble.

There have been two cases which deserve particular notice as belonging to the profession, namely, Dr. Edwards, at Three Forks, B.C., who was practising as an assistant to Dr. Rogers, who lives several miles away from the said Dr. Rogers. Another, Dr. Drysdale, acting as an assistant to Dr. McKechnie, of Nanaimo. In both of these cases we got judgment, both having to pay $25 and costs. Dr. Drysdale since has declared his intention of coming up for examination in January next. These men are not so much to blame as the men who engage them, knowing well that such is in contravention of the law. The only thing that I can see allows them to assume the action is correct is that they are making money out of these hirelings. If these practitioners who are qualified were placed in another position, viz, in practice, and in opposition, they would be the first to complain to the Medical Council of the unfairness of such conduct. Then we had a siege with Dr. "Sequah," alias something else, the "great Australian healer." We lost the case in the Police Court, but better judgment prevailed in the higher court. So unfair did I consider the judgment of the Police Magistrate that I went bonds to the tune of $100, rather than allow it to go. The results were that the great renowned lecturer and medicine man was fined, and the course of lectures came to a close. The way in which he managed to evade the law: He would pick out several cases and have them presented before the public at his meetings, diagnose the cases, have them come to his hall, be treated, rubbed, etc., and give his remedies, and present them from time to time to the public as marvelous cases. Of course no charge was made for treatment of these cases, but medicine was sold, not only during the evenings of his lectures but in the day time. This man attracted large crowds not only to his lectures, which were on various subjects, but the brass band and chariot which accompanied him held the crowd in astonishment for a time.

Then following him came the great Dr. Martineu, of whom you have heard, and who was very well described by the daily press as the Great and Wonderful Medicine Man. I had the satisfaction of having him locked up in the city prison for twenty-four hours. The incarceration did not lighten the hue of his skin, as the pigmentation had, by its presence for so long a period, evidently come to stay. Many who are born in a Southern clime have this peculiarity (darkie). However, this genius of mankind procured bail, not from one of his own kind, but from a native of the Chinese Empire, viz., $50.00, which, by the way, the Mongolian never recovered, as the doctor (?) skipped out before the magistrate gave his decision, which was given two days after the trial. The culprit escaped the evening of the trial with his wife, as he swore that he had married the woman the day before, notwithstanding the fact that she had been part of the show for some time previous, and as it was wittily said to me that the female was "the tail end of the treatment." I give you these few notes to show what class of individuals we have to deal with, and how people are gulled. The informer in this case swore that he (the doctor) wanted $50.00 for

treatment, $15.00 down, but he had only $7.00, and took that as first payment. This I mention to show how skill is valued. There is another case which has just been brought to my notice to-day, in which a woman or women have offices in this city selling medicine for females, and it is said no less than 150 women of this city are being treated. I have taken steps to have this matter looked into. These are only cases of recent notice. Last year we fined no less than four individuals for selling medicines and advertising their skill, prescribing, etc. I have given you an outline of what we are doing, and if the medical men will only give that encouragement to officers of the Medical Council in this Province which they deserve, the good work will still go on.

Yours truly,

G. L. MILNE.

ANALGESIA AND SEDATION—AN ESSENTIAL ADJUNCT TO TREATMENT.

By JOHN J. SULLIVAN, M.D.,
University of the City of New York.

On account of the frequency with which pneumonia in late years is accompanied with grippal symptoms, the treatment, to a great extent, has been modified or changed. The essential features in the result desired are a diminution of the pain and a lowering of the temperature. Opinions differ as to whether a reduction of the temperature influences the course of the disease, but a consensus of opinion is that *antipyretic* treatment is distinctly called for in the beginning, and an analgesic at all times, if needed to assuage suffering. *The antipyretic should be antikamnia, and the analgesic is supplied by codeine and antikamnia together.* This is given every three or four hours in tablets containing 4¾ grains antikamnia and ¼ grain codeine, throughout the period of congestion and consolidation. Where there is great restlessness this will have a delightful effect.

In the nocturnal pains of syphilis, in the grinding pains which precede labor, and the uterine contractions which often lead to abortion, in tic-douleureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative.

In the neuroses of the respiratory organs, great relief is afforded by the use of this combination. A paroxysm of asthma is often cut short by a full dose; hay-fever or autumnal catarrh is benefited by its use.

In the harassing cough of phthisis, or in the pain of pleuritis, in the painful sensations accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of codeine and antikamnia will not be found wanting in its action, but will give results that are gratifying to both the patient and the medical attendant. As a producer of sleep it will be found efficacious. This is doubly true when there is great nervous excitement.

In pulmonary diseases this combination is worthy of trial. It is a sedative to the respiratory centres in both acute and chronic disorders of the lungs. Cough in the vast majority of cases is promptly and lastingly

decreased and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this tablet does it, and in addition controls the violent movements accompanying the cough, and which are so distressing.

This combination is the remedy for diabetes and is superior to any other in diminishing the quantity of sugar in the urine, and also in diminishing the quantity of urine itself in diabetes mellitus. The bulimia and polydipsia are lessened by its use, and probably the changes in the nervous system which accompany or are causative of the disease are arrested or prevented. It also prevents waste. It controls restlessness; it relieves insomnia; it relieves distressing nervous symptoms. It relieves the craving of the stomach, and lessens the frequency of the calls to urinate.

It is not claimed that the combination will cure diabetes mellitus, but there will be, in many cases, arrest of the disease, with prolonged periods of good health, and cure in some cases.

Reports of Societies.

PROVINCIAL BOARD OF HEALTH OF ONTARIO.

The fourth quarterly meeting of this Board for the current year began at 11 a.m., November 12th, in the office of Secretary Bryce, in the Parliament buildings. Some interesting topics came before the meeting.

Those present were Dr. J. Macdonald (Hamilton), Chairman; Dr. P. H. Bryce (Toronto), Secretary; Dr. F. Rae (Oshawa), Dr. J. J. Cassidy (Toronto), Dr. C. W. Covernton (Toronto), Dr. H. Vaux (Brockville), and Dr. E. E. Kitchen (St. George).

The first matter brought to the attention of the Board was a complaint from Shelburne of a number of cases of barber's itch. The following letter was read, and caused some amusement:

"*Dr. P. H. Bryce, Toronto.*

"DEAR SIR,—Some five or six cases of barber's itch (sycosis parasiticus) have occurred in this village within the past three months. All of these victims claim that they were shaved in one of the barber shops in town. We have two shops here, but no cases so far have cropped up in the customers of the other shop. There is rather a hostile feeling engendered against the barber in whose shop the disease is supposed to exist. This barber claims that he exercises the utmost caution and cleanliness. His victims, however, have come to me, as Medical Health Officer of the village, to take steps to close up his shop, inasmuch as two new cases have developed within the last fortnight. It does seem to me to be a rather difficult matter to aver positively that the disease was contracted in the shop in question. Kindly advise me in the matter. Yours very truly,

"THOMAS NORTON.

"Shelburne, Sept. 7, 1895."

Dr. Bryce replied advising the Shelburne doctor to disinfect the barber's utensils.

The secretary then read a communication from a provincial town, warning him of a practice now going on in the writer's neighborhood of buying

up old horses, ostensibly for fertilizing purposes. The writer, however, was of the opinion that the horses would, later on, turn up in the shape of meat, and suggested that the secretary might soon have a "sirloin of horse" to eat.

Dr. Bryce said he would look into the matter.

The case of a farmer named McKay, in York township, who has a drove of about 200 pigs that are being fed upon the offal of dead horses, was also brought up. The secretary said he had placed the case in the hands of Crown Attorney Dewart, who will conduct the prosecution.

A number of cases of diphtheria outbreaks in the province were reported and considered.

Before adjourning at 1 o'clock, Dr. J. J. Cassidy read the report of the Committee on the Outbreak of Diphtheria in Proton township. It contained the evidence of several residents of the township and of two physicians respecting an outbreak of diphtheria in the family of Mr. John McSuhan. The report concluded with some important recommendations: (1) That the diphtheria regulations of the Provincial Board of Health should be sent to all physicians and local boards in Ontario annually; (2) That the existing regulations be amended by making membranous croup notifiable, as well as suspected cases of diphtheria; (3) That Ontario physicians, recognizing the difficulty of diagnosing diphtheria clinically, should more frequently avail themselves of the facilities offered by the Ontario Health Board in making a bacteriological diagnosis of suspected cases of diphtheria. The report was adopted by the Board.

On assembling at 2.30 a communication was read from Port Colborne, complaining of the pollution of the old Welland canal there, caused by the government not letting the water off. Dr. Bryce will endeavor to have the difficulty removed.

The disposal of sewage in the town of Woodstock came up for considera tion and action through a report being submitted by Drs. Kitchen, Macdonald and Bryce. Their report set forth the details of the town's system, showing that the River Thames was being polluted by the sewage, to the detriment of other towns further down, as well as the farmers along the river. The matter was settled by adopting the following recommendations: (1) That the plans and details of the proposed system and the disposal of the sewage for the north part of the town of Woodstock, as set forth in the report of Mr. W. M. Davis, the engineer in charge, be approved of as being such as to meet the sanitary requirements of the town. (2) That the sewage from the south side of the town be pumped, so that it can be used in filtering beds similar to that from the watershed, at as early a date as practicable in order that the provisions of the Public Health Act be complied with, and (3) That the municipal council shall require the disinfection of the affluent, before discharging into running water, of the sewage from any tannery or woollen mill in which South American, South African or Syrian hides or wools are used, except that sent to the filter beds.

Dr. Bryce then read the report of the Committee on Epidemics for the quarter. There had been a marked

immunity from diphtheria, which had been so bad a year ago, and there had been a continual demand for the anti-toxine remedy, and reports of a most satisfactory character had been received. The committee thought the great work Pasteur did in discovering this cannot fail to stimulate others to the enviable ambition of being benefactors of the race. A the winter months approach smallpox is practically stamped out in the United States, while for six months there has not been a case in this Province. As most of the cases of typhoid seem to come from the country, an effort will be made shortly to lay down certain conditions for the guidance of farmers in regard to their wells. The report concluded with a statement of the deaths during the term in many of the different cities and towns of Ontario. It was noticeable in connection with the large number of cases in the larger cities that most of them came from outside for treatment at the hospitals. The inference, therefore, was that wells were the most productive of typhoid germs. The report of London showed sixty-seven cases and one death. But this was modified by the statement that fifty-seven cases came from outside, and the person who died from Windsor. Port Hope had fifty cases and three deaths. Twelve cases can be traced to the bad water, the balance to other causes. Two out of the three deaths can be traced to the water.

Dr. Bryce then presented a partial report of the outbreak of typhoid in the city of Brantford. He had made an inspection of the whole waterworks and pronounced the water all right. The wells in Ward 3, however, he advised to be closed. Many of the cases, he said, were due to milk contamination. The "Dead Creek" also seemed to have caused part of the outbreak. At five o'clock the Board adjourned.

After assembly, which took place at 10.30 a.m. next day (13th), complaint of bad drainage in the village of Arthur first engaged the Board's attention. Several cases of typhoid had arisen from it. A committee of the Board, consisting of Drs. Bryce, Kitchen and Vaux, was appointed to investigate.

The feeding of the putrid offal and the unsanitary curing of meat in a slaughter-house, in the village of Invermay, was brought up. The village authorities were instructed to punish the offenders.

Some correspondence with Mayor Walmesley, of Belleville, was read. It showed that in that city considerable unwholesome meat had been brought into the market by farmer butchers, but there was difficulty in getting them convicted. The matter was referred to the Committee on Poisons, Foods and Drinks. It was also decided to prepare a by-law which municipalities could adopt in regard to the inspection of foods.

Mr. J. J. Mackenzie presented his preliminary report upon the bacteriological analysis of Brantford waters. The following is a synopsis of his report: Fifty-one samples, in all, were examined ; of these eleven were from various parts of the public water supply—two from the Grand River, two from the canal, one from Dead Creek, one from a creek which was used for watering cows by one of the city milk dealers, and the remainder from private wells.

The average number of bacteria per c.c. in the public water supply was 107; the minimum was 40 per c.c. from a tap on November 8th, and the maximum, 252 per c.c., from the tap at the water-works, on November 8th. The average number of bacteria per c.c. in the Grand River and its connections was 2,184 per c.c., the minimum was 1,350 per c.c. from the canal, November 7th; the maximum, 3,150 per c.c., from Dead Creek, November 9th.

The creek at which the milk-man watered his cows showed 400,000 per c.c. The private wells in the city of Brantford are of two kinds, driven wells and pit wells; the results from these are as follows: In driven wells the average number of bacteria per c.c. was 1,500; the maximum, 7,200; the minimum, 350. In pit wells the average number of bacteria per c.c. was 11,450; the minimum, 250, the maximum, 109,200.

In a number of cases, in addition to the above results, which represent the bacteria growing in gelatine at 22° c., determinations were made of the number growing in agar at 37°.5 c. For the public water supply there averaged 6 per c.c. In the driven wells this was determined in only a few cases, the number per c.c. averaged 19. In the pit wells the number per c.c. averaged 344.

The discussion on the situation in Brantford was continued until adjournment for luncheon.

Afternoon Session.

At once on resuming in the afternoon the reports on the Brantford outbreak of typhoid from July to October were again considered. Dr. Bryce read his recommendations which were as follows: "(1) Reduce the cost of city water to the smallest point consonant with the demands of revenue. (2) Order the closure and filling up of every well in Ward 3 before next June, and immediately of all wells associated with typhoid, or which, in the opinion of the medical health officer and engineer, are situated so as likely to become dangerous. (3) Have an immediate and special examination made of every dairy, and especially of the source of water supply, both for cattle and for the cleansing of milk vessels. (4) Withdraw the permits of all whose water supplies are from wells so situated as to be liable to contamination until a new well has been driven or dug in such a position as is approved by the medical health officer and by the engineer. (5) Require compliance with the Act regarding notification by physicians and householders, since, had notification been made early and regularly, the prevalence of the disease to such an extent would not have been possible, and the suspicion attaching to the water supply, by an early investigation of the local conditions where cases have occurred, would not have resulted."

Dr. Bryce then submitted, in addition, the following report, prepared subsequently: "From further investigations regarding the causes of the serious outbreak of fever in Brantford, made by myself and Mr. J. J. Mackenzie, it is still more apparent than ever that the city water is not only absolutely free from the taint of suspicion as a cause of typhoid, but that the majority of the wells examined

illustrate a degree of pollution such as to make them not only suspicious, but to have been the probable causes of many cases which have occurred.

THE FILTHY RAVINE.

"It will be well, however, that the condition of the ravine on the island where a source of supply is taken be improved so as at all times to make it possible to maintain a reservoir of water for extra consumption after its filtration as pure as the river supply makes possible. This, it is recommended, be done in the following manner: (1) Clear out all vegetable mould from the deepest part of the ravine for a reservoir, and close off the upper portion of the ravine, which ought also to have its vegetable matter removed, and afterwards levelled up. (2) Bring up the lower part of the ravine to a grade such as will prevent any standing water. (3) Lead a tile drain from reservoir to the outlet of the creek, and place at mouth of creek a dam with a culvert to allow the flood waters to flow off, and also have a dam supplied with a valve to keep out the high water of the spring floods; this draw from the reservoir will serve to maintain at all times a fresh supply of water in the reservoir, which will receive water from the canal supply. (4) If, in addition to this supply, an increase be desired it may readily be added by laying a series of subsoil field tiles beneath the frost line to the north of canal, and further to the south if necessary, which can be steadily supplied from the canal.

"By these methods the filter bed from these supplies to the well will be some 600 or 800 feet, and by it we may conclude the present filtration will, if possible, be made more perfect."

The whole report was adopted by the Board.

The people of Markdale have been undecided as to which of two sites should be chosen for a cemetery. Both sites are equidistant from the centre of the village, and are situate inside the corporation limits; but one, known as the Marsh site, is clay, and is situated on a street more favored in the selection of building sites; the other, known as the Walker site, is gravelly and not so much sought after by villagers in search of a site for a home.

The Board was asked to decide which was preferable, on sanitary grounds. Dr. Cassidy was asked to report on the two sites, and he recommended the Markdale people to secure the Walker site. This report was accordingly adopted by the Board.

DR. BRYCE'S TRIP.

The balance of the afternoon session was occupied by Dr. Bryce reading a report of his recent trip through the territories and British Columbia. He had been attending the meeting of the Public Health Association Convention at Denver, and took advantage of the offer of the Canadian Pacific Railway to run over to the Pacific Province and come back on their railway. The report gives a vast amount of information on the climate and temperature of the west, and concludes with the following observations in regard to a sanitarium for consumptives:

"It seems, therefore, that in the progress of the movement which this

Board has for years so persistingly advocated for the establishment of hospitals or sanitaria for the proper supervision and treatment of consumptives there can be no good reason to doubt but that if any such institutes be properly conducted, their location, whether in Muskoka, Calgary or Kamloops, will have as happy results from the standpoint of cures as any sanitaria situated in similar climates in other countries, and how great have been their success we have to-day extended statistics to prove.

"It is to be hoped that in every Province such action will be encouraged by both private benevolence and governmental assistance as will lead to the establishment of sanitaria at several centres, so that we may from year to year be able to establish from comparative statistics the real value of the various elements which go to make up the several types of climate."

After assembly at 10.30 a.m., next day (14th), the cutting of ice in polluted ponds was brought before the attention of the Board by the secretary. A committee of the Association of Medical Health Officers of Ontario had been appointed at its last meeting, and Drs. Macdonald and Bryce wished to know if the Board had any recommendations to make in the shape of a by-law. The secretary remarked that there had always been considerable uncertainty in Toronto as to where ice should be cut, and the ice-men who had the biggest pull at the City Hall could get the territory they wanted. Personally he did not believe in ice epidemics, although some bad ice had been blamed for the Brantford typhoid outbreaks. The matter was referred to the Committee on Food and Drinks, with instruction to prepare a circular for the guidance of the local Boards of Health.

A letter was then read by Dr. Macdonald from Dr. R. B. Leech, chairman of the State Board of Health of Texas, asking the co-operation of the Ontario Board towards furthering the use of arsenization as a prophylactic against cholera. The Board left the matter in the hands of Dr. Macdonald.

Dr. Bryce directed the attention of the Board to the fact that no county had taken action as yet to appoint a regular health officer for the entire county. He read a lengthy paper prepared as a "plea for the chemical and biological training of health officers and appointment of county officers." He spoke of the meagre salary received by most medical health officers, and remarked: "I have for a long time felt a great curiosity to know just what the medical health officer received for his services, and how long a so-called Christian people would stand by and see him grow fat on the east wind." Six officers manage to maintain the dignity of the office on no salary. Nineteen secretaries receive no remuneration whatever. The paper contains many suggestions and tables useful to medical health officers, and it was decided, on motion of Drs. Rae and Kitchen, that it be sent to the members of the county councils and medical men, asking their careful consideration of the matter, with a request to report to the Board their views, and urging that action be taken toward giving practical force to the recommendations contained therein.

Low water has caused some malaria in the village of Picton, and in order to see the condition of affairs Dr. Vaux visited the ground. His report was this morning presented to the Board. The nuisance complained of is caused by decaying refuse in a partially dried up watercourse. It was decided to refer the legal aspect of the ownership of the shores of this watercourse to the Attorney-General's department. The Board then adjourned.

CANADIAN MEDICAL ASSOCIATION.

(Continued from October number.)

Dr. Muir, of Truro, N.S., told of the opposition the treatment received in private practice. He spoke of some of the features in one or two epidemics he had passed through lately. In 159 cases he had treated during the past five years, the death-rate was $8\frac{1}{10}$ per cent. He gave very little medicine, and was very cautious in administering the anti-pyretics of coal tar derivation. Alcohol in limited quantities was the means he employed of reducing the fever. He was careful to attend to the bowels, keeping them opened by Rochelle salts. He believed in watching the pulse closely.

Surgeon-Colonel O'Dwyer asked how the patients were got in and out of the bath. Was not the movement prejudicial to them?

Dr. Osler replied that the bath was wheeled to the side of the bed, and two orderlies lifted the patient carefully in a sheet into the water. There was, he said, a possible danger. In a number of cases death occurred from perforation. He congratulated Dr. Muir on his results. He believed the high mortality was often attributed to too active medication. Many patients died from over treatment; from the too active use of antipyretics, digitalis, nitro-glycerine, and too many doctors.

Dr. Bray (Chatham) described an ingenious bath they used in the Chatham Hospital.

Dr. Moore referred to some unfortunate results from the cold bath treatment. He believed the cases in which it was used should be selected. He agreed that antipyretics were dangerous. He spoke of the value of calomel. It was a good antiseptic. He thought the old practitioners used to use it too freely. Now it was not used enough. He thought if they had better nursing and less active interference the more patients would survive.

Sir James Grant found that a regular, systematic lavage of the lower bowel, to remove the secretions accumulated there, was of great value.

Dr. Gardiner (London) said that so many forms of treatment were being vaunted as panaceas for typhoid, he did not know which one to follow. He thought the antiseptic treatment held its own.

Dr. Osler said that the antiseptic plan would be of some benefit, if the typhoid fever germs lived on the surface of the intestine. But they did not live there, but in the deeper portions, the mesenteric glands, the spleen, and it was impossible to get at the typhoid fever germ by any method of antiseptics. That was the case at present. They might

in the future, but to-day such antiseptic means were not extant. Such treatment reminded him of one of Lincoln's stories, which, if he were addressing a seventeenth century audience, he would relate.

A SKIN CLINIC was given by J. E. Graham (Toronto), L. Duncan Bulkley and A. R. Robinson (New York).

The first patient was a woman suffering from alopecia areata. The points in her personal history were ascertained by Dr. Graham, and also the course of the disease, likewise the various treatments which had been given. Dr. Graham said there seemed to be two classes of cases, parasitic and non-parasitic. In some cases he had known it to fall out on several different occasions, sometimes preceded by nervous shock. This pointed to a probable neurotic origin. As to treatment, he generally adopted chrysophanic acid. He had occasionally tried blistering. When the disease was extensive he thought it better to use mild oleat of mercury. Internal remedies should be given to promote the general health.

Dr. Robinson found, as usual, that in this patient the disease started by the hair falling out in a small spot, and then extending peripherally to an extent of two or three inches. No particular changes were noticeable in the scalp. The speaker pointed out the inappropriateness of the name given to this disease. He then discussed the pathological condition of the skin. He held that its appearance in patches was an indication that it was neuro-trophic in origin. He considered the disease due to some organism, and with this in view his idea was to produce cucocytosis by the application of croton oil. The general system must be attended to in order for the creation of leucocytes.

Dr. Bulkley pointed out that in the diagnosis syphilis was excluded by the way the hair had fallen out and by the appearance of little points in the scalp. He did not believe the disease was parasitic in character for it was not contagious. It might be due to a micro-organism, but he rather leaned to the theory that it was neurotic in origin. Prognosis was good if patiently treated. With the nervous origin in view he administered phosphoric acid, strychnia and other nerve foods and tonics. All stomachic and other disorders needed attention. The diet should be given with reference to the composition of the hair—phosphorous and fats. He did not think any of his listeners would care about an application of chrysophanic acid. It was most disagreeable. He named various external applications, but he had got the best results from the application of strong carbolic acid.

The next two patients shown had psoriasis. The typical signs were pointed out by Dr. Graham ; as to its causation it was difficult to decide. The treatment consisted in regulation of the diet ; for it was usually accompanied by some disturbance in the alimentary tract. Salt meats and porridge should be forbidden. Arsenic he had found a most valuable remedy internally. As an application he recommended crysarobin.

Dr. Robinson said this was a disease they had been treating two hundred years, and as yet its direct existing cause had not been discov-

ered. In a person with the habit extrinsic irritation would induce the characteristic surface lesions to appear. Internally there was probably imperfect oxygenation, retention of waste products, the uric acid diathesis. One peculiarity of the disease was that the patient might be entirely free of the disease, but upon going on a drunk he would perhaps be covered in less than a week. Remembering the extrinsic exciting causes, attention should be paid to the clothing. Internally the drugs to keep the urine alkaline should be given. Crysarobin locally was helpful.

Dr. Bulkley said they should not be afraid to give arsenic; there was less danger of poisoning from its use than from most any other remedy. He did not think it harmed the stomach particularly. With the arsenic an alkaline should be combined. Patients should avoid mutton and pork. The white meats, eggs, vegetables and wheat might be given.

A child suffering from eczema seborrhœacum was then presented.

Dr. Graham pointed out that this disease used to be considered as a kind of psoriasis, but it was now found to be parasitic in character, consequently external treatment would cure it.

Dr. Robinson said that this disease should be diagnosed from toxic eczema. This started as little brown patches and spread more or less at the periphery. Sulphur and salycilic acid, etc., were the remedies.

Dr. Bulkley said he preferred resorcin, an ointment of gr. 20 to the ℥. For the scalp he recommended:

Resorcin	℥ ii.
Alcohol	℥ iii.
Glycerine	℥ iv.
Rosewater to	℥ v.

The speaker later, in reading his paper, pointed out this variety commencing in the scalp of one of the medical men present who had consulted him about it.

In the afternoon the association was treated to a cruise among the Thousand Islands and to luncheon on board.

In the evening a short session was held in the parlors of the Frontenac hotel. A paper on "OPERATIVE TREATMENT OF INJURIES OF THE HEAD" was read by Dr. A. J. McCosh (New York).

Dr. Bulkley read a paper on the "NEWER REMEDIES IN THE TREATMENT OF SKIN DISEASES."

Dr. E. Farrell (Halifax) delivered the address in medicine.

Dr. John Campbell (Seaforth) read a paper on "DYSMENORRHŒA." The patient, aged 26, had suffered since the time the menses began with painful menstruation. She had been married six years and was getting worse. It was causing her to become morose and melancholy. It was diagnosed as the obstructive variety. No medicines gave relief; dilatation of the internal os was performed with little or no effect. Electricity was tried. Finally laparotomy was done, the appendages being removed. This effected a cure. A cystic condition of the ovaries was found.

Dr. A. R. Robinson (New York) read a paper on "THE IMPORTANCE OF EARLY TREATMENT OF CUTANEOUS CANCERS." The paper dealt principally with the pathological histology of the disease, and a consideration of how the changes in the tissues explained the course of the symptoms, and of how this aided in the application of remedial meas-

ures, and how this early removal will give a cure. All authorities agree that at first it was a local disease, and that complete removal of the primary lesion was equivalent to removal of the disease from the body. The essayist spoke of three varieties —the superficial discoid, the papillary, and the deep infiltrating. The disease was characterized by abnormal perliferation of epithelium, atypical in character, and associated with the production of poison from some source which injured the tissues; by changes in the connective tissue, with epithelial invasion by the lymphatics, and by a tendency to secondary infection of the lymphatic glands. The connective tissue underlying the superficial epithelial layers offered great resistance to the deep spread of the disease in its early stage; it tended to spread laterally instead. But if the connective tissue were injured by the senseless application of silver nitrate, there was much danger of the cancer penetrating this protective layer and extending to the deeper tissues, thus aggravating the disease, and rendering the possibility of removal infinitely greater. If the cancer were removed before perforation of this basement membrane, recovery was certain. The speaker then discussed the later stages of the disease, their microscopic character and appropriate treatment.

Dr. Wesley Mills (Montreal) read a paper on "EXPERIMENTAL CACHEXIA STRUMIPRIVA." He had removed the thyroids from two cats and one-half the gland from a dog. These animals were shown, and the symptoms pointed out. The paper dealt with the function of the thyroid.

This paper was followed, appropriately, by one on "THYROID FEEDING IN CASES OF STUPOR," by Dr. C. K. Clarke, Kingston Hospital for Insane. The doctor reported that he had used the extract in varying doses up to twenty grains in cases of stupor. In a number the improvement was marked from the first with cure. In others the drug acted very favorably for a time, when it seemed to lose its effect, and the patient lapsed back into his former condition. In others little or no effect was noticeable.

Dr. Louis Sayre gave a clinic on "HIP-DISEASE." Two patients were presented, one showing the second stage of the disease, the other the third. The doctor emphasized the necessity of ascertaining the exact deformity as compared with the normal form. He advised complete rest in bed in stages one and two, with fixation of the leg in the position of flexion found, with some weight to ease the joint. The leg should gradually be extended until it was straight. The patient then should have a splint applied, and sent out into the fresh air.

Dr. McPhedran read a paper on "ACUTE URÆMIA," accompanied by a gangrenous condition of the lung, with recovery.

Dr. R. H. Reeve read a paper on the "OPHTHALMOMETER."

Notes on a case of "BRAIN TUMOR," with an account of its removal, were given by Dr. J. Webster, Kingston.

A case of "PLACENTA WITH HYDATIDS; FŒTUS WITH SPINA BIFIDA," was the title of a paper by Dr. A. Bethune.

Dr. Garrat, of Kingston, reported the history of a case of "HERNIA

OF THE VERMIFORM APPENDIX," with its removal.

Dr. Ahern, of Quebec, gave the history of a case of "TRANSPERITONEAL NEPHRECTOMY FOR HYDRONEPHROSIS."

Dr. C. R. Dickson read a paper on "SOME INDICATIONS FOR ELECTROLYSIS IN ANGIOMA AND GOITRE."

Dr. W. Tobin presented a paper on "SOME PROPOSED CHANGES IN THE MILITIA MEDICAL SERVICE." He stated that the subject had already been dealt with at a meeting of the Maritime Medical Association, held in Halifax, where, as a consequence of the address of the President, Dr. Farrell, severely criticising the "incomplete organization of the medical department of our militia," and a subsequent discussion, the following resolution had been passed and was ordered to be forwarded to the proper authorities: "That it is advisable that the militia medical officers should receive such instruction in military surgery, ambulance drill and the routine of military medical administration generally as will enable them to discharge satisfactorily their duties in the field and in military hospitals That it is desirable that bearer companies should be formed wherever possible in localities where several regiments are brigaded together. That the officers and men of those companies should receive some information in stretcher drill and in giving first aid to the wounded. That each bearer company should be provided with a proper supply of medicines and surgical apparatus and ambulance furniture to enable officers and men to learn their duties practically and to prepare them to carry them out thoroughly on emergency." The first question dealt with by Dr. Tobin was that of reorganization of the department. He recommended and had urged on the Government, when serving with the Halifax Provisional Battalion during the Northwest campaign in 1885, the adoption of the departmental in lieu of the existing regimental system. He had practical experience of the relative value of both systems, both in the Queen's service and in the Canadian militia, in peace and war time, both at home and abroad. He quoted from a letter published over his own name at the time in the *Canadian Militia Gazette*, in which he recommended the departmental system in view of its greater cheapness and efficiency. Locally the regimental system might have its advantages, but on service it had always broken down. It had done so in the Northwest. More medical officers were required, and they could not be moved from point to point either on active service or in times of epidemic disease, etc. He also had recommended the formation of a reserve list of medical officers on the basis of that of the British army medical staff. The names of men desiring to retire from the active service might be placed on such reserve list to be called upon to do duty preferably in hospitals on emergency. In this way the services of such men as Roddick, Sullivan of Kingston, Bell, Shepherd, and others need not be lost to the department. The next point dealt with was the formation of bearer companies. Dr. Tobin gave the details of a plan of organization of a bearer half-com-

pany which he desired permission of the Government to form in connection with the militia forces in Halifax. Half a bearer company would contain but thirty-two men including non-commissioned and commissioned officers (medical). He had been promised the men from the officer commanding the three regiments in Halifax. The men need not be detained from their engagements except when doing duty as a bearer company. A medical man had volunteered his services to give lectures in "First Aid to the Wounded," and an instructor in stretcher drill could be similarly secured from the British Army medical corps, an adequate compensation being locally subscribed. Such an instructor would perfect the men in stretcher drill and ambulance work generally. The army medical officers, including the P. M. O., Surgeon-Colonel O'Dwyer had promised any assistance, and all that was now required was the sanction of the Government to a scheme which involved them in no expense and was considered by the local authorities thoroughly practical and for a very necessary purpose.

Surgeon-Colonel O'Dwyer, Principal Medical Officer of the Imperial forces in Canada, who was present at the meeting, gave his personal experience of the two systems, regimental and departmental, and approved highly the formation of bearer companies from both the humanitarian and utilitarian points of view. He had helped to organize such companies in Great Britain in connection with both the militia and the volunteers, and had commanded a bearer column of the regular army during the Egyptian campaign. He approved the departmenta system, but for obvious reasons refrained from pressing views which might be taken as semi-official upon the meeting.

A resolution was then moved by Dr. J. H. Mathieson, o St. Mary's, and seconded by Dr. A. Bethune, of Seaforth, and ordered to be forwarded to the Militia Department, similar in substance to that passed in Halifax at the Maritime meeting, to the effect that instruction in military surgery should be given militia medical officers, and that the ambulance system should be improved by the formation of bearer companies where possible, on the basis laid down by Deputy Surgeon-General Tobin.

After the usual votes of thanks the Association adjourned. The members visited the Rockwood Asylum and Penitentiary.

ASAFŒTIDA IN OBSTETRICS.—Warman *(Der Frauenarzt)* finds that this drug is a most valuable therapeutic agent in midwifery. It is a direct sedative to the pregnant uterus, and exercises no evil influence over the general system. It is of particular value when abortion is imminent, as it controls uterine irritability. On the other hand, it is of no use as a prophylactic agent in such cases, and must not be relied upon when the abortion has proceeded so far as to require manual interference. In habitual constipation and also in nervous conditions during pregnancy, asafœtida is highly beneficial.—*Brit. Med. Jour.*

THE DOMINION · MEDICAL · MONTHLY

... AND ...

ONTARIO MEDICAL JOURNAL

EDITORS:

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VOL. V. TORONTO, DECEMBER, 1895. NO. 6.

MEDICAL COUNCIL PROCEEDINGS.

We have been publishing steadily since the Council rose the proceedings of that body, and regret to say that they are only about one-third published. The proceedings themselves look in a fair way to occupy 300 pages. Of course this was an unusual and eventful session; the questions were being fought out in Council which had agitated the profession for some two or three years previously, and we have no doubt that every physician at all interested in the advancement of the profession will read this year's Announcement. One of the chief ante-election, and what is likely to be the most persistent post-election topic, is the levying of dues. In the proceedings of the Council will be found the remarks of Dr. Rogers, who ably presents the assessment side of the question, which has always been our side, because no matter what differences of opinion may exist in regard to other points, there is no doubt that the profession should pay the small annual due that is asked of them. They get a large return for the money thus expended in the work of the College in purifying the lists.

* * *

They must remember that it is not the cases which are prosecuted in which the prosecution is successful that are the measure of the Council's work in this regard, but rather the hundreds of impostors that during the year were stopped in the inception of their schemes, the looser fish of the profession who were checked at their

first wrong step. We have the list of such cases for the past year handed in by Detective Wasson, and it certainly proves that the College is doing good and effective work in this connection. Respecting the Annual Announcement, we may say that the delay in publication has been uncontrollable, as from before the time the stenographer handed in the last of over 1,000 pages of typewritten legal cap, the printers have been steadily at work, and as fast as the type was set up, the proofs sent out, and the revised copies returned, the work has been run off. However, we expect to get the Announcement out this month, and consequently do not continue the proceedings in the JOURNAL.

IT is with much pleasure we announce that Dr. J. S. Sprague, of Stirling, Ont., has consented to act as territorial editor for the Fourteenth Division (Quinte and Cataraqui).

Personal Items.

DR. R. A. DOWNEY has settled at 247 Brunswick Avenue.

DR. AND MRS. NIVEN, of London, Ont., have returned from their trip to England.

DR. MCMASTER has taken up house on College Street, close to Robert Street.

DR. F. J. BROWN was married to Miss Birdie Chisholm, of Port Hope, on Tuesday, November 12th.

DR. A. HOLMES SIMPSON, of Winnipeg, was married October 31st to Miss Frances Stewart, of Banff.

DR. W. T. WILSON has moved from Dundas to Brockville, where he is now assistant physician in the asylum.

DR. JAS. H. RICHARDSON has been appointed to Toronto University Senate as representative of University College Council.

DR. SHUTTLEWORTH, who up to a few months ago was House Physician in Toronto General Hospital, has started practice on Broadview Avenue, over the Don.

DR. W. T. AIKINS has again commenced to see his patients, having to a large extent recovered from his long illness. The doctor has been appointed to the Senate of Toronto University as representative of Toronto School of Medicine.

THE proposed sanitarium for consumptives, which Mr. W. J. Gage, of Toronto, has been so active in promoting, has at length reached pretty definite outlines. A site at Gravenhurst has been examined and reported on by the medical men with whom the committee has consulted, and has been commended as highly suitable for the purpose.

Deaths.

REA.—Suddenly, on Sunday, November 17th, at 11.45 p.m., at his residence, corner Dundas Street and Dovercourt Road, Dr. James Rea.

GORDON.—At 323 College Street, on Sunday morning, November 17th, Douglas Wilson, only and beloved son of Dr. Andrew R. and Emma Louise Gordon, aged nine months.

The Medical News Visiting List for 1896. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60 patient Perpetual consists of 256 pages of blanks. Each style is one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, $1.25. Philadelphia: Lea Brothers & Co. 1895.

The Medical News Visiting List for 1896 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with

[*Continued on page 700*

the most approved remedies, and a table of doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers, and the Ligation of Arteries. The classified blanks (160 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. The selection of material in the text portion and the arrangement of the record blanks are the result of eleven years of experience and special study. Equal care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding nothing seems to be left wanting. When desired, a Ready Reference Thumb-letter Index is furnished, which is peculiar to this Visiting List, and which will save many-fold its small cost (25 cents) in the economy of time effected during a year. In its several styles The Medical News Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this invaluable pocket companion.

ABSCESS OF THE LUNG IN INFLUENZA.—Th. Hitzig, of Eichhorst's Clinic (*Munch. med. Woch.*), observes that occasionally abscess of the lung has been known to complicate influenza, and he refers to recorded cases. He relates a case in which influenza bacilli were found in pure culture in the pus spat up from such

[*Continued on page 702*

CANADIAN MEDICAL PRACTICE OFFICE.

Conducted for the Convenience and Protection of the Profession.

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SPECIFY BY NUMBER THE ONE YOU WISH DETAILS OF.

No. 2.—$3,000 to $3,500 rural practice, unopposed, in village of 300, located in rich agricultural township, about thirty miles east of Toronto. Fine brick residence; two months' introduction; pay is excellent; suit Methodist or Presbyterian. Price, $4,500. Terms, $2,000 cash, balance mortgage on place. One of the surest country practices in Ontario.

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No. 12.—$3,500 to $4,500 established practice and lovely home in village of 800 population, about sixty miles north-west of Toronto, in rich county; goodwill and full introduction; splendid appointments, netting over $300 per year, transferable sure. Price, $5,000. Terms, $1,500 cash, balance can remain as mortgage on house. Opposition is weak. If there is any choice we think the opening best for a Presbyterian. Note the easy terms offered.

No. 20.—$4,000 to $5,000 practice, two months' introduction, fine appointments, private telephone connections, in prettiest village of 1,500 and best agricultural district in Ontario, 40 miles from Toronto. The doctor is tired of hard work and offers others a chance. Success is sure to any average man, but to a Methodist it is absolutely the choice on our list. Price, $1,000. Easy terms.

No. 28.—$2,000 and upwards practice in a city and $600 interest in great paying drugstore, office contents, goodwill and introduction, all for $1,100, if taken at once. A splendid nucleus to commence on in a city.

No. 30.—$2,500 and upwards practice, with the doctor's home, goodwill and introduction, in village of 1,000 population in county of Leeds, only weak opposition; would suit a Catholic best, next a Presbyterian, to either of which success is assured. Price, $2,700. Terms, half cash, balance on mortgage.

No. 38.—$3,000 practice, established, and the doctor's fine comfortable home, goodwill and introduction, in village of 500 population, without opposition, county of Bruce; all the work you can do from the very first and collections excellent; the health of the doctor forces him to retire; a great opportunity. Price, $2,700. Terms, $1,000 cash, balance can remain on property.

No. 43.—$2,000 to $3,000 practice, fine home, horses, harness, two buggies, office contents, goodwill and introduction in town of 700, without opposition, county of Kent. The finest opening in Canada for a Catholic. To make speedy sale, will accept $500 down.

No. 44.—$2,500 to $3,500 cash practice in town of 7,000 population, about eighty miles north-east of Toronto; established many years; successor may rent the doctor's beautiful home and office. He also holds some of the very best appointments in town, which can be transferred sure. Chief religious bodies—Catholics, Methodists, Presbyterians. Goodwill, appointments, one month's introduction, etc., for $550, if taken before January 1st. A great chance for someone.

No. 45.—A half interest in proper y a d practice in town of 5,000 population in Michigan is offered. The practice is largely a contract mining and mill one. The doctors holding it at present receive a cheque each month from the mines of $400, and have done so for the past six years; besides, there is a large income from private outside practice. One of the parties has received a professorship at a university, and wishes to dispose of his interest before removing. Price for said half interest, $3,500 cash.

N . 47.—A medical practice and drug store, with office furniture, invoice about $700, in town of 600, in western county, which has allowed the doctor to save over $5,000 from it in four years, is offered at $700 cash for speedy sale.

No. 49.—A practice of $100 per month, cash, is offered in village of 400, without opposition, in Alberta, N.W.T., on railroad, good appointments. Price, $300 cash.

No. 51.—$3,000 practice in town of 3,500 population, on the St. Lawrence River, with horse, buggy, cutter, harness, office furniture, good-will and introduction. Price, $600 cash. This is the best practice in the town. Best of reasons for selling.

No. 52.—$5,000 practice and lovely home in city of 12,000 population, about 90 miles from Toronto. One of the finest practices and homes in flourishing place. Price, $6,500, which is much below cost. Terms, $2,000 cash, balance on mortgage. Satisfactory reasons.

This office is prepared to loan money to physicians on first mortgages at lowest rates.

The following Instruments, in perfect order, have been left on sale at very low prices: One Microscope, Baker stand, tilting, draw tube and fine adjustment, one eye piece, two objectives—1 inch and ¼ inch, all right for urinary and pathological work, cost $36.00, will sell for $17.00. Ether Inhaler, cost $6.00, sell for $3.00. Allan's Surgical Pump, cost $35.00, sell for $20.00. Aspirator, made by Shurtleff & Codman, cost $16.00, sell for $10.00. Intubation Set, O'Dwyer, cost $32.00, sell for $15.00.

☞ *Letters must be direct from medical practitioners interested, and must enclose stamp for reply, otherwise they will remain unnoticed.*

Address— **DR. W. E. HAMILL,**

ROOM 11, JANES BUILDING,

N. E. Corner King and Yonge Streets, **TORONTO.**

an abscess. The bacteriology of pulmonary abscess has been but little investigated. A woman, aged 55, had suffered from two previous attacks of influenza, and after the second she had a right pleurisy and acute laryngitis. The present attack began with pain in the limbs, weakness, fever, and cough. Three months later she became worse, with pain in the right chest, increased cough, and mucopurulent expectoration. On admission there was great prostration, rapid breathing, and a pulse of 150. There was cough with yellowish brown, more or less tenacious, but not rusty sputum. There was impaired percussion behind from the fifth rib downwards. Moist sounds were present. The dulness became more marked and the vocal fremitus less distinct. Later a tympanitic note could be made out with amphoric and occasionally metallic breathing. Elastic fibres in alveolar arrangement were found by Eichhorst in the sputum. The latter, amounting to 100-200 c.cm. in the day, was never offensive and never contained tubercle bacilli. The sputum steadily became less as well as the cough, and the tympanitic reasonance with the metallic phenomena disappeared. No more elastic fibrils were found in the sputum, and the patient was ultimately discharged perfectly well, having gained 10 kilo. in weight. The clinical diagnosis of abscess in the right lower lobe could not be doubted, and the preceding pneumonia had all the characteristics of influenzal pneumonia. A bicteriological examina-

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tion was made after the first symptoms of abscess and frequently repeated. The sputum was obtained with all the usual bacteriological precautions, and both morphologically and by cultivation the presence of the influenza bacillus in pure culture was established. The diagnosis was further confirmed by a bacteriological examination in Pfeiffer's laboratory. Strepto and staphylococci were quite absent. After the clinical evidence of the abscess had disappeared, Pfeiffer's bacillus also disappeared from the sputum. Pfeiffer's bacillus is the recognized cause of influenza and influenzal pneumonia. The absence of the usual pyogenic microbes as well as of Fraenkel's diplococcus, and the presence of the influenza bacillus, as proved morphologically and by culture, show that this bacillus must be looked upon as the cause of the pulmonary abscess.

ECTOPIC GESTATION; MORPHINE INJECTIONS.—Prochownick (Frank's *Berliner Klinik*) supports this practice, which was also advocated by Winckel so recently as 1889. He considers that the injection should be practised in any case of extrauterine pregnancy during the first three months, provided that it is fairly evident that the ovum is yet intact and the embryo alive. After the twelfth week injections are not justifiable, and if abortion has clearly set in, if hæmatocele or hæmatoma be present, or if the uterine decidua has come away, this practice is useless, as its object, according to the light of recent experience, should be solely the destruction of the embryo. A single injection of about half a grain in half a drachm of water will usually suffice. It must be administered from the vagina, with a stout straight or curved needle, which must be fitted on to the syringe direct without any intermediate rubber tubing. Antisepsis must be practised, and an iodoform tampon must be applied to the

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vagina after injection and left there for twenty-four hours. Evidence of perimetritis or gonorrhœa contra-indicates this treatment. An anæsthetic is only needed in very sensitive excitable subjects.—*Brit. Med. Jour.*

FIBROIDS CURED BY EXTRACT OF THYROID GLAND.—Jouin (*Bulletins et Memoires de la Soc. Obst. et Gynec. de Paris.*) states that he has successfully treated several cases of myoma of the uterus by doses of Nielsen's dry extract of sheep's thyroid gland. He gives four to eight tablets daily, equivalent to half a thyroid gland. Out of five cases, the two which have been fairly long under treatment have distinctly improved in health. In the first case the tumor has distinctly diminished in size. Menorrhagia is much diminished by this treatment. As in other classes of patient, hæmorrhoids present in at least one case were greatly relieved.—*Brit. Med. Jour.*

ŒDEMA WITHOUT ALBUMINURIA.—Tchirkoff *(Rev. de Méd.)* has observed considerable œdema in several cases without albuminuria. The patients' ages varied from twenty-five to sixty. In some the general appearance resembled that of renal disease; in others, and especially the anæmic, the anasarca developed rapidly, the peritoneal cavity filling with fluid very much, as in cases of cirrhosis of the liver. Renal disease was in all cases carefully excluded. A general loss of hair was noted. The blood was normal, except that in most cases there was a quantity of reduced hæmoglobin present. There was no evidence of cardiac lesions or of general stasis of the blood. The author then refers to a possible nervous origin in the shape of a lesion of the vasomotor centres or nerves. There was a profound alteration in nutrition. In those recovering there was great wasting and exhaustion. The above alteration in the blood serves to distinguish the œdema from that of chlorosis or pernicious anæmia. The author gives details of some of the seven cases of generalised œdema without albuminuria, observed by him. In one case of a man, aged forty-eight, there was a rapid development of œdema, with effusions into the peritoneal, pleural, and pericardial sacs. None of the ordinary causes of general dropsy were present. The author comes to the conclusion that the most probable cause lay in a lesion in the vasomotor system rather than that the disease was due to any profound alteration in the blood, or

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to a lesion in the vessel walls. In other cases the œdema of the extremities is never great, but the effusion into the serous cavities and dilatation of the right heart are most constant. The author then refers to the possible syphilitic origin of the affection, and gives details of two cases in which recovery ensued after treatment with potassium iodide. The author recognizes two groups of cases: (1) acute, with rapid œdema and dropsy of the serous cavities; and (2) chronic, with slow development and with trophic disturbance and venous paralysis. In five out of seven cases there was previous syphilis, and antisyphilitic treatment gave brilliant results. The author could not but conclude that such cases were syphilitic in nature; they are certainly due to an affection of the vasomotor centre, whatever the exact nature of that lesion may be. Apart from syphilis, the infective diseases seem to be the most frequent cause, the toxins, in all probability, producing an alteration in the vasomotor centres. The author does not think that these cases can be of lymphatic origin. He concludes that (1) generalized dropsy may occur without albuminuria, and in the absence of disease of the heart, lungs, liver, or other organs; (2) it may be called general vasomotor œdema; (3) it may be accompanied by cardiac dilatation and moderate artero-sclerosis; (4) the blood presents certain alterations in the shape of reduced hæmoglobin; there may be trophic changes and paralysis of the cutaneous veins;

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and (5) the disease is mostly syphilitic, and yields to appropriate treatment.—*British Medical Journal.*

COMPRESSION OF THE BRAIN.—Giannelli (*Riv. Sper. di Freniatria*) gives the results of some pressure experiments on the brain of a woman, aged thirty-three, who had been trephined over the middle of the ascending parietal convolution. In one set of experiments the pressure was increased gradually up to twenty cm. Hg., in the others, rapidly up to eighteen cm. Similar symptoms were observed in each case except that they occurred at once when the pressure was rapidly increased and gradually in the other class. The pupils contracted in the first series and dilated clearly in the second. It was not noticed which pupil altered first; the changes were equal. The pulse was at first slightly increased in frequency, but ultimately lessened, and the height of the pulse tracing tended to get lower. The respiration, which was at first increased, speedily diminished, and it appeared that stimulation of the part of the cerebral cortex under observation exercised an inhibitory influence on expiration. No Cheyne-Stokes breathing was observed, perhaps because the pressure was not high enough. Pain in the head became intense at fourteen cm. pressure, unbearable at eighteen. Temperature in the rectum fell slightly under pressure, but rose to normal in a few minutes after the pressure was relieved. Salivation was often noticed. Drowsiness up to

[*Continued on page 714*

loss of consciousness observed when the pressure was high. It was not possible to observe the optic discs during the course of the experiments. —*British Medical Journal.*

HYSTERECTOMY: "COLLARETTE" OPERATION.—Delageniere, of Le Mans *(Archives Provinciales de Chirurgie)* strongly supports this practice, which, roughly speaking, consists of amputating or enucleating a fibroid and leaving behind as little of the tissue of the stump as possible, the muscular part of the cervix and portion of the body of the uterus being dissected away. The "collarette" thus left behind is sewn up so that its edges are turned downwards into the vagina, which is exposed. As much oozing follows, Delageniere has always hitherto drained the abdominal cavity. The difficulty in securing the broad ligaments and in getting at the uterine arteries is not great. The ureters and adjacent structures cannot be damaged. At the same time the uterus is removed as far as the vagina without any manipulations from the vulva. When the fibroid has invaded the broad ligament it must first enucleated, then the broad ligament is cut away and the cervix treated as in a simple case. Delageniere has lost only one in twenty cases.—*Brit. Med. Jour.*

"I call that hush money," said the happy father to the chemist, as he placed thirteenpence halfpenny on the counter for a bottle of Mrs. Winslow's Syrup.—*Chem. and Drug.*

Alphabetical Index of Formulæ.

(*Continued.*)

INSOMNIA (*Continued*).—

℞ Narceinæ ..... gr. viij.
Confect. rosæ ..... gr. xv.

M. Et. ft. pil. No. xxiv. Sig.: One to three pills at bedtime.—*Laborde.*

℞ Ex. piscidæ erythrin. fl. f℥ j.
Syr. simp ..... f℥ j.
Aq. aurant. flor ....ad f℥ iv.

M. Sig.: From one to four teaspoonfuls at bedtime.—*Payne.*

℞ Potass. bromid ..... ℥iv.
Chloral hydrat ..... ℥ij.
Syr. prun. virg ..... f℥ j.
Aquæ .....ad f℥ iij.

M. Sig.: Dessertspoonful in a wineglassful of water at bedtime.

℞ Antikamniæ ..... ℥ij.

Div. in chart. No. xii. Sig.: Take one powder at bedtime.—*Powell.*

INTUSSUSCEPTION.—

℞ Sodii bicarb ..... ℈ii-iij.
Aquæ ..... f℥ vj.

M. Sig.: Inject into the rectum and follow at once with—

℞ Acid. tartaric. pulv .... gr. xxxv-[xiviij.
Aquæ ..... f℥ iv.

M. Sig.: Inject immediately into the bowels after the preceding.—*Bartholow.*

℞ Tabaci ..... ℥j.
Aq. bullientis ..... Oj.

Macera per sextum horæ partem, et cola. Sig.: Inject one-quarter or one-half, and repeat in half an hour, if necessary, carefully watching its effect.—*Guy's Hospital.*

INTUSSUSCEPTION (*Continued*).—

℞ Ex. belladonnæ ..... gr. iv.
Aq. ferventis..... Oj.

M. Sig.: Inject into the rectum.—*Waring.*

℞ Lobeliæ..... ℥ ss.
Aq. bullientis ..... Oj.

M. Ft. infusum. Sig.: Inject one-fourth or one-half, and repeat if permissible.—*Bartholow.*

IRITIS.—

℞ Atropinæ sulphatis... gr. ij.
Aq. destillat ..... f℥ ss.

M. Sig.: One drop into each eye twice daily, continuing for a week.—*Keyser.*

℞ Emplast. cantharidis .. 1 in. × 1 in.

Sig.: Apply behind the ear, and poultice when blistered—*Hartshorne.*

℞ Atropinæ sulphatis.... gr. i-iij.
Morphinæ sulphatis... gr. iv.
Zinci sulphatis ..... gr. ii-viij.
Aquæ destillat ..... f℥ j.

M. Sig.: Apply as a lotion.—*Bartholow.*

℞ Scopolinæ..... gr. j.
Aq. destillat..... f℥ j.

M. Sig.: One to three drops into the eye two or three times daily.—*Dunn.*

℞ Duboisiæ sulphat..... gr. j.
Aq. destillat..... f℥ j.

M. Sig.: One drop into the eye once or twice daily.—*Tweedy.*

℞ Hydrarg. chlor. mit... gr. x.
Ex. glycyrrhizæ..... q. s.

M. Et. ft. pil. No. xx. Sig.: Two pills twice a day.—*Niemeyer.*

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IRITIS *(Continued)*.—

℞ Hydrarg. chlor. corros. gr. j.
Potass. iodid. . . . . ℥j.
Tr. calumbæ. . . . . f℥ij.
Aquæ. . . . . ad f℥vj.

M. Sig.: A dessertspoonful in a wineglassful of water two or three times a day.—*Lawson.*

℞ Ol. terebinthinæ. . . . . f℥j.
Mucil. acaciæ, q. s. ut ft. emul,
Syr. simp. . . . . f℥j.
Aq. menthæ pip. . . . . f℥iv.

M. Sig.: Dessertspoonful in water three times a day.—*Hogg.*

KERATITIS, PHLYCTENULAR.—

℞ Hydrarg. chlor. corros. gr. j.
Aq. destillat . . . . . f℥iv.

M. Sig.: Use as an eye-bath.—*Grandmont.*

℞ Atropinæ sulphat . . . . gr. ii-iv.
Aq. destillat . . . . . f℥j.

M. Sig.: One or two drops in each eye two or three times a day.—*Bartholow.*

℞ Duboisiæ sulphat. . . . . gr. j.
Aq. rosæ. . . . . f℥j.

M. Sig.: One or two drops in the eye two or th ee times a day.—*Thompson.*

LABOR.—

℞ Quiniæ sulphat. . . . . ℈ij.
Acid. sulphuric. aromat., q. s. ut ft. sol.,
Syr. zingiberis. . . . . f℥j.
Aquæ . . . . . ad f℥ij.

M. Sig.: A tablespoonful at once, and afterwards a dessertspoonful every four hours. (In atony of the uterus.)—*Ringer.*

LABOR *(Continued)*.—

℞ Potass. bromid..... ℥ss.
Chloral hydrat..... ℈iiss.
Syr. aurant. cort..... f℥ss.
Aquæ.....q. s. ad f℥ij.

M. Sig.: Dose, one-half of the above. (In false labor.)—*Gerhard.*

℞ Tr. opii deod ..... gtt. xiv.
Tr. lactucarii,
Syr. papaveris.....āā f℥iij.
Aq. aurant. flor..... f℥iss.

M. Sig.: Dose, the one-third part. (In protracted labor, due to irregular, tetanic pains.)—*Velpeau.*

℞ Chloral hydrat..... ℥ij.
Syr. aurant. cort..... f℥j.
Aq. aurant. flor..... f℥iv.

M. Sig.: Tablespoonful every twenty minutes for three doses.—*Playfair.*

℞ Quiniæ bisulphat..... gr. x.

Ft. chart. No. i. Sig.: One dose (In atony of the womb.)—*Gerhard.*

℞ Chloroformi ..... f℥iv.

Sig.: Let patient inhale, but not to complete anæsthesia.—*Simpson.*

℞ Amyl nitritis ..... f℥j.

Sig.: Three to five drops to be inhaled from a handkerchief. (In hour-glass contraction of the uterus.)—*Barnes.*

℞ Tr. nucis vomicæ..... f℥j.
Ex. ergotæ fl..... f℥vj.
Elix. simp.....ad f℥vj.

M. Sig.: A teaspoonful in a wine-glassful of water every three hours. (In retained placenta.)—*Lombe Atthill.*

LABOR *(Continued)*.—

℞ Morphiæ sulphat ..... gr. ij.
Aq. camphoræ ..... f℥ ij.

M. Sig.: Teaspoonful every three or four hours, as required. (For after-pains.)—*Witherstine.*

℞ Morphiæ sulphat ..... gr. i-ij.
Ol. theobromæ ..... ℥ij.

M. Et. ft. suppos. No. iv. Sig.: One as requ'red. (In precipitate labor.) —*Leishman.*

LARYNGISMUS STRIDULUS.—

℞ Chloral hydrat ..... gr. v-xv.
Syr. simp.,
Aq. cinnam.....āā ℥ss.

M. Sig.: One dose. (To arrest impending attack.)—*Bartholow.*

℞ Potass. citrat..... ℥j.
Syr ipecac..... f℥ij.
Tr. opii deod..... gtt. xij.
Syr. simp..... f℥ij.
Aquæ..... f℥iss.

M. Sig.: Teaspoonful every two hours for a child of two years.—*Meigs and Pepper.*

℞ Tr. aconiti rad ..... f℥ss.

Sig.: One drop in a teaspoonful of water every hour for three or four doses; then every two hours.—*Ringer.*

℞ Potass. bromid.,
Sodii bromid.....āā ℥j.
Chloral hydrat ..... gr. xlviij.
Syr. simp..... f℥j.
Aq. cinnam ....q.s. ad f℥iij.

M. Sig.: Teaspoonful every half-hour, or hour, as required.—*Powell.*

LARYNGISMUS STRIDULUS (*Continued*).—

℞ Syr. ipecac ..... f℥ ij.

Sig.: Teaspoonful every ten or fifteen minutes until free emesis occurs.—*Bartholow.*

℞ Ferri citratis ..... ℥ ij.
Aq. aurant. flor ..... f℥ vss.
Syr. simp ..... f℥ ss.

M. Sig.: A teaspoonful to a tablespoonful three times a day between the paroxysms. (For anæmic cases.) —*Hartshorne.*

LARYNGITIS.—

℞ Tr. aconiti rad ..... f℥ ss.

Sig.: One drop every hour, in water. Best results when following a dose of castor oil. When it has existed several days give—

℞ Vini mariani ..... Oj.

Sig.: Wineglassful every three hours, with absolute rest of voice.—*Sajous.*

℞ Tr. pulsatillæ ..... f℥ j.
Syr. ipecac ..... f℥ j.
Liq. potass. citrat ..... f℥ v.

M. Sig.: Tablespoonful every three hours.—*Gerhard.*

℞ Argenti nitrat ..... gr. lx.
Aquæ ..... f℥ j.

M. Sig.: Apply locally on cotton; then immediately apply the following:

℞ Hydrarg. cyanid ..... gr. ij.
Sacch. lact ..... gr. xv.
Mucil. acaciæ ..... q. s.

M. Et. div. in pil. No. xx. Sig.: One pill twice daily. (Syphilitic form.) —*M. Mackenzie.*

LARYNGITIS (*Continued*).—

℞ Potassii permanganitis . gr. ij.
Aq. destillat..... f℥ ij.

M. Sig.: Use with an atomizer several times daily. (Fœtid chronic form.)—*Sajous.*

℞ Hydrarg. chlor. corros . gr. i-ij.
Aquæ..... f℥ ij.

M. Sig.: Inhale from an atomizer several times a day. (In syphilitic form.)—*Demarquay.*

℞ Acid. benzoic ..... gr. ss.
Sodii biborat ..... gr. iss.
Acaciæ ..... q. s.

M. Et ft. trochiscum No. i. Sig.: One every hour. (In acute laryngitis.)—*Sajous.*

℞ Cocaine muriat. (10 per cent. sol.)..... f℥ j.

Sig.: Apply locally to the larynx. (Chronic form.)—*Seiler.*

℞ Iodol ..... ℥ j.

Sig.: Insufflate a small portion once a day, or several times a week. (In tuberculous laryngitis.)—*Lublinski.*

℞ Menthol..... gr. xxv-c.
Ol. olivæ ..... f℥ j.

M. Sig.: Apply locally to the ulcerations. (In tuberculous laryngitis.)—*Rosenberg.*

℞ Tr. aconiti rad ..... ℥xxx.
Syr. limonis..... f℥ ss.
Liq. ammon. acetat ... f℥ ij.

M. Sig.: Dessertspoonful every three hours. (In acute form.)—*Thomas.*

LEUCOCYTHÆMIA.—

℞ Sodii arsenitis..... gr. j.

Div. in pil. No. xl. Sig.: One pill three times a day. And—

℞ Iodi..... ℈j.
Ol. bergami..... gtt. j.
Lanolin..... ℥j.

M. Sig.: Rub over the spleen at night.—*Da Costa.*

℞ Quiniæ sulphat..... ℥j.
Ferri sulphat. exsiccat. ℥iss.

M. Et ft. pil. No. xxx. Sig.: Four or five pills daily.—*Bartholow.*

℞ Acid. arseniosi..... gr. j.
Pil. ferri carbonatis,
Quinidiæ sulphat...āā ℥j.

M. Et ft. pil. No. xl. Sig.: Two pills three times a day.—*Da Costa.*

℞ Ol. eucalypti..... gtt. c.
Piperini.
Ceræ albæ.....āā ℥j.
Pulv. althææ..... ℥ij.

M. Et ft. pil. No. c. Sig.: Three to five pills three times a day.—*Mosler.*

LEUCORRHŒA.—

℞ Sodii bicarb..... ℥j.
Tr. belladonnæ..... f℥ij.
Aquæ..... Oj.

M. Sig.: Use as a vaginal wash.—*Ringer.*

℞ Creolin..... gtt. xxx.
Ex. hydrastis fl..... f℥iiss.

M. Sig.: Two teaspoonfuls in a pint of warm water, to be used for one vaginal injection.—*Jounral de Médecine Paris.*

LEUCORRHŒA *(Continued).*—

℞ Potass. chlorat ..... ℥ ij.

Sig.: A teaspoonful to a pint of warm water, as a vaginal injection. (In simple cases.)—*Parvin.*

℞ Acid. boracic ..... ℥ vj.
Aq. ferventes ..... Oj.

M. Sig.: Use a vaginal injection. —*Ringer.*

℞ Acid salicylic,
Acid. thymic .....āā ℥ ss.
Ess. amber ..... gtt. xx.
Alcoholis, 90° ..... f℥ viss.
Cologne ..... f℥ iss.
Aq. destillat ..... f℥ ix.

M. Sig.: A tablespoonful of this mixture is put into about a quart of water, and it is used as an injection three or four times daily, in order to suppress the fœtidity of the discharge. —*Presse Médicale Belge.*

℞ Acid. tannic ..... ℥ iv.
Glycerinæ ..... f℥ xvj.

M. Sig.: Tablespoonful to a quart of tepid water as a vaginal injection night and morning.—*T. Gaillard Thomas.*

℞ Potass. chlorat ..... ℥ iij.
Tr. opii ..... ℥ iiss.
Aq. picis ..... f℥ ix.

M. Sig.: From one to two tablespoonfuls to a quart of hot water as an injection twice daily.—*Chéron.*

℞ Iodoformi ..... ℥ j.
Acid. tannic ..... ℥ j.

M. Sig.: Pack a sufficient quantity in the dry state around the cervix uteri.—*Bartholow.*

℞ Liq. sodæ chlorinat ... f℥ ij.
Aquæ ..... f℥ xx.

M. Sig.: Use as an injection once or twice daily.—*Trosseau.*

LEUCORRHŒA *(Continued).*—

℞ Sulpho-calcine ..... ʒ vj.
Glycerinæ ..... f ʒ j.
Menthol ..... gr. xx.

M. Sig.: Tablespoonful in a quart of hot water, used twice a day as a vaginal injection.—*Dixon.*

℞ Creasoti ..... ♏ xij.
Mucil. tragacanth ..... ʒ ij.
Aquæ ferventis ..... f ʒ xiv.

M. Sig.: After washing out the vagina with warm water use the injection.—*Mackenzie.*

℞ Pulv. catechu,
Aluminis ..... āā ʒ j.
Ol. theobrom ..... q. s.

M. Et ft. suppos. vaginalis No. vi. Sig.: Use one night and morning.—*Hazard.*

℞ Potass permanganitis .. gr. xx.
Aquæ ..... Oj.

M. Sig.: Inject a small quantity several times a day. (In fœtid discharges.)—*Girwood.*

℞ Ex. yerbæ santæ fl.,
Ex. picus canaden. fl.,
Ex. hamamelis fl ...āā f ʒ iv.
Glycerinæ .....q.s. ad f ʒ v.

M. Sig: Teaspoonful four times a day.—*Bixby.*

℞ Zinci sulphatis,
Aluminis sulphatis ..āā ʒ iss.
Glycerinæ ..... f ʒ vj.

M. Sig.: Tablespoonful to a quart of hot water, as an injection.—*T. Gaillard Thomas.*

LICE.—

℞ Sodii hyposulphitis ... ℥ ij.
Acid. sulphurosi dil... f℥ iv.
Aquæ .....q. s. ad f℥ xvi.

M. Sig.: Apply once daily. (Head lice.)—*Startin.*

℞ Hydrarg. chlor. corros. gr. iv.
Spt. vini rectificat..... f℥ vj.
Ammon. muriat..... ℥ ss.
Aq. rosæ .....q. s. ad f℥ vj.

M. Sig.: For scabies and tinea versicolor.—*Tilbury Fox.*

℞ Storacis..... f℥ j.
Spt. vini rectificat..... f℥ ij.

M. Et adde—

Ol. olivæ ..... f℥ j.

Sig.: Rub the whole body carefully except the head; repeat in twenty-four hours. (In scabies.)—*McCall Anderson.*

℞ Pulv. cocculi indici.... ℈ iv.
Adipis ..... ℥ j.

M. Sig.: Apply locally, rubbing in well.—*Hartshorne.*

℞ Hydrarg. oleat ..... gr. v.
Acid. oleici ..... gr. xcv.
Ætheris ..... gtt. xij.

M. Sig.: Apply twice, twenty-four hours apart.—*John Marshall.*

℞ Acid. carbolic ..... f℥ i-ij.
Glycerinæ ..... f℥ j.
Aquæ..... f℥ viij.

M. Sig.: Apply as a wash. (To destroy lice or relieve pruritis.)—*Hartshorne.*

℞ Ol. rosmarini..... f℥ ss.
Ol. olivæ..... f℥ iss.

M. Sig.: Apply once daily.—*Ringer.*

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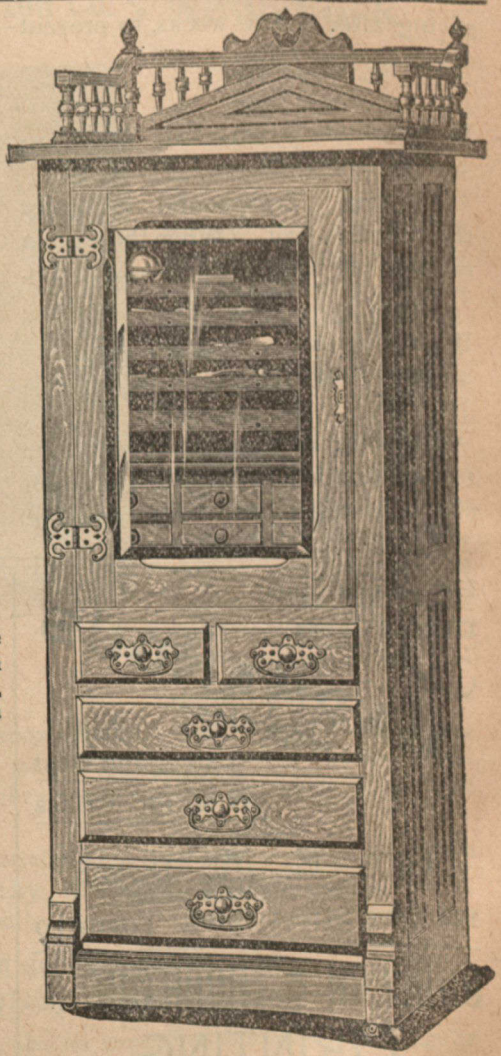

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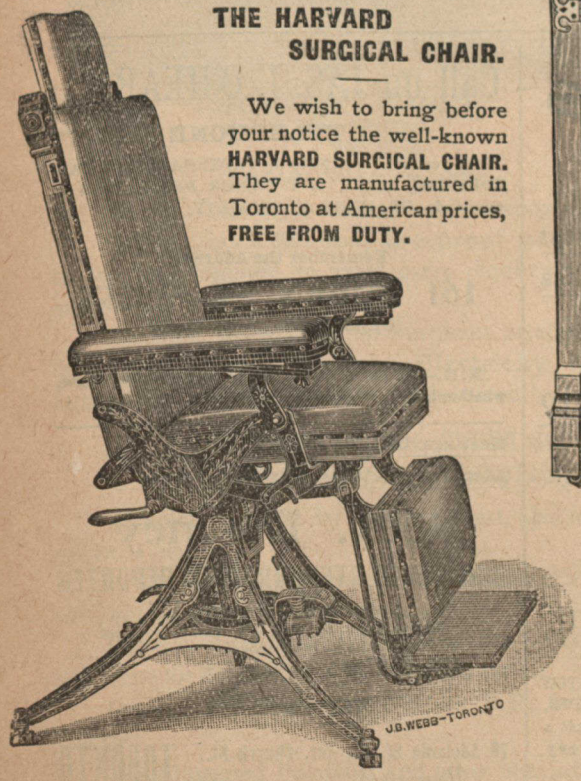

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LOCOMOTOR ATAXIA.—

℞ Argent. nitrat..... gr. x.
Confect. rosæ..... ℈ j.

M. Et ft. pil. No. xl. Sig.: One or two pills three times a day. Cease giving after a few weeks, to prevent argyria.—*Da Costa.*

℞ Strychniæ sulph..... gr. iss.
Syr. hypophos..... f℥ xij.

M. Sig.: Teaspoonful in water three times a day. (When the system is saturated with silver.)—*Da Costa.*

℞ Antipyrin ..... ℥ j.
Syr. zingiber..... f℥ j.
Aquæ .....ad f℥ iv.

M. Sig.: A teaspoonful every one to four hours for three to six doses. (In lightning pains.)—*Germain Sée.*

℞ Ex. physostigmat..... gr. x.
Pulv. zingiberis..... ℈ j.

M. Et ft. pil. No. xii. Sig.: One pill three times a day.—*Ringer.*

LUMBAGO.—

℞ Methyl chloridi ..... ℥ ss.

Sig.: Use locally, applying carefully.—*Debove.*

℞ Potass. iodid ..... ℥ ij.
Vini colchici sem.... f℥ j.
Syr. zingiber ..... f℥ iss.
Aquæ .....q.s. ad f℥ iv.

M. Sig.: Dessertspoonful every three hours.—*Gerhard.*

℞ Potass. iodid.,
Potass. carbonat....āā ℥ j.
Tr. aconiti rad..... f℥ ij.
Aquæ ..... f℥ x.

M. Sig.: Use locally every three hours. (Mark poison.)—*Erichsen.*

HYDRORRHŒA NASI. — Poulsson (*Norsk. Magazin for Lægevidenskaben*) reports a case of nervous origin. The patient, a man aged thirty, had had recurring attacks about three or four times in the year ever since he was twelve. The profuse secretion was accompanied by great irritation in the nose, and was preceded by an injection of the conjunctivæ and tear secretion. His general health was good, even during the attacks. The attacks became more frequent as he grew older, and the secretion more watery and profuse. At the time of observation the attacks occurred every fortnight, and lasted one to two days. The attack came on, as a rule, in the morning, and ceased quite suddenly in the afternoon of the second day. Within a quarter of an hour the nose was quite dry. The quantity secreted during an attack averaged 1 litre. It was an alkaline, opalescent fluid of low specific gravity, and contained some albumen and salts, chiefly NaCl and Fe. Also small quantities of a fatty substance. The nasal mucous membrane was normal, with the exception of some injection and swelling of the right concha media. Local treatment caused no improvement, but atropine controlled even the most violent attacks within half to one hour. A year after the first observation the attacks had not changed character, but the atropine had still the same effect, and the patient, by watching the prodromal symptoms, was able to regulate the strength of the dose needed. Trousseau found constantly that these nervous hydror-

[*Continued on page 742*

rhœa in course of time changed character, and became transformed into a nervous asthma.—*Brit. Med. Jour.*

OBJECTIVE SIGNS IN GASTRIC DISEASE.—Lion and Hayem, in continuing this subject (*Arch. gén. de Méd.*), make some remarks on the shape of the abdomen under the heading of inspection. (1) Prominence of the abdomen in the upper part is seen in large eaters, such as diabetics. (2) Prominence below may occur in many conditions, as in women who have borne many children, gastroptosis, etc. (3) A central prominence extending from the lower part of the sternum to below the umbilicus is seen after a full meal in patients with pronounced dilatation without ptosis of the stomach. (4) Flattening of the abdomen with hypogastric prominence occurs in those having dilated stomachs with ptosis. A slight transverse ridge may often be seen corresponding to the lesser curvature of the stomach. The abdomen observed in profile may show: (*a*) A substernal hollow; this occurs in inanition, frequent vomiting, etc. (*b*) An abnormal prominence, mostly substernal or epigastric, due to distension of the stomach. (*c*) A flattening of the epigastric region with hypogastric prominence seen in gastric dilatation with ptosis.—*British Med. Journal.*

A SERIOUS AFFLICTION—"Well, I see old Mithomer has died at last." "Yes; it was a sad loss to me." "I didn't know you were a friend of his." "No; I was his physician."—*Life.*